

# Impact of Mentalization Based Therapy Program on Reduction of Borderline Personality Symptoms among Nursing Schools Students

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DOI: <https://doi.org/10.5281/zenodo.7116304>

Published Date: 27-September-2022

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**Abstract:** Mental health of nursing students is an important basis for the personal and professional development. Specifically, Borderline personality disorder negatively affecting the essential nursing intervention. Mentalization based therapy found to significantly reduce severity of borderline personality disorder and its related symptoms. Aim of the study is to evaluate the impact of mentalization based therapy program on reduction of borderline personality symptoms among nursing schools' students. Design: Quasi-experimental research design. Sample technique: A convenient sample technique. Subject all nursing students in Ismailia city (five hundred and twelve) for assessment of borderline symptoms, and (fifty-eight students) from them detected to had borderline personality symptoms were included in mentalization based therapy program, Tools of data collection: - Semi-structured interview questionnaire was divided into four tools, are: demographic characteristics, borderline personality questionnaire, Mentalization scale, a borderline Symptom List (BSL-23). Results: about twelve percent of nursing school's students has borderline personality symptoms, there was a statistically significant decline of mean score of all borderline personality symptoms in post and follow-up program implementation stages than preprogram implementation. Conclusion: there was statistically significant reduction in mean score of borderline personality symptoms after implementation of mentalization based therapy program. Recommendations: Improve the awareness of nursing students about available resources for emotional and psychological support and develop mentalization based therapy training program for psychologist and teachers in nursing schools.

**Keywords:** Borderline personality disorder, Mentalization based therapy, Nursing students.

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## 1. INTRODUCTION

Nursing professions are the backbone of the health team and play a unique role in patient care because they focus on assisting patients with meeting their physical, social, emotional, and spiritual needs. Nursing personnel with mental qualities in addition to psychical abilities are require in the modern nursing role (Heath, 2019; Kanten & Ulker, 2014). Positive psychological attitudes and innovation of nursing staff are helpful in nursing management to improve nurses' sense of work belonging and to improve nursing service quality (Du et al., 2020).

The preparation of nursing student and improving their mental qualities is closely and related to their future well-being (**Bartlett, Taylor, & Nelson, 2016**). Nursing school's student face greater stressors due to theoretical and clinical experiences of nursing education, in addition to their age group as being adolescents, these circumstance place nursing students at risk for developing symptoms of mental disorders (**Gao et al., 2021**).

Borderline personality disorder tends to have a special importance among adolescent, because it first diagnosed and has higher prevalence rate among adolescent than other age groups (**Turner and McCarthy, 2016; Guile et al., 2018**). The prevalence of BPD is up to 6% percent of general population increasing to 10% in outpatient mental health clinics and as high as 20% among psychiatric inpatients (**American Psychiatric Association, 2013**).

Borderline personality disorder includes a group of symptoms such as affective instability, inappropriate anger, feeling of emptiness, pervasive pattern of unstable interpersonal relationships, fear of abandonment, unstable self-image, quasi psychotic symptoms, impulsivity or recklessness, and recurrent self-mutilating behavior or suicidal threats or gestures (**Guilé et al., 2018; & Gunderson et al., 2018**).

Risk factors of BPD have identified as adverse childhood experiences and trauma. More specifically, insecure attachment will be leading to failure in the process of marked mirroring of child's affect by care giver and impair the development of epistemic trust which leading to unwillingness to be trust other persons. Consequently, the development of mentalization will impaired and the child develop hypersensitivity to deal with perceived insecurity. This, in turn, negatively impacts interactions and relationships with others and thereby becomes the main driver for BPD pathology (**Yons-Ruth, 2013; & Miljkovitch et al., 2018**).

The terms 'mentalization' is known as a process by which an individual makes sense of self and others in terms of mental states as desires, intentions, and goals. Mentalization is occurs without effort or specific consciousness, while this process is especially challenging for individuals with BPD during periods of emotional arousal (**Fonagy, et al 2016; & Javier, 2018**).

Mentalization Based Therapy (MBT) developed by Bateman and Fonagy as a psychotherapy for BPD, MBT focus on the relationship of the client with the mental health practitioner and with other clients. The overall aim of the intervention is to develop the individual's ability to mentalize and to develop more adaptive interpersonal behaviors (**Bateman & Fonagy, 2016**).

The goals of MBT are the establishment of a safe attachment environment and the stimulation of a mentalizing process. Based on these goals, the mental health practitioner stimulates the client to being involved in a mentalizing process, exploring other's minds, and helping client to regulate affects and by offering alternative perspectives for his/her experiences (**Fonagy, Luyten, & Bateman, 2015**).

### Significance of study

The nursing role of providing health care and saving lives of ill people in clinical setting requires nursing personnel who have mental qualities besides their psychical abilities (**Heath, 2019; Kanten & Ulker, 2014**). So, it is important pay attention mental health to nursing schools' student before facing their future carrier by detecting any mental health problems and provide appropriate management (**Bartlett, Taylor, & Nelson, 2016**).

Borderline personality disorder has a special concern because has found to peak around 14 to 17 years of age (**Videler et al., 2019; & Bozzatello et al., 2021**) and negatively affect the important nursing skills such as communication, relationship, empathy, stress tolerance (**Pou, 2019; & Videler et al., 2019**). So, earlier detection of the symptoms and early intervention will prevent pathological crystallization of these symptoms and it sever consequences on over all well-being (**Draper, 2017; & Larrivée, 2022**).

Mentalization based therapy primarily developed for management of BPD and found to significantly reduce severity of borderline personality disorder and its related symptoms (**Edel et al., 2017; & Jain & Fonagy, 2020**).

## 2. SUBJECT AND METHODS

### 2.1. Aim of the study:

the study aimed to evaluate the impact of mentalization based therapy program on reduction of borderline personality symptoms among nursing schools' students.

**2.2. Research design:** Quasi experimental was utilize.

**2.3. Setting:** The study conducted in all secondary technical nursing schools in Ismailia city (five schools).

**2.4. Sample size:** Screening of all nursing students (512) who studied in the five secondary nursing schools assessed for detection of borderline personality symptoms by using Borderline personality Questionnaire (BPQ). According to the cutoff point of BPQ, there were (58) students detected with borderline personality symptoms, and all (58) students included in mentalization based therapy program.

**2.5. Sampling technique:** Convenient sample technique of all available nursing students utilized in the current study.

**2.6. Study hypotheses:**

**H1-** Nursing schools' students may have symptoms of borderline personality.

**H2-** Mentalization based therapy program may have a significance reduction on the determined symptoms of borderline personality among nursing school's students.

**2.7. Tools of Data Collection:**

Data gathered through a semi-structured interview questionnaire. The data collection tools divided four 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 developed by **Poreh et al., (2006)** and the Arabic version by **Goueli, Nasreldin, & Farouk (2017)** aimed to assess borderline personality traits or symptoms according to DSM-IV. The questionnaire is self-reported measure, made up on eighty items with true/false response, and is 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. The subscales of the test correlate with the nine criteria of the DSM-5 (**Aebi et al., 2015; & Goueli, Nasreldin, & Farouk, 2017**).

**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 symptoms (**Aebi et al., 2015**).

➤ Item number (64) is related to impulsivity subscale, 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)**, to assess the mentalization capacity. The scale consists of twenty-eight items with three sub-dimensions: self-based mentalization, includes 8 items, others-based mentalization, includes 10 items, and motivation to mentalization, includes 10 items. Mentalization scale is a 5-point Likert scale ranging from (1- Completely incorrect, to 5- Completely correct)

**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**).

**Tool 4: The Borderline Symptom List (BSL-23).**

Borderline Symptom List (BSL-23) developed by **Bohus et al., (2009)** to assess level of borderline personality symptoms. The measure is consisting of 23 items that ask participants to rate how much they have experienced each symptom of BPD over the previous week, on a 5-point Likert scale ranging from 0 (not at all) to 4 (very much). Borderline symptom list (BSL-23) translated from English to Arabic and back translation was done by the researcher.

**Scoring system:** Six grades of symptoms severity were defined for the BSL-23 mean percent score, which are: 0–0.28 indicates (none or low grade), 0.28–1.07 indicates (mild grade), 1.07–1.87 indicates (moderate grade), 1.87–2.67 indicates (high grade), 2.67–3.47 indicates (very high grade) and 3.47–4 indicates (extremely high grade) (Kleindienst, Jungkunz, & Bohus, 2020).

### 2.8. Validity of the tools.

The tools were revised by the three study supervisors, two experts from ethical committee, and two experts from research committee in the faculty of nursing Suez Canal University. Also, tools 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 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.

### 2.9 Tool reliability

The Cronbach alpha coefficient used to assess the internal consistency of the tool based on pilot study.

Questionnaire	Cronbach alpha
Borderline personality questionnaire	.91
Mentalization scale	.79
Borderline symptoms list (23)	.94

### 2.10. 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.

### 2.11. 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 obtained from Research Ethical Committee in Ministry of Health and Population 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. Brief explanation of the aim of the study, they given the opportunity to refuse the participation and they noticed that they could withdraw at any time of research as they like. They assured that all information would keep confidential and used solely for research purposes.

### 2.12. Field of work:

The study conducted through four phases: Assessment (Pre-test), program planning, program implementation, and evaluation (post-test and follow-up test).

#### 2.12.1. Phase (1): Assessment (Pre-test):

Before distribution of questionnaire, the researcher interviewed all nursing schools' students, introduce herself and explain the aim and benefits of the to obtain students consent, establish relationship and gain 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. The statistical analysis for gathered data was obtained, and only the nursing students who had borderline personality symptoms (58 students) who met the cutoff point of borderline personality questionnaire was interviewed again and informed about the result, reinforced about the program and its goals, obtained their informed consent, and asked to fill the borderline symptom list-23 to assess the level of present symptoms.

## International Journal of Novel Research in Healthcare and Nursing

Vol. 9, Issue 3, pp: (65-80), Month: September - December 2022, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

### 2.12.2. Phase (II): Program planning:

The short term mentalization based therapy program was developed by the researcher based on review of current literature, and it was revised by the supervisors.

**Aim of the program:** The aim of mentalization based therapy program is to reduce number of borderline personality symptoms and its level among nursing school's students through improving the student capacity of mentalizing (self, others, and interpersonal relationship).

**Researcher preparation:** before starting up program, the researcher attends online international course of mentalization based therapy offered by Anna Freud National Center and got approval for attendance and passing the course at 12/6/2020, to be qualified to provide the program.

### 2.12.3. Phase (III): Program planning:

**Duration:** The program consists of twelve sessions, each session lasting 60 - 90 minutes in addition to 20-30 minutes after each session that specified for discussion of homework of last session. It covered in a period of 12 weeks, from mid of March 2021 to mid of June 2021.

**Content:** The nursing schools' students who reached cutoff point that indicate borderline personality symptoms, assigned to receive mentalization based therapy program according to their acceptance. The researcher explained to the student the aim and intervention of the study and was encourage them to participate. The researcher was assuring them about confidentiality to gain their trust, cooperation, and confidence. During the sessions, students encouraged to express their feeling, asked to clarify their thoughts and intention, ask questions, interjected their own experiences through active and reflective listening, and receiving feedback from other students in the group, demonstrate different mentalization exercises.

- All the program sessions were a group-based sessions.
- The group was consisted of 7-8 students
- Each session was lasting from 60 to 90 minutes

#### **The Mentalization Based Therapy program (MBT) include the following sessions:**

- Psychoeducation (2 sessions)
- Mentalization of self (1 session)
- Mentalization of others (1 session)
- Emotional regulation and anger management (1 session)
- Impulse control (1 session)
- Stress management and problem solving (1 session)
- Overcome emptiness feeling (1 session)
- Self-image enhancement (1 session)
- Mentalizing relationship (1 session)
- Overcome thought disturbance (1 session)

### 2.12.4. Phase (IV): evaluation (post-test & follow up):

-After implementation of the program, two tests done to evaluate the effect of the program; the first post-test done immediately by end of the program, the second post-test was done three months later after program implementation by using the same tools of assessment.

3. RESULTS

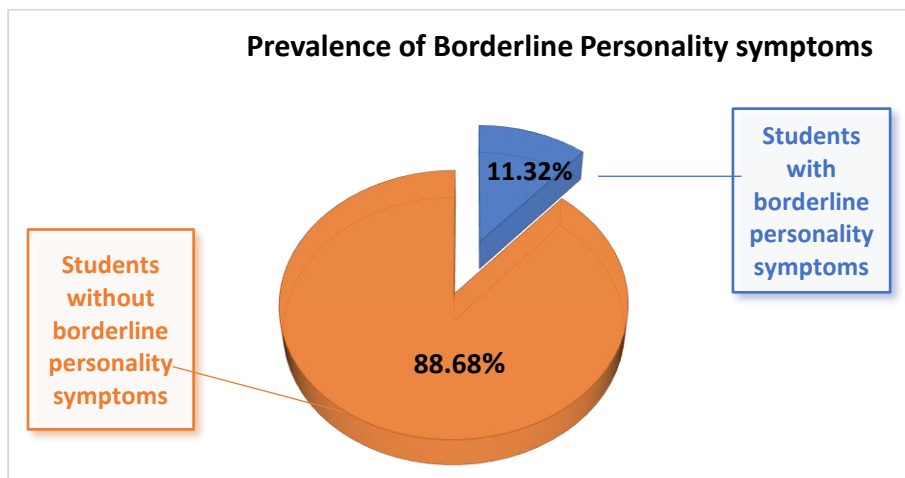


Figure (1) Distribution of nursing schools' students according to the prevalence of borderline personality symptoms (N=512).

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

Table (1) Distribution of study subject according to their demographic characteristics (N= 58).

Variables	Total subject	
	N	%
<b>Age</b> Mean $\pm$ SD	16.86 $\pm$ .736	
Range	15 -18	
<b>Gender</b>		
Male	8	13.8
Female	50	86.2
<b>Level of education</b>		
First year	11	19
Second year	30	51.7
Third year	17	29.3
<b>Residence</b>		
Rural	31	53.4
Urban	27	46.6
<b>Family connectedness</b>		
Live with both parents	41	70.7
Live with one parent	17	29.3
<b>Level of Income according to students view</b>		
Low	21	36.2
Moderate	35	60.3
High	2	3.4

Table (1) shows demographic characteristics of the study subject, the majority of them was female (86.2 %). Concerning to age, more than half of study subject (55.17%) were 17 years and above with mean of age (16.86  $\pm$  .736), and (51.7) were in second year of nursing education. Regarding family connection, (70.7%) of study subject live with both parents and (53.4 %) of them live in rural areas. Also, this table shows that, (60.3%) view that they have moderate-income level.

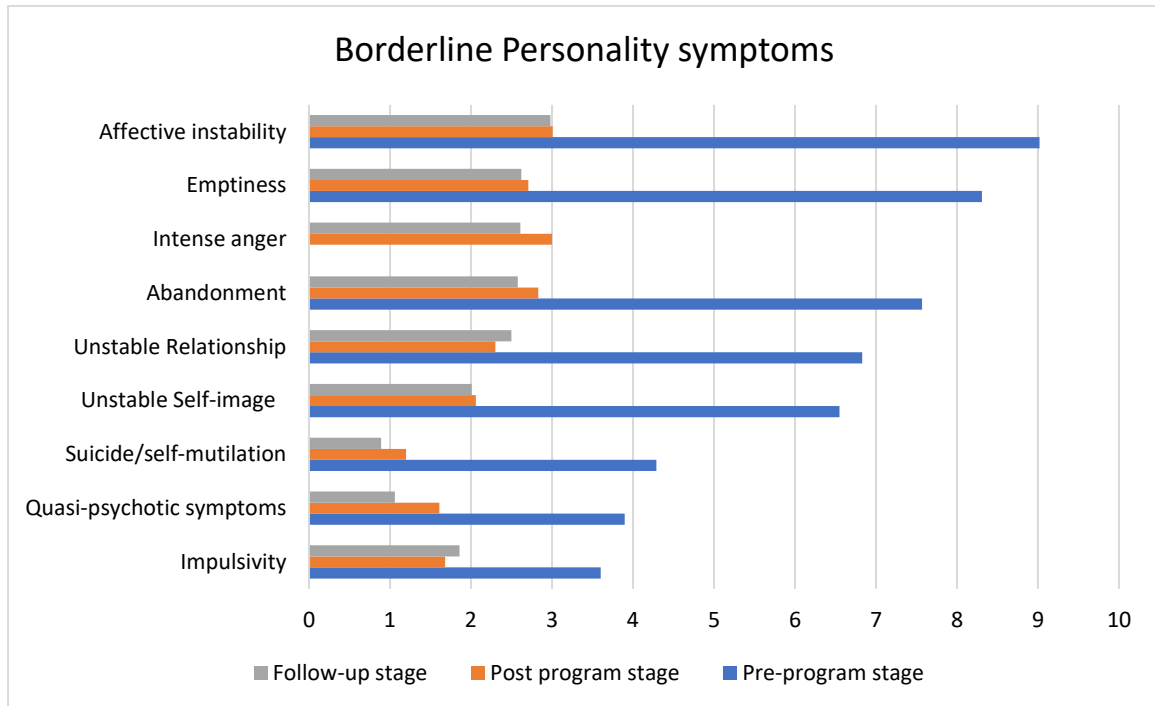


Figure (2) Mean distribution of borderline personality symptoms among study subject throughout the study stages (N=58).

Figure (2) shows reduction in the mean scores of all borderline personality symptoms in post program and follow-up stages than pre-program stage.

Table (2) Mean scores of total borderline personality symptoms among study subject throughout the study stages (N=58).

Study stages	Borderline personality symptoms (Total score)	Friedman test P value
	Mean ± SD	
Pre-program	58 ± 3.96	<.001
Post-program	20.1 ± 3.50	
Follow-up	19.06 ± 2.74	

Friedman test. P value is significant < .05

Regarding the total mean score of borderline personality questionnaire, table (3) shows statistically significant reduction in the mean scores of all borderline personality symptoms in post program and follow-up stages than pre-program stage with p value (<.001).

Table (3) level of borderline personality symptoms of study subject throughout the study stages (N=58).

Levels of borderline personality symptoms	Pre-program		Post program		Follow-up	
	N	%	N	%	N	%
Non/ low	0	0	0	0	0	0
Mild	0	0	20	34.5	30	51.7
Moderate	0	0	38	65.5	28	48.3
High	7	11.5	0	0	0	0
Very high	43	74.7	0	0	0	0
Extremely high	8	13.8	0	0	0	0

**Table (3)** illustrates that, the highest percent of study subject (74.7%) had very high level of borderline personality symptoms in pre-program stage, while the highest percent of them (65.5%) had moderate level of borderline personality symptoms in post program stage, and in follow-up stage, the highest percent (51.7%) had mild level of borderline personality symptoms.

**Table (4) Pairwise comparison of level of borderline symptoms of study subject (N=58)**

Borderline personality level	Post program	Follow-up
	P - value	P – value
Pre-program	<.001*	<.001*
Post program	-----	<.001*

Friedman’s 2-way ANOVA by ranks. P value is significant <.05.

**Table (4)** shows that, there was statistically significant difference between level of borderline personality symptoms between pre and post program stages, between pre-program and follow-up stages, and between post program and follow-up stages with P. value = (<.001).

**Table (5) Mean score of mentalizing capacity of study subject (N=58).**

Mentalizing capacity	Pre-program	Post-program	Follow-up	Friedman test.
	Mean± SD	Mean± SD	Mean± SD	P value
Mentalization of self	23.10± 4.09	33.55± 2.16	33.81± 2.31	<.001**
Mentalization of others	31.22 ± 5.63	43.13 ±3.11	43.17 ± 3.23	<.001**
Motivation of mentalization	31.74 ± 4.87	43.55 ± 2.98	43.62 ± 3.02	<.001**
Total mentalizing capacity	86.06 ±7.70	120.24 ± 6.02	120.60 ±6.36	<.001**

Friedman test. P value is significant < .05

**Table (5)** shows statistically significant improvement of mentalization of self, mentalization of others and motivation of mentalization in post-program and follow-up stages than pre- program stage with p. value (< .001). Also, the current table shows statistically significant improvement total mentalizing capacity of study subject in post program than pre-program and the improvement was continued in follow-up stage, the mean scores are (86.06 ± 7.70), (120.24 ± 6.02), and (120.60 ±6.36) in pre-program, post program and follow-up stage respectively, with p. value (< .001).

**Table (6) Relation between demographic characteristics and borderline personality symptoms of study subject (N=58).**

Demographic characteristics	Borderline personality symptoms					
	pre-program		post-program		follow-up	
	Mean ± SD	P value	Mean ± SD	P value	Mean ± SD	P value
<b>Gender</b>						
Male	56.420±3.978	.024* <sup>a</sup>	18.250±2.375	.991 <sup>a</sup>	17.825±2.559	.572 <sup>a</sup>
Female	59.775±3.335		21.85±3.671		20.280±2.785	
<b>Residence</b>						
Rural	58.3161±4.668	.800 <sup>a</sup>	21.174±3.293	.298 <sup>a</sup>	20.006±1.904	.152 <sup>a</sup>
Urban	57.723±3.018		19.092±3.692		18.181±3.366	
<b>Family connection</b>						
Live with both parents	56.461±3.51460	.046* <sup>a</sup>	18.882±3.445	.204 <sup>a</sup>	18.439±2.501	.262 <sup>a</sup>
Live with one parent	59.741±4.56167		21.317±3.497		19.688±2.828	
<b>Income from students view</b>						
Low	59.252±4.6311	.035* <sup>b</sup>	21.695±4.109	.137 <sup>b</sup>	20.114±2.390	.178 <sup>b</sup>
Moderate	57.371±3.1481		19.257±2.889		19.00±2.797	
High	57.860±4.9497		19.230±7.071		18.100±5.656	

<sup>a</sup> = Mann-Whitney Test

\* Significant at p < 0.05

<sup>b</sup> = Kruskal Wallis Test

\* Significant at p < 0.05



**Table (6)** shows relation between borderline personality symptoms and demographic characteristics of study subject, there was statistically significant relation between borderline personality symptoms and gender (p value = .024\*), and between borderline personality symptoms and family connection (p value = .046\*). in the pre-program stage. Also, there was statistically significant relation between borderline personality symptoms and level of income (p value = .035\*) in the pre-program stage.

**Table (7) Correlation between mentalizing capacity and borderline personality symptoms of study subject in pre-program stage (N=58).**

Borderline personality symptoms	Mentalizing capacity					
	Pre- program		Post- program		Follow-up	
	Rho test	P value	Rho test	P value	Rho test	P value
Affective Instability	-.256*	.036	-.270*	.020	-.293*	.013
Emptiness	-.464**	<.001	-.402**	.002	-.286*	.015
Intense anger	-.305*	.020	-.387**	.003	-.404**	.001
Abandonment	-.297*	.012	-.298*	.026	-.302*	.011
Unstable Relationships	-.279*	.023	-.728**	<.001	-.533**	<.001
Unstable Self-Image	-.321*	.017	-.702*	<.001	-.654*	<.001
Suicide/Self-Mutilation	-.392**	.002	-.277*	.033	-.288*	.014
Quasi-psychotic symptoms	-.262*	.040	-.250*	.037	-.267*	.024
Impulsivity	-.279*	.026	-.272*	.019	-.284*	.016
<b>Total BPS</b>	<b>-.876**</b>	<b>&lt;.001</b>	<b>-.989**</b>	<b>&lt;.001</b>	<b>-.987**</b>	<b>&lt;.001</b>

**Spearman Test**

\* Significant at p < 0.05

Table (7), there was statistically significant negative correlation between total mentalizing capacity and all borderline personality symptoms throughout study stages. Also, this table shows statistically significant negative correlation between total mentalizing capacity and total borderline personality symptoms of study subject throughout study stages, (rho = -.876), (rho = -.989), and (rho = -.987) in pre, post, and follow-up program implementation respectively, with p. value = (<.001).

**4. DISCUSSION**

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*).

So, it is important to assess nurses' personality traits during educational period to avoid negative impact of abnormal personality on the future social and working function. Borderline personality disorder has an essential concern related to its beak onset during adolescent, and 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; Casarella, 2021*).

Therefore, the current study aimed to evaluate the impact of mentalization based therapy program on reduction of borderline personality symptoms among nursing schools' students.

The current study subject aged from 15 to 18 years, who being adolescent group. The adolescent stage considered a period of transition between childhood and adulthood, it is a time to assert independence from family, make sense of self, and begin to make decisions on their own. The major tasks of this period might lead to personality pathology if delayed or impeded.

The current study found that, the prevalence of borderline personality symptoms was 11.32% among nursing. This result was higher than the prevalence of the disorder among general population, where was 2-6% as reported by (*APA, 2013*).

This may be due to, the stress of education which study subject face at the young age, such as extreme rigor of education and clinical training such as fear of making a mistake, being responsible about life of others, and the gap between theory and practice. These events will be leading to negative affect on mental and psychological functions of study subjects.

Concerning the previous result, **Shenoy & Praharaj, (2019)** was consistent with the study result and found that, approximately 15% of college students screened positive for borderline personality disorder.

Inconsistent with the present study, **Sajjadi et al., (2015)** reported that the prevalence rate of borderline personality features was 26.6% among high school students. This result was higher than the present study results. Additionally, **Lekgabe et al., (2021)** revealed that, the prevalence of borderline personality traits among studied adolescent was 7%. This result was lower than the present study results

Regarding to the difference between the present study's result and results of other studies, may be due to culture difference, and study sitting as studies conducted in clinical or non-clinical areas, as well as the presence or absence of other psychiatric disorders.

Concerning the borderline personality symptoms, the current study illustrated that, emotional instability was the highest mean score among study subjects. According to this result DSM-5, and ICD-10 delineated that, emotional instability is a core feature of borderline personality disorder and consider the predictor of other borderline personality symptomatology.

This result was in context with result of study of **Aebi (2015)** found that emotional instability was the highest mean score of all nine criteria of borderline personality symptoms among non-clinical sample. Moreover, **Lind et al (2021)** in study of borderline personality disorder in adolescent found that emotional instability was high among studied sample. Also, **Goueli et al., (2020)** were in the same context with the present study, and reported that, emotional instability was the highest borderline personality symptoms among adolescent females.

In contrast with the previous result, study of **Lind et al., (2019)** revealed that disturbed sense of self was a core feature of BPD is among inpatient adolescent with borderline personality disorder. Additionally, **Barazandeh et al., (2016)** and **Palihawadana, Broadbear, & Rao, (2016)** were disagreed with the current study and illustrated that, fear abandonment was widely recognized as a core symptom BPD.

Concerning the lowest borderline personality symptoms, the current result revealed that impulsivity symptoms was the lowest mean score among study subjects, regarding this result, when the study subjects feel overwhelmed by intense emotional shifts, they engage in impulsive behaviors as being behave without planning, and this behavior may involve taking medication without prescription, or binge eating.

In the agreement with the current study, **Harpøth, (2019)** reported that, impulsivity or self-destructive behavior was rare endorsement symptoms of BPD among participants. Also, **Kaess et al., (2017)** found that impulsivity symptoms was the lowest symptoms according to its frequency among adolescents with borderline personality disorder.

In contrast with this study **Larrivée, (2013)** found that, impulsive behavior such as drug abuse, and sexual practice often seen among adolescent with borderline personality disorder. Additionally, **Soloff et al., (2014)** showed that symptoms of aggression and impulsivity was high among females with borderline personality disorder.

Focusing on the impact of mentalization based therapy on borderline personality symptoms and its level, the current study illustrated that, there was significant reduction in mean score of all borderline personality symptoms and its level among study subjects in post and follow-up stages of program implementation than preprogram stage.

Regarding this result, mentalization based therapy motivate study subjects to improve own sense of self, being consciously observe, explore, and clarify own felt feeling. Also, enhance their ability to keeping thought and emotion connected with the current event. Such intervention maintains controlling of automatic thoughts which may be related to past experiences and/or future goals (**Bateman & Fonagy, 2016**).

Also, therapeutic relationship and motivation were support mentalization of others as understand and accept other's opinion and leading to maintain relationship with others. Moreover, the mentalization based therapy improve ability to control their own maladaptive behaviors by improving the ability to think before act and exploring the fees they pay through maladaptive behavior (**Alle & Fonagy, 2006; & Ballespí et al., 2021**).

The proceeding results were congruent with **Wardani & Suromo (2021)** they mentioned that the patient has begun to form a secure base attachment. 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, **Yehia et al., (2015)** agreed with the study result and revealed that, university students showed reduction in the symptoms of intense anger, and impulsivity symptoms and identity disturbance subscale were significantly decreased after application of mentalization based therapy program. Additionally, **Bales et al., (2015)** revealed that, self-control and identity problems significantly reduced, and relational function was significantly improved among patients with borderline personality disorder after implementation of mentalization based therapy and in follow-up stage. Also, **Høgenhaug et al., (2021)** found that, Confidence and Self-efficacy were improved after completion of mentalization based therapy.

In the same line, studies done by **Carlyle et al., (2020)** showed a significant reduction in the overall incident rate of suicidal attempts and non-suicidal self-harm. Also, **Khabir et al., (2018)** noted that, mentalization based therapy, strengthening the patient's capacities to reduce emotional dysregulation and impulsive behaviors, emptiness symptoms, and enhancing self-awareness, attentional control, and flexible thinking in the contexts of emotions and relationship.

Additionally, the previous result goes along with the study conducted by **Jørgensen et al., (2013)**; **Brüne, Dimaggio, & Edel, (2013)**; **Kvarstein et al., (2015)**; **Löf et al., (2018)** and **Vogt & Norman, (2019)** they found that mentalization based psychotherapy was effective as leading to significant reduction in number and severity of borderline personality symptoms and improving general and social functioning among study sample.

The previous result could explain in the fact that, as mentalization based therapy aimed to improving the awareness of self-goal, desires, and intension, and make sense of the current problem, utilize problem solving strategies, initiate and maintain interpersonal relationship and make sense of others. So, mentalization based therapy has positive impact on reducing borderline personality symptoms and its level.

Concerning statistical relations between the current study's variables, the present study illustrated that, there was significant statistical relation between level of income and borderline personality symptoms of study subjects in the preprogram implementation stage. This result explained as the economic functioning seems to be negatively affect childhood emotional, and/or physical health and can lead to different health problems. The current study subjects explain that the low-income level, cause them to not meet their basic needs, as well as scientific and treatment requirements. It may also cause them to feel inferior in front of their friends.

The previous result goes along with the result of **Cohen et al., (2008)** whose reported that lower socioeconomic status predicted BPD symptoms and the effect of magnitude remained stable over time. Additionally, **Stepp et al., (2016)** revealed that low socioeconomic status of family was one of strongest prospective risk factors for early BPD.

Also, the current study showed that, there was statistical significant relation between family connection and presence of borderline personality symptoms in preprogram stage, this result could explained in the light that, separation of family members negatively affect the love circumstances and emotional stability among family personnel, which may led to insecure relationship between child and own parents or other care giver and neglect of child emotional need which may be related to the development of borderline personality symptoms in the adolescence period.

In the agreement with the prior study's result conducted by **Fatimah et al., (2020)** revealed that, parents' poor parenting constitutes environmental risks for the development borderline personality feature of these offspring. Also, the study done by **Merza, Papp, & Kuritárné Szabó, (2015)** found that, negative childhood experiences such as neglect, and emotional abuse were more prevalent among borderline patients and considered the strongest predictors of borderline diagnosis.

Additionally, the current study results revealed that, there was significant statistical relation between gender and total score of borderline personality symptoms with mean score was high in females than males. This result might explain as, symptoms of borderline personality disorder could very well exhibit in men and women (**Busch et al., 2016**), while women are more sensitive to subtle emotions and more likely to seek treatment than men (**Skodol et al., 2019**)

In the agreement with the prior result, the study conducted by **Silberschmidt et al., (2015)** reported that, women show greater in overall symptomatology of borderline personality disorder than men with the same disorder. On the other hand, **Sher et al., (2019)** were disagreed with the current study and suggested that men with borderline personality disorder are more aggressive, impulsive, and overall impaired in comparison with women with the same disorder.

Concerning the correlation between study variables, the current study revealed that, there was statistically significant negative correlation between mentalizing capacity and borderline personality symptoms in pre, post, and follow-up program

implementation. 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 led to affect dysregulation, impulsivity, unstable self-image, and other borderline personality symptomatology.

In the same context with the prior result of present study, **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.

Additionally, **Lind et al., (2021)** report that low mentalizing capacity was significantly associated with BPD among studied adolescents. Moreover, **Rifkin-Zybutz et al., (2021)** reported that BPD symptoms significantly associated with impaired mentalizing, with more severe borderline symptoms associated with a stronger effect of poor mentalization.

## 5. CONCLUSION

Based on the findings of the present study, it can be concluded that, about one ninth of study subject had borderline personality symptoms. Also, there was statistically significant reduction in borderline personality symptoms and its level, and improvement of mentalizing capacity of study subjects in post and follow-up stages than pre-program stage of study. Additionally, there was statistically significant negative correlation between mentalizing capacity and borderline personality symptoms throughout the study.

## 6. RECOMMENDATIONS

1. Developing an educational program about borderline personality manifestation and its impact on overall wellbeing of nursing students and their future nursing carrier.
2. Develop mentalization based therapy training program for psychologist in nursing schools.
3. Increasing students' awareness of psychological problems that begin in adolescence, such as borderline personality disorder.
4. Improve the awareness of nursing students about available resources for emotional and psychological support.

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**International Journal of Novel Research in Healthcare and Nursing**

 Vol. 9, Issue 3, pp: (65-80), Month: September - December 2022, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

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