

Relation between Borderline Personality Traits and Mentalizing Capacity among Nursing School's Students.

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Abstract

Background: Borderline personality disorder is one of ten personality disorders identified in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. The impairments in mentalizing capacity are a core feature of borderline personality disorder and are related to affect dysregulation and poor impulse control **Aim of the study is** to assess borderline personality traits and mentalizing capacity among nursing schools' students. **Design:** explorative correlational design was used in the study. **Setting:** The present study was carried out at nursing schools at Ismailia city **Sample technique:** A convenient sample technique was utilized, **Subject** all nursing students (512), **Tools of data collection:** - semi-structured interview questionnaire was divided into three tools, tool I: demographic characteristics, tool II: borderline personality questionnaire, tool III: - Mentalization scale, **results:** the mean age was (16.64 ± 0.870), the mean of borderline personality traits was (31.72 ± 14.7) that indicate, the cutoff point of borderline personality questionnaire was (53.75). also, 11.32 % of nursing students have borderline personality traits. Additionally, there was statistically negative relation between borderline personality traits and mentalizing capacity among nursing school's students. **Conclusion,** 11.32 % of nursing students have borderline personality traits. Additionally, there was statistically negative relation between borderline personality traits and mentalizing capacity among nursing school's students **Recommendation,** developing an educational program about borderline personality manifestation and its impact on overall wellbeing of nursing students and their future nursing carrier.

Key words: Borderline personality traits, Nursing school's students, Mentalization

1. Introduction

Mental health of all young people, including students, is an important basis for personal and professional development. Although there are many similarities between students and the general population, students still have a greater risk of developing mental

disorders and disorders due to different kinds of stress they face. Specifically, nursing students are at greater risk of developing negative mental health due to the great stressors and challenges during learning and training for their future profession

(Eisenberg, Lipson, & Posselt, 2016; & Mcdermott et al., 2020).

Additionally, nursing school's students are a group of adolescence who also at risk for developing mental and health problems that emerged during this period. One of most mental health problem appear in this period is borderline personality disorder (BPD) (Bradley-Scott, 2017; Javier, 2018).

Borderline personality is one of ten personality disorders identified in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA 2013). Borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image, problems of emotional regulation, marked impulsivity, identity disturbance, anger and self-harm. Clinically significant BPD usually manifests during adolescence or young adulthood, it found three times more frequently in women than in men (Chanen, 2015., Pou, 2019., & Videler et al., 2019).

According to DSM-5, the Prevalence of BPD is about 2-6% percent of general population increasing to 10% in outpatient mental health clinics and as high as 20% among psychiatric inpatients. evidence seemed to suggest a greater prevalence of BPD among females, as is still stated in DSM-5, which reports a Male: Female ratio

of 1:3, also the prevalence possible increase in low socioeconomical status population with no identified race variation (*American Psychiatric Association, 2013., & Moukhtarian et al, 2018; Wrege et al., 2021*).

Borderline personality disorder is a developmental disorder that affected by development circumstances which characterized by insecure attachment relationship between child and care giver such as low parental affection and hostility, child maltreatment, neglect of child emotional needs, physical and sexual abuse, which leading to impaired process of mentalization development (*Paris., 2014; De Aquino Ferreira et al., 2018; &Carrera et al., 2018*).

Mentalization is the ability to understand and interpret behaviors of self and others as expressions of intentional mental states such as feelings, wishes, goals, desires or needs. Mentalizing described as a multifaceted umbrella covering a wide range of intrapsychic processes, sch as self-monitoring, mindfulness, and empathy. The process of mentalization allows behavior to become predictable and to perceived as meaningful if it can be viewed as underpinned by mental states (*Folmo et al., 2019*).

Mentalization capacity develops from early infancy as a developmental function, through secure attachment relationships with parents or primary care giver. The secure attachment figure is a source for physical security, emotional support, mental attention, and knowledge for the child. Repeated security experiences in individuals with a secure attachment history help to adopt more flexible thinking styles and show relative relaxation of threat processing, empathetically related to others, and ability to differentiate self from others and consequently, the development of controlled mentalization is fostered (*Luyten & Fonagy, 2015*).

Impaired mentalizing capacity leads to is the leading cause of affect dysregulation, impairment of interpersonal relationship, poor self-image and considered a core feature of some mental disorders specifically borderline personality disorder (*Luyten & Fonagy, 2015., & Vahidi., Ghanbari., & Behzadpoor, 2021*).

Significance of study.

Personality traits have significant effects on communication between nursing staff and patients, offer compassion, and nurture improvement and cultivation of empathy capability in nurses. Sequentially,

patient satisfaction will improve, and dispute cases will decrease (*Wan et al., 2019*)

Paying attention to the personality traits of nursing school students before carrier life is important issue, borderline personality traits have an essential concern because it has beak onset during adolescent and have a negative impact on the communication, relationship, empathy, stress tolerance, which are important nursing skills. Additionally, nurses with a personality disorder may not recognize their troubling behaviors or the negative effect they have on others (*Pou, 2019; & Videler et al., 2019*).

So, the current study aimed to assess borderline personality traits and mentalization capacity among nursing schools' students.

The aim of the study: The present study aimed to assess borderline personality traits and mentalizing capacity among nursing school's students.

Research question:

- Do nursing schools students have borderline personality traits?
- Are borderline personality traits affected by mentalizing capacity nursing school's students?

2. Subject and Methods

Study design: explorative correlational research design was used in this study.

The subjects of study: Convenient sample of all available nursing students (512) was utilized in this study.

Study setting: The present study was carried at all nursing schools in Ismailia city (5 schools).

Tools of data collection:

Data were collected using the following three tools

Tool 1: - Demographic characteristics.

Demographic characteristics include (age, grade of education, place of residence, personal and family history of medical and psychological health problems).

Tool 2:- Borderline Personality Questionnaire (BPQ).

The questionnaire is developed by **Poreh et al., (2006)** and the Arabic version by **Goueli, Nasreldin, & Farouk (2017)** is self-reported measure, made up on 80 items with true/false response to assess borderline personality traits according to DSM-IV. Borderline Personality Questionnaire consists of nine separate subscales according to nine criteria of borderline personality disorder, which are impulsiveness, affective

instability, abandonment, unstable relationship, unstable self-image, suicide/self-mutilation, emptiness, intense anger, and psychosis-like state subscales. Additionally, there are twelve reversed items are 4, 8, 10, 28, 32, 43, 45, 52, 53, 54, 60, and 67. The subscales of the test correlate with the nine criteria of the DSM-5. (**Aebi et al., 2015**)

Scoring system: Borderline personality questionnaire score ranging from 0 to 80 with high score indicate high pathology. Cutoff point of BPQ that equal to and above the mean + 1.5 SD is indicates the presence of borderline personality traits (**Aebi et al., 2015**).

Reliability: Borderline Personality Questionnaire has high reliability for the overall score Cronbach's α was (0.94) (**Goueli, Nasreldin, & Farouk, 2017**).

Item number (64) regarding speeding which state " I often receive speeding tickets" was omitted and replaced with the student's mean response on the impulsivity subscale, because students in the current study were too young to drive.

Tool 3: The Mentalization Scale (MentS).

Mentalization Scale developed by **Dimitrijevic et al., (2018)**, is a self-reported.

Mentalization scale is a 5-point Likert scale ranging from (1- Completely incorrect, to 5- Completely correct) that consists of 28 items with three sub-dimensions: self-based mentalization consists of 8 items, others-based mentalization, consists of 10 items and motivation to mentalization consists of 10 items. Additionally, mentalization scale contain ten reversed items are 8, 9, 11, 14, 18, 19, 21, 22, 26, 27).

Reliability: Cronbach's alpha internal consistency coefficients of the scale as 0.84 for the total score, 0.76 for mentalizing self, and 0.77 for mentalizing others and motivation of mentalization dimensions (**Dimitrijevic et al., 2018**).

Scoring system: Score of mentalization scale is a sum of total subscales, high score indicating high mentalizing capacity and low score indicating low mentalizing capacity (**Dimitrijevic et al., 2018**).

Validity of the tools.

The tools were revised by the three expertise of psychiatric nursing and neuropsychiatry at Suez Canal university, two expertise from ethical committee, and two expertise from research committee in the faculty of nursing Suez Canal University. Also, tools were revised from Research Ethics Committee in the Ministry of Health

and Population for clarity, relevancy, applicability, comprehensiveness, understanding and ease of implementation. According to their suggestions, the modifications were applied such as, modify the translation, and delete question number 64 which belongs to borderline personality questionnaire because it does not correspond to the current study subject.

Administrative design:

Before conduction of the study, an official letter explaining the aim of the study was issued from the Dean of the Faculty of Nursing, Suez Canal University to the director of Directorate of Health and Population at Ismailia city, research ethical committee in ministry of health and population, and to managers of all nursing schools in Ismailia city to obtain the permission to conduct the study.

Ethical Consideration:

The study proposal was approved by the Research Ethics Committee at Faculty of Nursing in Suez Canal University code number (64/8-2019). Written approval was optioned from Research Ethical Committee in Ministry of Health and Population Written and from director of Directorate of Health and Population at Ismailia city. Also, written

consent from participants and oral consent from the participants caregiver was obtained as an approval to have their phone numbers and to share in the study after a brief explanation of the aim of the study, they were given the opportunity to refuse the participation and they was noticed that they could withdraw at any time of research as they like. They were assured that all information will remain confidential and will be used for the research purpose only.

Field of work

The study data collection was performed over three months period started from 1st of December 2020 to the end of February 2021.

- Before distribution of questionnaire, the researcher interviewed all nursing schools' students, introduce herself and explain the aim and benefits of the study to obtain students consent, establish their relationship and gain their cooperation and confidence.

- Upon obtaining informed consent, the researcher was asking the students to fill the interview questionnaire that consist of sociodemographic, borderline personality questionnaire and mentalization scale.

Statistical Analysis:

The collected data was organized, categorized, tabulated, entered, and analyzed by using SPSS, (Statistical Package for

Social Sciences), soft-ware program version 20.

-Tables and figures used for data presentation

-Frequency, percent, mean, SD are used for descriptive data.

-Mann-Whitney, and Kruskal Wallis tests used for relation between demographic data and study variables.

-Spearman test (rho) for correlation between study variables

3. Results

Table (1) shows demographic characteristics of the nursing students, the mean age was (16.64 ± 0.870), where the majority of them (82.2 %) was female, and (52.1%) live in rural areas. Regarding family connection, most of nursing students (84.4%) live with both parents, and (34.4%) at first year of secondary nursing schools. Concerning level of income, most nursing students (78.3) view that they have a moderate-income level.

Table (2) The current table illustrates that, the affective instability was the highest borderline personality symptoms with Mean \pm SD (6.42 ± 2.77), while suicide/self-mutilation was the lowest borderline personality symptoms among nursing school's students. Also, this table shows, the mean of borderline personality traits was (31.72 ± 14.7).

Additionally, this table reflects that, the cutoff point of borderline personality questionnaire was (53.75).

Figure (1) shows, 88.68 % of nursing schools students doesn't have borderline personality traits while, 11.32% of them have borderline personality traits according to cutoff point of Borderline personality questionnaire which was (53.75).

Figure (2) shows 11.9% of female, and 8.8% of male of nursing school's students have borderline personality traits according to cutoff point of borderline personality questionnaire

Table (3) illustrates that, the mean of mentalization was 95.837 ± 9.878 according to mentalization scale.

Noteworthy that, the score of mentalization scale ranging from 28 to 140.

Table (4) shows, there was statistically significant relation between borderline personality traits of nursing schools' students and their age, grades of education and level of income.

Table (5) illustrates that, there was statistically significant negative correlation between total all borderline personality traits and mentalization capacity among nursing schools' students.

The current result reflects that, the reduction of mentalizing capacity was associated with increased borderline personality traits.

4. Discussion

Secondary technical nursing students are adolescent students who are experience a high level of stress throughout their education and clinical experiences. All of these stressful circumstances drain a lot of student's mental and emotional energy, impair their mentalizing capacity and place them at risk for developing psychological problems (*Gomathi, Jasmindehora, & Baba, 2017*). Borderline personality disorder is a mental disorder that has been found to peak around 14 to 17 years of age (*Bozzatello et al., 2021*). The reluctant to assess and treat borderline traits, in turn could exacerbate the serious problems that these young people may already be experiencing due to the difficulties associated with personality disorders including academic failure, relationship and social problems and self-harm or suicidality (*Baverstock, & Wright, 2015*).

Because the important role of nursing personal in providing health care and saving lives of ill people in clinical setting, it's important for psychiatric nurse to assess borderline personality traits and mentalizing

capacity among secondary nursing school's students.

The age of nursing students who participate in the current study was ranged from 15 to 18 years, this period is a certain critical developmental period in which involve development of a stable identity or sense of self, that is a major task that might lead to personality pathology if delayed or impeded.

Also, the current study revealed that, the majority of nursing students was female, this result could explain in the fact that, the setting in which study was carried out, contain four nursing schools for female students and one school for male students.

Concerning borderline personality traits, there are four categories of traits are, emotional, cognitive and self-disturbance, relationship, and behavioral categories (*Guilé et al., 2018*).

Emotional dimension includes emotional instability, intense anger and emptiness feeling. As delineated with DSM-5 and the ICD-10, emotional instability is a core feature of borderline personality disorder and consider the predictor of other borderline personality symptomatology. The results of current study revealed that emotional

instability was the highest mean score among the nine symptoms of borderline personality symptoms according to the used instrument. In the same context, the Egyptian study done by **Goueli et al., (2020)** that aimed to assess social cognition and borderline personality traits illustrated that emotional instability was the highest borderline personality symptoms among adolescent females.

Also, this result was in context with result of study of *Fossati et al., (2014)* that aimed to assess borderline personality disorder features and showed that emotion dysregulation is robustly related to BPD features in a sample of nonclinical adolescents.

Contradictory, **Lind et al., (2019)** study revealed that disturbed sense of self was a core feature of BPD is among inpatient adolescent with borderline personality disorder. Additionally, **Kaess et al., (2017)** reported that, adolescents with subthreshold BPD presented one year later at the clinic are reported greater risk-taking behavior, self-injury, and suicidality.

This result may be due to, the majority of study subject was female which may be more sensitive to perceive subtle emotion and leading to emotional instability (*Fischer, Kret, & Broekens, 2018*).

Focusing on emptiness trait, the majority of study subjects reported that often feel empty inside and feel lonely and deserted. Regarding this result, nursing students explain the feeling of being lonely as being emotionally and physically isolated from others, goals, and desires. Regardless the difference or the sameness of the description of emptiness feeling of current study subjects, all of them describe emptiness in any context can feel like trying to find a light switch in a totally dark and unfamiliar room.

In the same context with the current study's result, **Price., Mahler., & Hopwood (2019)** found a unidimensional construct of emptiness that was defined as a sense of detachment both from self and others, hollowness inside, aloneness, and disconnection.

Concerning trait of intense anger, the majority of study subjects reported that others make them angry. Regarding this result, nursing students describe that they often go to extreme lengths to make people happy to avoid having people get angry at them, while they themselves can go into a drop-dead rage especially when feel that others do not appreciate their efforts

The description of nursing students could be explained in the light of, when mentalizing collapses, confusion regarding one's own thoughts and feelings and those of the other take over. This intensifies distressing emotions, and any stable, secure sense of self is undermined. Distortions and distrust of the intentions of others is more likely, and impulsive behaviors may occur often to cope with chaotic and painful feelings (*Swartzentruber, 2017*).

Regarding the interpersonal instability dimension of borderline personality disorder which involve unstable relationship and abandonment, the majority of study subjects revealed that, the relationships with people they care about have lots of ups and downs, also reported that they had difficulty developing close relationships because people often abandon them.

This result may be due to, dramatic shifts of study subjects view towards people with whom they are emotionally involved, leading them to idealize these individuals when they feel that their needs are being met and to devalue them when they feel disappointed, neglected, or uncared for. Also, study subjects have difficulty recognizing the feelings and needs of other

individuals and are hypersensitive to social threat, particularly real or perceived interpersonal rejection which cause fear of abandonment (*Gunderson et al., 2018*).

In agreement with the current study's result, **Barazandeh et al., (2016)** illustrated that schemas of abandonment, mistrust and social isolation are most prevalent schemas in BPD. Also, **Palihawadana, Broadbear, & Rao, (2016)** revealed that fear of abandonment is widely recognized as a core symptom in BPD, while may differ in its clinical presentation. Moreover, study's result of **Richetin et al., (2017)** indicate the centrality of mainly affective instability, identity, and effort to avoid abandonment aspects in borderline personality disorder among two sample from university students and clinical populations.

Concerning cognitive and self-disturbance dimension, include unstable self- image and quasi-psychotic symptoms. regarding unstable self- image, the majority of study subjects reported that they wish to be someone else. Nursing students explain this statement as regardless seeing themselves as sensitive, friendly to others, and peace-loving, they struggle to know how to be received by others, feel uncertainty about their goals, values, and relations, and

sometimes feel inferior to others, which cause them to wish to be someone else.

On the same line with the preceding result, **Vater et al., (2015)** in the study of self-concept structure and borderline personality disorder indicate that, a negative self-concept is a specific feature of BPD among study participants. Also, **Auerbach et al., (2016)** found that, youth females with borderline personality disorder process negative self-relevant information differently than healthy females.

Additionally, **Bunger et al., (2015)** reported that, lower self-esteem was found to be increased with increased BPD traits severity.

Focusing on quasi-psychotic symptoms, about most of students reported that sometimes they can't tell between what is real and what they have imagined. Noteworthy, nursing students reported that such state occur in specific circumstance include time of high stress, being overwhelmed, self-criticism, feeling of rejection and disturbed interpersonal relationship.

On the same context with the prior result of current study, **Jaeger et al., (2017)** reported that dissociative experiences of moderate to severe intensity were common

among patients with BPD and closely related to the severity of other self-rated psychological problems and showed significantly different occurrences of stress-related comorbid disorders. Additionally, **Krause-Utz et al., (2021)** illustrated that, stress-related dissociation is a key symptom of borderline personality disorder, closely linked to other core domains of the disorder (emotion dysregulation, identity disturbance and interpersonal disturbances).

The behavioral dimension of borderline personality traits includes, impulsivity, and suicidal and self-mutilation symptoms. focusing on impulsivity symptoms, most of nursing students reported that they sometime do things impulsively, and explain this statement as do things without goal or intension, and without thinking about the outcome. in the same context **Kaess et al., (2017)** in the study titled “Health related quality of life and psychopathological distress in risk taking and self-harming adolescents with full-syndrome, subthreshold and without borderline personality disorder” found that impulsivity trait, was frequently occur among adolescent with subclinical borderline personality disorder.

Regarding suicidal and self-mutilation symptoms, the present study revealed that the most of study subjects reported that they have threatened to hurt themselves in the past. the current result explained by study subjects as a way of coping with stressful situations and provide sense of relieve, others explained this act as a method of self-punishment. Also, suicidal trait was the lowest borderline personality traits among nursing students.

On the same line with the preceding result, **Larrivé (2013)** in the study aimed to assess borderline personality symptoms and its causes among adolescents, revealed that non-suicidal self-injury among the patients with borderline personality as provide feeling of being relieved after the act and patient might say that this act distracts them from their suffering, it allows them to vent their anger, it stops derealization, it makes them regain a sense of control. Also, **Plener et al., (2015); & Cackowski et al., (2017)** reported the same result.

Regarding the prevalence of borderline personality traits, the current study found that, the prevalence of borderline personality traits was 11.32% among nursing according to borderline personality questionnaire. This result was relatively higher than the prevalence of the disorder

among general population, where was 2-6% as reported by DSM-5.

This result may be due to, the stress of education which study subject face at the young age, such as high rigor of nursing curricula and clinical trainings such as fear of unknown events, fear of making a mistake, and communication with staff, peers and patients. In addition to the age of secondary nursing student that considered critical period as being adolescence.

Regarding to this result, **Lekgabe et al., (2021)** revealed that, the prevalence of borderline personality traits among studied adolescent was 7%, also **Meaney, Hasking, & Reupert, (2016)** found that, the prevalence of borderline personality disorder was 9.7% among college students. Additionally, **Comtois & Carmel, (2016)** in the study aimed to compare BPD diagnoses produced by routine clinical records and diagnoses from semi-structured research interviews among outpatients in a public mental health service, found that the interviews identified BPD in 15.1% of patients.

Referring to the difference between the result of the current study and other studies, may be due to the difference in the research tool, culture, and age of

participants, as well as the presence or absence of other psychiatric disorders.

Regarding difference of the borderline personality feature between male and female students, the current study revealed that female students had the slightly higher rate than male students which the prevalence rate among female was 11.9%, while the prevalence among male was 8.8 %. Also, there was no significant relation between gender and borderline personality symptoms.

On the same line, **Tomko et al., (2014)** in study aimed to assess characteristics of borderline personality disorder in a community sample show slightly higher rates of the borderline personality disorder in females than males, also, **Johnson et al., (2008)** in study aimed to assess the prevalence of personality disorders between adolescence revealed that, the prevalence value of BPD were 8.3% in boys and 11.5% in girls

Inconsistent with the proceeding result, **Bayes & Parker (2017)** in study of borderline personality disorder in men found that the prevalence of BPD is the same in male and female in non-clinical sitting, while **Sajjadi et al., (2015)** reported that, the prevalence of borderline personality feature was more high among females (34.2%) than males (17.4%).

Concerning the previous results, borderline personality disorder (BPD) consists of unstable affect, problems in interpersonal relationships, impulsivity, and identity disturbances. These features could very well be exhibited in either men or women (**Busch et al., 2016**). While the discrepancy between current result and results of other studies suggests that women with BPD are more likely to seek treatment than men (**Skodol et al., 2019**)

Concerning on the statistical relations, the present study illustrated that, there was significant statistical relation between level of income and borderline personality traits of nursing students.

The prior study result goes along with the study conducted by **Stepp et al., (2016)** which revealed that low socioeconomic status of family was one of robust independent prospective risk factors for early BPD. Additionally, **Ullrich & Coid (2009)** show that individuals with BPD were more often had lower income level than those without BPD. Also, **Stepp et al., (2014)** reported that low socioeconomic status of family and economic adversities are important factors that contribute to the onset of BPD among adolescents.

Additionally, the current study showed that, there was statistically significant relation between family connection and presence of borderline personality traits among nursing students.

On the same line, the study done by **Merza, Papp, & Kuritárné Szabó, (2015)** in the study aimed to assess the role of childhood traumatization in the development of borderline personality disorder found that, adverse childhood experiences such as neglect, and emotional abuse were more prevalent among borderline patients and considered the strongest predictors of borderline diagnosis. Similarly, **Fruzzetti, Shenk, And Hoffman, (2005)** illustrated that, family interactions or processes, especially those that might be regarded as invalidating or conflictual, negative, or critical, and the absence of more-validating, positive, supportive, empathic interactions, is an important risk factor for the development of borderline personality disorder.

Focusing on correlation between mentalizing capacity and borderline personality symptoms, the current study revealed that, there was statistically significant negative correlation between mentalizing capacity and all borderline

personality symptoms and its total mean score among study subjects in pre, post, and follow-up program implementation. Also, the present study showed statistically significant negative correlation between mentalizing capacity and the severity level of borderline personality symptoms. The correlation explained as decreased mentalizing capacity associated with high mean score of each symptom and vis versa.

This result could be explained in the light of deficit mentalizing capacity led to inability to understand mental state of one's own self and mental state of others which negatively impact the interpersonal relationships, such impairment was led to affect dysregulation, impulsivity, unstable self-image and other borderline personality symptomatology.

In the same line, **Lind et al., (2021)** report that low mentalizing capacity was significantly associated with BPD among studied adolescents. Also, study of **Vahidi, Ghanbari, & Behzadpoor, (2021)** aimed to assess relation between mentalization ability and borderline personality symptoms found that mentalization deficits Mentalization deficits contribute significantly to borderline personality features in adolescents.

Additionally, **Bateman & Fonagy (2010)** showed that there was statistical relation between mentalizing capacity and self-reported and clinically significant problems among patients with borderline personality disorder. Also, **Goueli et al., (2020)** illustrated that impaired ability to understand self, and others mind associated with borderline personality traits of adolescent females

In the same context, the results of **Euler et al., (2021)** revealed that, hypo-mentalizing was associated directly with affect dysregulation and impulsivity among patients with borderline personality disorder. Also, **Wardani & Suromo (2021)** found that Patients' mentalization has improved along with the formation of secure base attachments, patients are better able to do self-soothing and regulate emotions properly. Also, **Badoud et al., (2015)** reported that impaired mentalization capacity was associated with non-suicidal self-harming act.

5. Conclusion

Based on the findings of the present study, it can be concluded that, affect instability was the highest borderline personality traits, while self-mutilation/

suicidal trait was the lowest borderline personality traits among nursing school's students. Also, there was 11.32% of study subject had borderline personality traits

significant negative correlation between borderline personality traits and mentalizing capacity of nursing school's students.

6. Recommendations.

- Developing an educational program about borderline personality manifestation and its impact on overall wellbeing of nursing students and their future nursing carrier.
- Improve the awareness of nursing students about available resources for emotional and psychological support.
- Establish strategies to measure the level of mentalization under different circumstances.

according to the cutoff point of borderline personality questionnaire. Additionally, there was statistically

Variables	Total subject (N=512)	
	N	%
Age (Years)		
< 17 years	238	46.484
≥17 years	274	53.515
Mean ± SD Range	16.64 ± .870 15-18	
Gender		
Male	91	17.8
Female	421	82.2
level of education		
First year	176	34.4
Second year	161	31.4
Third year	175	34.2
Residence		
Rural	267	52.1
Urban	245	47.9
Family connectedness		
Live with both parents	432	84.4
Live with one parent	60	15.6
Level of Income according to students view		
Low	72	14.1
Moderate	401	78.3
High	39	7.6

Table (2) Mean distribution of borderline personality symptoms among nursing school's students (N=512).

Borderline personality symptoms	Mean± SD
Affective instability	6.42 ± 2.77
Emptiness subscale	4.31 ± 2.90
Intense anger	4.98 ± 2.79
Abandonment	4.32 ± 2.40
Unstable Relationship	3.85 ± 2.20
Unstable Self-image	2.66 ± 2.07
Suicide/self-mutilation	1.30 ± 1.81
Quasi-psychotic symptoms	2.37 ± 1.61
Impulsivity symptoms	1.51 ± 1.81
Total BPS	31.72 ± 14.7

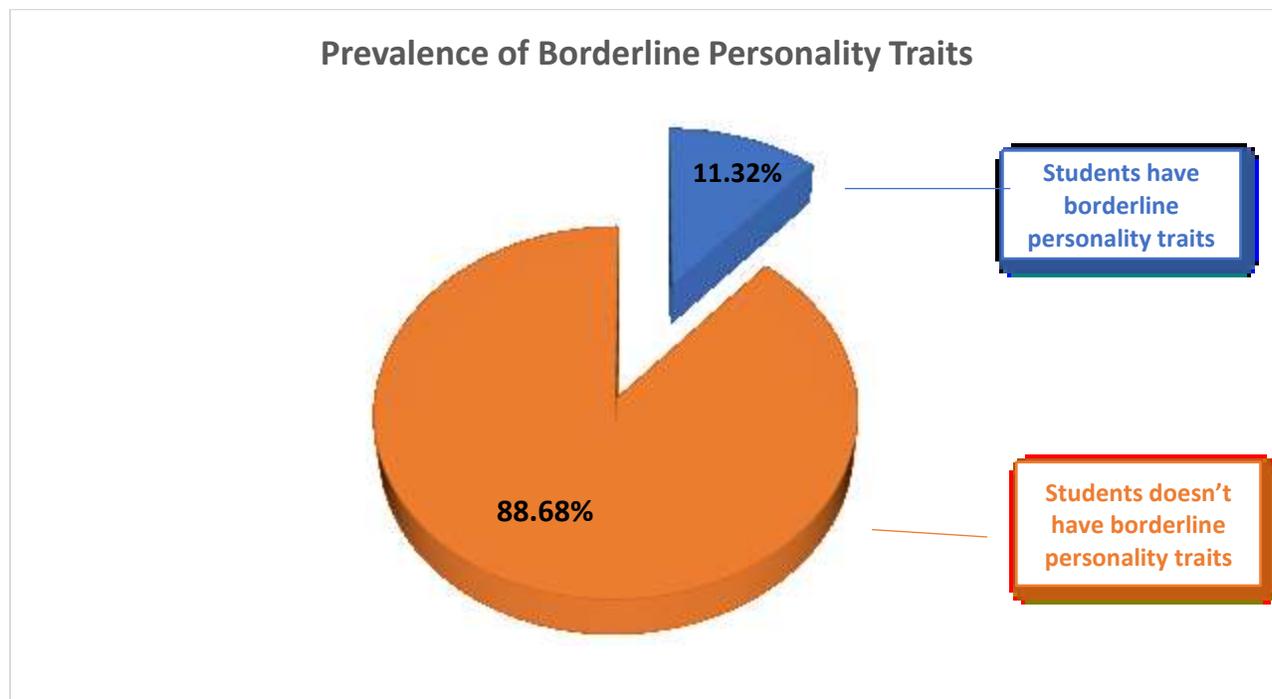


Figure (1) Distribution of nursing schools' students according to the prevalence of borderline personality traits according to Borderline personality Questionnaire (N=512).

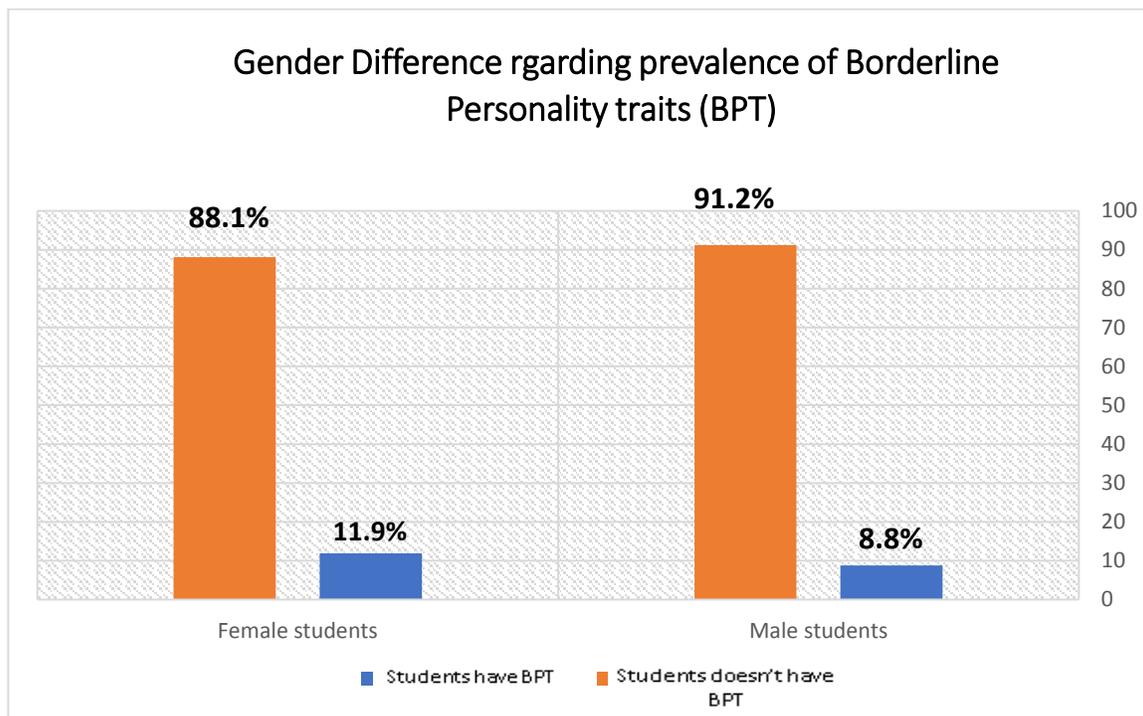


Figure (2) gender difference regarding to prevalence of borderline personality traits among nursing school's students (N= 512).

Table (3) Mean distribution of mentalizing capacity of nursing school's students according to mentalization scale (N= 512).

Mentalization capacity	Mean ± SD
Mentalization of self	25.652 ± 4.403
Mentalization of other	35.199 ± 5.304
Motivation of mentalization	34.986 ± 4.783
Total mentalization	95.837 ± 9.878

Table (4) Correlation between demographic characteristics and borderline personality traits among nursing schools' students (N=512)

Sociodemographic data	borderline personality symptoms among nursing schools' students		P Value
	Mean ± SD		
Age	16.64 ± .870	.254 ^a	.000
Gender		.789 ^b	.121
Male	31.93± 15.28		
Female	31.72±15.5		
level of education		14.31 ^c	.000
First year	26.95±15.03		
Second year	34.18±16.13		
Third year	34.36±12.88		
Family connection		-5.26b	.000
Live with both parent	30.287±15.85		
Live with one parent	40.71± 14.86		
Residence		.727 ^b	.957
Rural	32.22 ± 15.16		
Urban	31.25 ± 15.01		
Level of Income according to students view		56.57 ^c	.000
Low	44.37±13.44		
Moderate	31.01±13.85		
High	16.17±12.02		

^a = Spearman Test

^b = Mann-Whitney Test

^c = Kruskal Wallis Test

* Significant at p < 0.05

* Significant at p < 0.05

* Significant at p < 0.05

Table (6) Relation between mentalization capacity and borderline personality symptoms of nursing school's students (N=512).

Variables	Mentalizing capacity							
	Self-Mentalization		Mentalization of other		Motivation of Mentalization		Total Mentalization	
	rho	P value	Rho	P value	rho	P value	rho	P value
Impulsivity	-0.362	<.001	-0.288	<.001	-0.205	<.001	-0.418	<.001
Affective Instability	-0.415	<.001	-0.282	<.001	-0.231	<.001	-0.458	<.001
Abandonment	-0.406	<.001	-0.297	<.001	-0.264	<.001	-0.475	<.001
Relationships	-0.405	<.001	-0.317	<.001	-0.271	<.001	-0.486	<.001
Self-Image	-0.312	<.001	-0.343	<.001	-0.151	<.001	-0.412	<.001
Suicide/Self-Mutilation	-0.273	<.001	-0.260	<.001	-0.251	<.001	-0.397	<.001
Emptiness	-0.412	<.001	-0.369	<.001	-0.228	<.001	-0.507	<.001
Intense Anger:	-0.437	<.001	-0.377	<.001	-0.267	<.001	-0.538	<.001
Psychotic States	-0.230	<.001	-0.068	<.001	-0.112	<.001	-0.390	<.001
Total Borderline personality traits	-0.493	<.001	-0.402	<.001	-0.293	<.001	-0.575	<.001

* Significant at $p < 0.05$

7. References: -

Aebi, M. E. (2015). Facial Affect Recognition Deficits in Students that Exhibit Subclinical Borderline Personality Traits (*Doctoral dissertation, Cleveland State University*).

American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders. 5th ed. Arlington: *American Psychiatric Publishing; 2013*.

Auerbach, R. P., Tarlow, N., Bondy, E., Stewart, J. G., Aguirre, B., Kaplan, C., ... & Pizzagalli, D. A. (2016). Electrocortical reactivity during self-referential processing in female youth with borderline personality disorder. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging, 1*(4), 335-344.

Badoud, D., Luyten, P., Fonseca-Pedrero, E., Eliez, S., Fonagy, P., & Debbané, M. (2015). The French version of the Reflective Functioning Questionnaire: Validity data for adolescents and adults and its association with non-suicidal self-injury. *PloS one, 10*(12), e0145892

Barazandeh, H., Kissane, D. W., Saedi, N., & Gordon, M. (2016). A systematic review of the relationship between early maladaptive schemas and borderline personality disorder/traits. *Personality and Individual Differences, 94*, 130-139.

Bateman, A., & Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. *World psychiatry: official journal of the World Psychiatric Association (WPA), 9*(1), 11–15.

Baverstock, S. & Wright, K. (2015). Borderline personality disorder in young people: the perspective of frontline professionals in child and adolescent mental health. *Mental Health Nursing, 35* (4), 14-19.

Bayes, A., & Parker, G. (2017). Borderline personality disorder in men: A literature review and illustrative case vignettes. *Psychiatry research, 257*, 197-202.

Bozzatello, P., Garbarini, C., Rocca, P., & Bellino, S. (2021). Borderline Personality Disorder: Risk Factors and Early Detection. *Diagnostics, 11*(11), 2142.

Bradley-Scott, C. C. (2017). *Exploring mentalization-based psychoeducation groups for people with borderline personality disorder*. Canterbury Christ Church University (United Kingdom).

Bungert, M., Liebke, L., Thome, J., Haeussler, K., Bohus, M., & Lis, S. (2015). Rejection sensitivity and symptom severity in patients with borderline personality disorder: effects of childhood maltreatment and self-esteem. *Borderline personality disorder and emotion dysregulation, 2*(1), 1-13.

Busch, A. J., Balsis, S., Morey, L. C., & Oltmanns, T. F. (2016). Gender Differences in Borderline Personality Disorder Features in an Epidemiological Sample of Adults Age 55-64: Self Versus Informant Report. *Journal of personality disorders, 30*(3), 419–432.

https://doi.org/10.1521/pedi_2015_29_202

Cackowski, S., Krause-Utz, A., Van Eijk, J., Klohr, K., Daffner, S., Sobanski, E., & Ende, G. (2017). Anger and aggression in borderline personality disorder and attention deficit hyperactivity disorder—does stress matter?. *Borderline personality disorder and emotion dysregulation, 4*(1), 1-13.

Carrera, S., Pandolfi, G., Cappelletti, J. Y., Padoani, W., & Salcuni, S. (2018). Oriented mentalization-based treatment for borderline personality disorder patients: preliminary results at Camposampiero Mental Health Center. *Research in psychotherapy (Milano), 21*(3), 336.

<https://doi.org/10.4081/ripppo.2018.336>

Chanen, A. M. (2015). Borderline personality disorder in young people: are we there yet?. *Journal of Clinical Psychology, 71*(8), 778-791.

Comtois, K. A., & Carmel, A. (2016). Borderline personality disorder and high utilization of inpatient psychiatric hospitalization: concordance between

research and clinical diagnosis. *The journal of behavioral health services & research, 43*(2), 272-280.

De Aquino Ferreira, L. F., Queiroz Pereira, F. H., Neri Benevides, A., & Aguiar Melo, M. C. (2018). Borderline personality disorder and sexual abuse: A systematic review. *Psychiatry research, 262*, 70–77.

<https://doi.org/10.1016/j.psychres.2018.01.043>

Dimitrijević, A., Hanak, N., Altaras Dimitrijević, A., & Jolić Marjanović, Z. (2018). The Mentalization Scale (MentS): A Self-Report Measure for the Assessment of Mentalizing Capacity. *Journal of personality assessment, 100*(3), 268–280.

Eisenberg, D., Lipson, S. K., & Posselt, J. (2016). Promoting resilience, retention, and mental health. *Wiley online library, 2016*(156), 87-95.

Euler, S., Nolte, T., Constantinou, M., Griem, J., Montague, P. R., Fonagy, P., & Personality and Mood Disorders Research Network (2021). Interpersonal Problems in Borderline Personality Disorder: Associations with Mentalizing, Emotion Regulation, and Impulsiveness. *Journal of personality disorders, 35*(2), 177–193. https://doi.org/10.1521/pedi_2019_33_427.

Fischer, A. H., Kret, M. E., & Broekens, J. (2018). Gender differences in emotion perception and self-reported emotional

intelligence: A test of the emotion sensitivity hypothesis. *PloS one*, 13(1), e0190712. <https://doi.org/10.1371/journal.pone.0190712>.

Fossati, A., Gratz, K. L., Maffei, C., & Borroni, S. (2014). Impulsivity dimensions, emotion dysregulation, and borderline personality disorder features among Italian nonclinical adolescents. *Borderline personality disorder and emotion dysregulation*, 1(1), 1-11.

Fruzzetti, A. E., Shenk, C., & Hoffman, P. D. (2005). Family interaction and the development of borderline personality disorder: A transactional model. *Development and psychopathology*, 17(4), 1007-1030.

Gomathi, S., Jasmindebora, S., & Baba, V. (2017). Impact of Stress On Nursing Students. *International Journal of Innovative Research and Advanced Studies*, 4(4), 1-5.

Goueli, T., Nasreldin, M., & Farouk, M. (2017). Social Cognition dysfunction in adolescent females with borderline personality disorder (Unpublished thesis). *Psychiatry Department, Faculty of Medicine, Cairo University*.

Goueli, T., Nasreldin, M., Madbouly, N., Dziobek, I., & Farouk, M. (2020). Social cognition in adolescent females with borderline personality traits. *Psychology and*

Psychotherapy: Theory, Research and Practice, 93(4), 739-753.

Guilé, J. M., Boissel, L., Alaux-Cantin, S., & de La Rivière, S. G. (2018). Borderline personality disorder in adolescents: prevalence, diagnosis, and treatment strategies. *Adolescent health, medicine and therapeutics*, 9, 199.

Gunderson, J. G., Herpertz, S. C., Skodol, A. E., Torgersen, S., & Zanarini, M. C. (2018). Borderline personality disorder. *Nature Reviews Disease Primers*, 4(1), 1-20.

<https://doi.org/10.1002/j.2051-5545.2010.tb00255.x>

Jaeger, S., Steinert, T., Uhlmann, C., Flammer, E., Bichescu-Burian, D., & Tschöke, S. (2017). Dissociation in patients with borderline personality disorder in acute inpatient care—a latent profile analysis. *Comprehensive psychiatry*, 78, 67-75.

Javier, M. (2018). Asthma, Caregiving and Mental Health: *The Mind Keeps the Score*. Lancaster University.

Johnson, J. G., Cohen, P., Kasen, S., Skodol, A. E., & Oldham, J. M. (2008). Cumulative prevalence of personality disorders between adolescence and adulthood. *Acta Psychiatrica Scandinavica*, 118(5), 410-413.

- Kaess, M., Fischer-Waldschmidt, G., Resch, F., & Koenig, J. (2017).** Health related quality of life and psychopathological distress in risk taking and self-harming adolescents with full-syndrome, subthreshold and without borderline personality disorder: *rethinking the clinical cut-off? Borderline personality disorder and emotion dysregulation*, 4(1), 1-12.
- Krause-Utz, A., Frost, R., Chatzaki, E., Winter, D., Schmahl, C., & Elzinga, B. M. (2021).** Dissociation in borderline personality disorder: recent experimental, neurobiological studies, and implications for future research and treatment. *Current psychiatry reports*, 23(6), 1-17.
- Larrivé M. P. (2013).** Borderline personality disorder in adolescents: the He-who-must-not-be-named of psychiatry. *Dialogues in clinical neuroscience*, 15(2), 171–179. <https://doi.org/10.31887/DCNS.2013.15.2/mplarrivee>.
- Lekgabe, E., Pogos, D., Sawyer, S. M., Court, A., & Hughes, E. K. (2021).** Borderline personality disorder traits in adolescents with anorexia nervosa. *Brain and Behavior*, 11(12), e2443.
- Lind, M., Vanwoerden, S., Bo, S., & Sharp, C. (2021).** Borderline personality disorder in adolescence: The role of narrative identity in the intrapsychic reasoning system. *Personality Disorders: Theory, Research, and Treatment*
- Luyten, P., & Fonagy, P. (2015).** The neurobiology of mentalizing. *Personality disorders*, 6(4), 366–379. <https://doi.org/10.1037/per0000117>
- Mcdermott, R. C., Fruh, S. M., Williams, S., Hauff, C., Graves, R. J., Melnyk, B. M., & Hall, H. R. (2020).** Nursing students' resilience, depression, well-being, and academic distress: Testing a moderated mediation model. *Journal of advanced nursing*, 76(12), 3385–3397. <https://doi.org/10.1111/jan.14531>.
- Meaney, R., Hasking, P., & Reupert, A. (2016).** Prevalence of borderline personality disorder in university samples: systematic review, meta-analysis and meta-regression. *PloS one*, 11(5), e0155439.
- Merza, K., Papp, G., & Kuritárné Szabó, I. (2015).** The role of childhood traumatization in the development of borderline personality disorder in Hungary. *The European Journal of Psychiatry*, 29(2), 105-118.
- Moukhtarian, T. R., Mintah, R. S., Moran, P., & Asherson, P. (2018).** Emotion dysregulation in attention-deficit/hyperactivity disorder and borderline personality disorder. *Borderline personality disorder and emotion dysregulation*, 5(1), 1-11.

Palihawadana, V., Broadbear, J. H., & Rao, S. (2019). Reviewing the clinical significance of 'fear of abandonment' in borderline personality disorder. *Australasian Psychiatry, 27*(1), 60-63.

Paris, J. (2014). A history of research on borderline personality disorder in childhood and adolescence. In *Handbook of borderline personality disorder in children and adolescents*. Springer, New York, NY. pp. 9–16.

Plener, P. L., Schumacher, T. S., Munz, L. M., & Groschwitz, R. C. (2015). The longitudinal course of non-suicidal self-injury and deliberate self-harm: a systematic review of the literature. *Borderline personality disorder and emotion dysregulation, 2*(1), 1-11.

Pou, J. S. (2019). Dialectical Behavior Therapy and Mentalization Based Treatment for Borderline Personality Disorder: *Similarities, Differences, and Clinical Implications*. Biola University.

Price, A. L., Mahler, H., & Hopwood, C. (2019). Subjective emptiness: *A clinically significant trans-diagnostic psychopathology construct*.

Richetin, J., Preti, E., Costantini, G., & De Panfilis, C. (2017). The centrality of affective instability and identity in Borderline

Personality Disorder: Evidence from network analysis. *PloS one, 12*(10), e0186695.

Sajadi, S. F., Riyahi, H., Sahraeeyan, Z., Sadeghi, R., Tajikzadeh, F., Mahmoudi, T., & Zargar, Y. (2015). A comparative study of the prevalence and intensity of borderline personality features in male and female high school students in fars province. *International Journal of School Health, 2*(2), 1-5.

Skodol, A., Stein, M., & Hermann, R. (2019). Borderline personality disorder: Epidemiology, pathogenesis, clinical features, course, assessment, and diagnosis. *UpToDate*. Waltham, MA: UpToDate

Stepp, S. D., Keenan, K., Hipwell, A. E., & Krueger, R. F. (2014). The impact of childhood temperament on the development of borderline personality disorder symptoms over the course of adolescence. *Borderline Personality Disorder and Emotion Dysregulation, 1*(1), 1-10.

Stepp, S. D., Scott, L. N., Jones, N. P., Whalen, D. J., & Hipwell, A. E. (2016). Negative emotional reactivity as a marker of vulnerability in the development of borderline personality disorder

symptoms. *Development and Psychopathology*, 28(1), 213-224.

Swartzentruber, M. J. (2017). Mentalization in counseling processes. *A research project submitted to the Graduate Faculty of JAMES (MADISON UNIVERSITY).*

Tomko, R. L., Trull, T. J., Wood, P. K., & Sher, K. J. (2014). Characteristics of borderline personality disorder in a community sample: comorbidity, treatment utilization, and general functioning. *Journal of personality disorders*, 28(5), 734-750.

Ullrich, S., & Coid, J. (2009). The age distribution of self-reported personality disorder traits in a household population. *Journal of Personality Disorders*, 23(2), 187-200.

Vahidi, E., Ghanbari, S., & Behzadpoor, S. (2021). The relationship between mentalization and borderline personality features in adolescents: mediating role of emotion regulation. *International Journal of Adolescence and Youth*, 26(1), 284-293.

Vater, A., Schröder-Abé, M., Weißgerber, S., Roepke, S., & Schütz, A. (2015). Self-concept structure and borderline personality disorder: Evidence for negative compartmentalization. *Journal of behavior*

therapy and experimental psychiatry, 46, 50-58.

Videler, A. C., Hutsebaut, J., Schulkens, J., Sobczak, S., & van Alphen, S. (2019). A Life Span Perspective on Borderline Personality Disorder. *Current psychiatry reports*, 21(7), 51.

<https://doi.org/10.1007/s11920-019-1040-1>

Wan, Q., Jiang, L., Zeng, Y., & Wu, X. (2019). A big-five personality model-based study of empathy behaviors in clinical nurses. *Nurse education in practice*, 38, 66-71.

Wardani, N. D., & Suromo, L. (2021). Mentalization-based psychotherapy practices in patients with borderline personality disorder. *Bali Medical Journal*, 10(1), 416-420.

Wrege, J. S., Carcone, D., Lee, A. C. H., Cane, C., Lang, U. E., Borgwardt, S., ... & Ruocco, A. C. (2021). Attentional salience and the neural substrates of response inhibition in borderline personality disorder. *Psychological Medicine*, 1-9.

