

Rewiring the Mind: Harnessing Neuroplasticity for Recovery from Personality Related Concerns

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Abbreviations

DBT: Dialectical Behavior Therapy; CBT: Cognitive Behavior Therapy; MNS: Mirror Neuron System.

Introduction

The term personality refers to the distinctive way an individual perceives information, emotes and behaves. Personality traits are influenced by an individual's genetic compositions and reinforced by environmental nurturing. When there is marked disturbance or extreme deviance from the social norms in any individual's characteristic way of perceiving and responding to oneself and others, there is likelihood to assess for difficult personality traits and/or a severe personality psychopathology.

The traditional interpretation of the word recovery resonates with the idea of cure. When the focus is on cure, it sets the tone for recovery to emerge from an illness or sickness point of view. This leaves no room for people to assess their on-going experience with a history of adversity and trauma. However, it promotes the lens to view recovery as a goal. Instead, much debate to put forth the process of managing activities of daily living, while there is continuous or intermittent socio-emotional struggle. With this in mind, the idea of recovery comes with flexible spaces for an individual to bring in subjectivity. Recovery is personal and unique; it will be impacted by persistent enduring characteristics of an individual such as motivation, drive and consequences. For consistent gains, recovery lends its roots to personal challenges of an individual which marks the process to be customized and tailor made. Thus, tailoring to therapeutic services by clinicians will also be essential to the person and

their peculiar traits.

Key Elements of Recovery

Recovery of personality difficulty and personality disorders, a variety of elements will need to be considered. One of the essential elements that psychotherapists need to offer during their psychotherapeutic practice is drawn from Maslow AH [1] renowned theory, hierarchy of needs, that is, safety. To initiate the process of recovery from psychological traumatic experiences, feeling safe and letting the brain register the felt safety is a key factor. An individual's trust is formed as a foundation basis to the secure attachment they are able to create within self and with another.

Feeling safe allows a person to initiate the process of trusting, and when any person trusts, they are being most vulnerable to one and to others by letting out emotions. Discharging and communicating emotions such as pain, sadness, anger and joy are putting a person in a place wherein, there are no covers or shields. Psychological therapeutic spaces with a trusted psychotherapist pave way for a patient to be authentic in the room without any covers. When does a person feel safe and learn to trust? People invest in themselves and in others, when they are being noticed, seen or heard. Any individual when experiences care and importance towards them will start observing themselves and others. Rewiring and restructuring cognitive and emotional experiences for individuals with difficult personality traits and/or personality psychopathology is an on-going outcome for recovery.

Borrowing from the works of Winnicott D [2], process rewiring mechanisms can be witnessed in a facilitating

environment such that, when an individual feels safe, begins trusting and allows them to be vulnerable where they feel wanted, a sense of safe community builds. Winnicott D [2] delivered the idea that a person's safe community is like a container for them and when there is alignment between the container and the contained, there is potential for recreation of secure and healthy experiences. With stable, consistent and secure experiences, an individual learns to redress and negotiate healthy boundaries as well.

Challenges and Barriers of Recovery

An enabling-nurturing environment holds the potential to re-create experiences that hold safety, trust, authenticity and a witness to an individual's pain and suffering. The rebuilding of pathways of recovery for difficult personality traits and/or disorders, takes place due to the stimulation provided by the container each has. When the container or community experience originates from adversity, neglect, abuse, separation; it manifests its way to display aggression, violence, shame, self-harm, substance harm and various forms of abuse.

If recovery is an on-going journey, then why do people not invest or continue on this path? The response to this may not be as simple as the question is. One of the cyclic issues that come in hand with the idea of recovery is to reframe the experience and withdrawal of support, belongingness and care. Like a cure is achieved, the medicine is discontinued, the process of recovery from a subjective view holds true when the unknowing fear exists of losing support and care. Recovery, as a journey, grounds reality into working in collaboration. Psychotherapeutic settings are successful ones where there is collaboration and teamwork with clients that brings forth the reframing experience together. As Yalom states, there are two anxious people in the room, one is more regulated to witness and hold the anxiety of another.

Restructuring of beliefs, feelings and behaviors can lead to myths of losing the supportive aids that assisted to build the container. Thus, to overcome these challenges, recovery is an on-going process with fluid ideology, that is, expression of emotions will progress to continued assistance and help. The choice of receiving and giving the aid remains with both, the facilitating container and the contained in the recovery journey.

Neuroplasticity and Neuro-rewiring

Changes occur throughout an individual's lifespan such as re-analysing thoughts and feelings which change one's behavior. All changing behavioral learnings have a neuronal circuit which undergoes changes too. The principles of neuroplasticity and re-wiring to happen suggest that

motivation plays an important role for neural circuits to begin the process of changing. This means, if a person is motivated and finds relevance in the experience, there will be a shift in the neural circuits. Another important factor in case of plasticity is intensity of the experience. The intensity and relevance of a newly formed experience brings forth the shifts in one's neuronal re-wiring.

Plasticity changes are based on motivation, relevance, temporality and intensity. Thus, neuroplasticity is defined as restructuring of the nervous system. Reorganization of structure, utility and pathways occur at many levels such as during a developing brain, after learning, with a therapeutic intervention and from changes within the environment. This form of plasticity change is referred to as the adaptive plasticity as they govern to facilitate or process a gain in power function.

In the book, 'The body keeps the score', Van Der Kolk explains neuroplasticity in the context of psychological factors when working with a trauma-care need population. He puts forth with ease that when a neural circuit is repeatedly functioning, it becomes the default mechanism of an individual's system. For example, if a person experiences poor self-esteem repeatedly, the circuit specializes to cope with management of feelings of not being good enough. Similarly, when safety and trust take over, the system settings are reset to that of exploration and acceptance.

Role of Neuroplasticity in recovery for Personality

Impaired neuroplasticity in patients with personality disorders is known. For example, research studies have concluded individuals with borderline personality disorder have structural and functional abnormalities in the prefrontal cortex region of the brain. The prefrontal cortex is involved in cognitive tasks, emotional regulation and decision making. Similarly, the amygdala shows heightened activity for emotional stimuli and it is a brain region that is in charge of processing emotional information. Psychological interventions such as Dialectical Behavior Therapy (DBT) have shown evidence to alter impaired neuroplasticity such as by exhibiting influence on dendritic spines, synaptic growth and grey matter volume in patients with borderline personality disorder [3].

In addition, psychotherapies like cognitive behavior therapy (CBT) have also provided lasting changes in the brain functions when assessed using mediums of consciousness. Brain areas such as limbic region, frontal and cingulate cortices have shown changes after psychotherapeutic treatments indicating the role of neuroplasticity. Traits for antisocial personality disorder also have demonstrated

changes in the neuronal pathways of empathy. Empathy is based strongly on collaboration, sharing, attuning into one and others. The neuronal pathways of empathy have shown to get activated with mirror neuron systems which play a crucial role in therapeutic settings to foster safe and secure attachments. The mirror neuron system (MNS) helps to restructure the therapeutic relationship between a psychotherapist and client to the one that is trusting and safe.

Conclusion

Healing isn't linear, it's complex and spiralling. It brings people back to the starting point time and again. The idea of healing is not formulated on any one protocol or roadmap; it paves way for creativity to bring in. Recovering from painful memories, faulty cognitions, hurting emotions and destructive acts can be a long-standing process of healing. When the body is motivated to engage in an interpersonal

dynamic with the psychotherapist to redesign definitions of safety and trust; the brain rewires autonomy, decision making, and choices. Intrapersonal and interpersonal changes have to be meaningful and trusting for the person to contain the realities in consciousness for changes to happen.

References

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