

# Borderline personality disorder: a maze of emotional swings

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## SUMMARY

### Background

*The importance of researching emotionally unstable personality disorder is determined by the current changes in the economic and social aspects of society. These changes affect a person's emotional stability, leading to different emotional states.*

### Objective

*The study objective to identify the characteristics of borderline disorder, specifically the risks associated with frequent mood changes and their impact on mental well-being.*

### Methods

*The approach to studying mental disorders relied on qualitative analysis methods and the examination of psychological correction processes. This included a content analysis of the procedures used to address these disorders.*

### Results

*The research results reflect the current views of preventive and therapeutic techniques in the fight against emotional destabilization of the mental state of the individual, as well as represent the etiology of borderline disorder, its manifestation, and its impact on human behavior and adaptation in society.*

### Conclusions

*The findings are useful for teachers and social workers who can recognise the early indications of mental illnesses and suggest appropriate experts. This research is also valuable for psychotherapists who employ modern techniques to help people with emotional personality disorders, which include borderline disorders.*

**Key words:** self-regulation, impulsivity, mental health, avoidance, neuropsychiatric disorders

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## Introduction

The mental health of the country's population plays an important role in shaping its social potential. The main principles of psychological well-being and the development of socio-economic opportunities in the country are the positive activities of each citizen, based on their harmonious relationships with others, competence, self-perception, certain autonomy, and the desire for personal growth. The development of cognitive and emotional components occurs under the influence of external circumstances and internal personal experiences, where the experience gained simultaneously shapes and updates the person's self-awareness. Prolonged crises and traumatic situations lead to the formation of negative mental attitudes that can produce persistent destructive states that affect human life <sup>1</sup>. K. Campbell et al. <sup>2</sup> note that borderline disorder is preceded by certain factors, including the impact of negative experiences in social relationships, peculiarities of upbringing, and violent behavior in early childhood. The authors also mention heredity, individual sensitivity to stress, abnormalities in brain functioning, and disorders of neurotransmitter synthesis in nerve cells as possible causes of emotional instability.

At the same time, as noted by J. Garland and S. Miller<sup>3</sup>, the first signs appear in childhood, but most often the expression of the problem of emotional instability is achieved in puberty. However, the authors point out that in addition to the imbalance of chemicals in the brain, the conditions in which a child grows up are also a key aspect, because traumatic experience can form not only certain behavioral types but also provoke persistent mental states of a destructive nature. Thus, studying the impact of negative events in the social environment on the mental health of the population, T.S. Betancourt et al.<sup>4</sup> point out that children are sensitive to psychological trauma due to their high emotional lability and general vulnerability of the psyche, where the destruction of a child's mental security under the influence of crisis circumstances produces risks of developing disorders and precedes maladjustment at the social, psychological and physical levels. P. Bozzatello et al.<sup>5</sup>, studying the predisposition to borderline personality disorder and its early detection, note that the visible manifestation of this type of mental disorder occurs at a young age, so the early psychological diagnosis of adolescents at risk, as well as further monitoring of the course of the emotionally unstable disorder and appropriate psychotherapy, are important. At the same time, in addition to the generally accepted signs of borderline disorder, such as the variability of the internal state, impulsivity in actions, and fear of loneliness, the authors highlight instability in relationships, a tendency to suicidal behavior, uncontrollable anger, paranoia, and dissociative symptoms. The importance of psychological support for people with a tendency to borderline disorder is noted in the studies of R.D. Stefano et al.<sup>6</sup> and R. Akter et al.<sup>7</sup>, who examined mental disorders in the context of the COVID-19 pandemic. The authors note the deterioration of the population's mental health due to the traumatic factors of restrictive measures that can lead to certain mental disorders, taking into account the socio-economic aspects of a person (living conditions, security status, awareness of the situation, etc.) At the same time, researchers note that the formation of persistent destructive personality traits and impaired mental functioning can be delayed for years. In their study of emotionally unstable personality disorder, L.W. Choi-Kain et al.<sup>8</sup> note that affective reactions and behavioral disorders that arise in response to a stimulus are inherent in most mental disorders, but borderline personality disorder is characterized by clear signs of emotional and interpersonal hypersensitivity. Accordingly, the author sees early intervention and short-term variability of psychotherapy, dialectical behavioral therapy, and mentalization in the restoration of mental health, as the conceptual basis of psychotherapeutic care. The development of neuropsychiatric disorders characterized by emotional

instability, impulsivity, and autoaggressive behavior is most often influenced by external factors. Modern living conditions of society require awareness of the sources of emotional imbalance and understanding of the peculiarity of the course of borderline disorder, which is an urgent problem in finding ways to effectively restore the mental health of the population in today's conditions. This study aims to define the development of a person's predisposition to borderline personality disorder and identify effective psychotherapeutic approaches to overcome associated mental health issues. Specifically, the study has three main objectives:

- To analyse the factors contributing to the formation of a predisposition for borderline personality disorder. This includes exploring hereditary causes as well as the impact of childhood trauma and unhealthy attachment relationships. Identifying developmental risk factors can aid early intervention efforts.
- To elucidate the manifestation and stages of borderline personality disorder symptom progression. Mapping the course of the disorder can clarify the severity of implications for a person's mental functioning and social adaptation over time. This can also inform appropriate timing for psychotherapeutic treatment.
- To evaluate evidence-based methods of psychotherapy for improving mental health in those exhibiting borderline personality disorder. Assessing the efficacy of approaches like dialectical behavior therapy, mentalization-based treatment, schema therapy and others can provide guidance for restoring patient functioning and facilitating long-term remission of symptoms.

## Materials and methods

Based on the research presented in this analytical review, the literature was selected through a comprehensive search of scientific databases including Web of Science, Scopus, Google Scholar, and PubMed. The author performed the search over the past 4 years to capture current research on borderline personality disorder. Combinations of relevant keywords were used to identify literature related to the pathogenesis, risk factors, symptom progression, comorbidities, and psychotherapeutic treatment of borderline personality disorder. Specific search terms included "borderline personality disorder", "emotional dysregulation", "impulsivity", "childhood trauma", "attachment disorder", as well as the names of common therapeutic approaches like "dialectical behavior therapy", "schema therapy", and "mentalization-based treatment". Additional publications were gathered through hand-searching the reference lists of selected articles. This rigorous methodology allowed the author to assemble a robust evidence base covering critical issues in understanding border-

line personality disorder and evaluating strategies to improve mental health outcomes through psychotherapy-based care. The culled publications provided the foundation for meeting the stated objectives to define the development of borderline disorder predispositions and ways to overcome associated mental health disturbances.

The theoretical and methodological approach to analysing borderline personality disorder was developed through qualitative methods of structural study regarding the development of pathological disorders in the human psyche, alongside a substantive study of mental health restoration methods through psychotherapy. Technical terminology is consistently used and defined where necessary, and the tone of the text remains formal and Objective. The problem we have outlined concerns the investigation of triggers for emotional instability disorder as well as the identification of the hazards posed by emotional fluctuations to human mental faculties. The study was conducted by generalizing theoretical approaches to investigate the etiology of borderline disorder. The resulting insights were utilized as a foundation for subsequent research and developing psychotherapeutic interventions for individuals at risk of this personality disorder.

The analysis of scientific achievements from researchers in Ukraine, the United Kingdom, the United States, Australia, Slovenia, Italy, Poland, Scotland, the Netherlands, France, Canada, and Denmark was made possible through the study of the theoretical basis of emotionally unstable personality disorder and the global experience of restoring mental health. The reviewed literature enabled the identification of primary factors that lead to borderline personality disorder. This facilitated the delineation of key directions for psychotherapeutic interventions and allowed for the recognition of strategies to mitigate psychological fallout from emotional instability. The studies analysed enabled the identification of contentious factors surrounding the emergence of these deviations. They also provided a critical evaluation of the diagnostic and corrective methods employed in addressing deviations in an individual's mental activity.

Research is needed to prove the important aspects in the growth of brain-related illnesses and to recognize the main causes in creating enduring characteristics of an unbalanced type that harmfully impact a person's mental and societal flexibility. The examination of how borderline disorder is formed and progresses, along with the study of the structural parts of emotional instability and how they connect to external factors, established the foundation for understanding the unique traits of borderline disorder manifestation. This helped define the key aspects of the issue being examined. This method was the essential focus of the investiga-

tion. The goal and analysis of psychological sources on borderline personality disorder, along with examination of laws for mental health support, steered the research. The study included comparing our results to the findings of scientists who worked on emotionally unstable personality disorder and mental health recovery in psychotherapy.

This approach provided a justification for the primary methods, means, characteristics, and principles adopted in corrective therapy for individuals exhibiting emotional disturbances and potential borderline traits. The research also enabled the identification of potential risks to an individual's mental well-being in the absence of appropriate psychological support. The entirety of research on emotionally unstable personality disorder has led to the formulation of a phased model for providing psychological support. This model focuses on restoring psychosocial adaptation and reducing the likelihood of developing persistent borderline pathological deviations, impulsive behaviour, and self-destructive tendencies. In addition, it also aims to lessen the degree of affective emotional reactions resulting from a disharmonious mental state.

## Results

The effectiveness of the process of restoring a person's mental health in the context of psychotherapeutic care is achieved by the quick and correct diagnosis of their predisposition to a particular personality disorder. At the same time, disorders of the emotional component of the psyche are not always determined by physiological or genetic factors. Emotional experiences accompany a person at all stages of personality development. The formation of emotional resilience is reflected in the readiness of the human psyche to maintain its functional activity in stressful situations and to maintain control over its emotions and behavior. However, the experience of long-term negative events leads to the development of psychopathological traits and behavior. The speed of transformation of negative experience and affective emotional reactions depends on individual socio-psychological factors, where the traumatic situation (violence, neglect) is combined with the person's qualities of anxiety, aggression, and general reaction to stressful events. Emotional resilience is a key point in the effective adaptation of an individual in society<sup>9</sup>. Therefore, an important condition for understanding the formation of a person's predisposition to borderline disorder is to determine the causes of emotional deviations in the mental activity of a person and ways to help in case of violation of the emotional sphere and related destructive conditions.

The study of borderline disorder, as well as the negative consequences for the mental health of the popu-

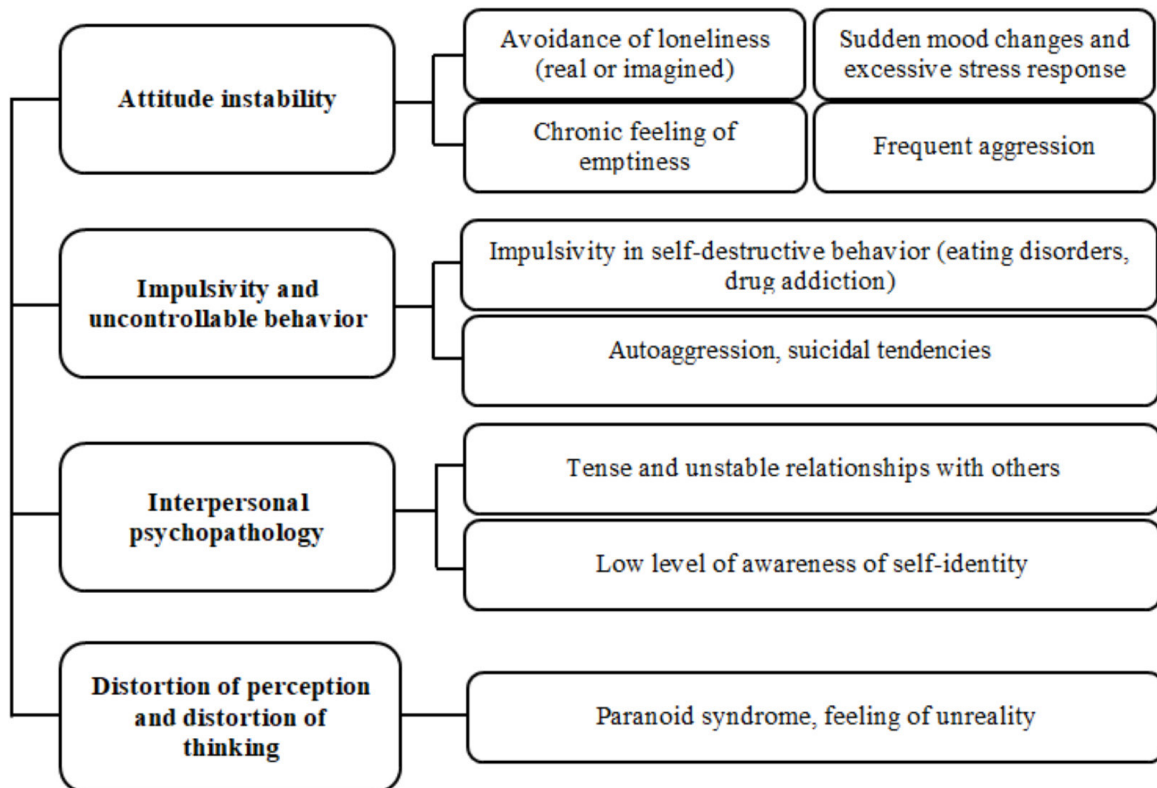
lation associated with it, has become more relevant under the influence of significant social, political, and economic changes in the world (the COVID-19 pandemic, and military conflicts). Over the past decade, there has been progressing in understanding borderline personality disorder, including its separation from other conditions with similar symptoms. At the same time, the presence of additional symptoms complicates the process of identifying an emotionally unstable disorder and choosing the appropriate therapy to restore a person's mental health, as other mental disorders can develop in parallel with borderline disorder, including drug addiction, panic attacks, eating disorders, depression, and attention deficit hyperactivity disorder (ADHD).

While investigating the development and course of borderline disorder in modern conditions, M. Kaur and M. Sanches <sup>10</sup>, C. Winsper <sup>11</sup>, P. Fonagy, et al. <sup>12</sup>, C.E. Miller et al. <sup>13</sup>, A. Baptista et al. <sup>14</sup>, define it as a broad model of instability in relations with the environment, which is subject to affective states, certain self-esteem of a person, as well as impulsive emotional and behavioral reactions. The authors note that the development of borderline disorder begins in childhood, and this condition

becomes more pronounced in adolescence. However, researchers T.A. Morgan et al. <sup>15</sup>, R.S. Biskin <sup>16</sup>, and S.K. Whitbourne <sup>17</sup>, studying the problem of developing a predisposition to emotionally unstable disorder among the adult population, point to the increased sensitivity of the emotional and interpersonal sphere under the influence of changes in external factors, in particular traumatic events in a person's life. Given the war in Ukraine, it is important to understand the provocative factors of emotional imbalance and to find effective methods of psychological assistance to restore the mental health of the population.

Emotional stability of a person provides an individual with the ability to dose and maintain mental stress at the proper level, and disorders in the emotional sphere destabilize all human life processes <sup>18</sup>. The borderline disorder is characterized by certain symptoms that intertwine the key criteria for emotional instability. Figure 1 shows the main areas of this disorder and the criteria that help to establish the appropriate diagnosis.

The analysed studies indicate that borderline disorder is based on the emergence of persistent mental neurodevelopment that can be dictated by genetic fac-



**FIGURE 1.** Criteria and areas for borderline personality disorder. Source: compiled by the author based on <sup>3,5,10,13</sup>.

**TABLE I.** *Classification and stages of borderline personality disorder.*

Disorder stages	Features of stage	Stage peculiarities
Sadness	Evasion/dependency	Yielding, loyalty, a feeling of danger and powerlessness, submissiveness, emotional vulnerability, depression, helplessness
Obnoxious	Passive-aggressive behavior	Negativism, pessimism, resentment, anxiety, stubbornness, moodiness
Impulsivity	Hysteria and antisociality	Fear of loss, irritability, suicidal tendencies, moodiness, excessive anxiety, irritability, windiness
Self-destruction	Depression, masochism, self-destruction,	Aloofness, conformity, suicide risk, rigidity, autoaggressive behavior

Source: compiled by the author based on <sup>3,21,22</sup>.

tors <sup>2</sup>, psychotraumatic experience <sup>12</sup>, and disruption of attachment relationships in early childhood <sup>3</sup>. The hereditary causes of this disorder are characterized by a pronounced manifestation of emotional reactivity and impulsive temperament (affective emotional and behavioral reactions). At the same time, childhood traumatic experiences are characterized by the manifestation of dissociative symptoms (identity and perception disorders). The etiological factor of auto-aggressive behavior in borderline disorder is most often preceded by a disorganized type of attachment, which is formed as a result of emotional neglect of the child's needs. At the same time, modern approaches <sup>5,7,8,13,14</sup> to studying a person's predisposition to borderline disorder involve a combination of these factors, where the weight of each factor may be dictated by the neurobiological constitution, a complex of components of the trauma experienced, or a violation of family relationships.

The negative transformation of the emotional sphere affects the physiological state of a person. For example, internal conflict can provoke stress and deep feelings that can lead to neurotic manifestations or borderline disorder. At the same time, rapid mood swings and sharp polar emotional changes can become persistent, where a person loses control over their reactions and behavior. Such "emotional swings" occur not only within the framework of opposing emotions but can also lead a person into a maze of anxiety, sadness, skepticism, anger, and other negative feelings. Difficulties in inhibiting and controlling one's own emotions under certain circumstances make it impossible to stop the "emotional swing" and a person feels powerless and despondent about any improvement in their condition. Under such conditions, a sharp change in mood is an indicator of a person's mental disorder and requires psychotherapeutic intervention <sup>19</sup>.

A tendency to borderline disorder complicates a person's life, in particular, due to difficulties with self-identification, emotional polarity, as well as the lack of an

opinion, spontaneity, and destructive actions. At the same time, such people tend to experience a panic fear of loneliness, which leads to dependent relationships with others. The high level of impulsivity in people with borderline disorder does not allow them to be comfortable in the social and psychological spheres <sup>20</sup>. However, to assess the degree of pathology, it is necessary to understand the stages of development of an emotionally unstable disorder. Thus, Table I presents the features of each stage of the intensification of borderline mental disorder.

Thus, borderline personality disorder is a psychopathic condition characterized by hypersensitivity to emotional reactions, uncontrolled and polar manifestation, as well as impulsivity, impaired self-esteem and self-identification, and instability of interpersonal relationships. At the same time, the analysed sources <sup>11,14,17,21,22</sup> note that borderline personality disorder cannot be prevented, but several auxiliary methods can reduce the manifestation of symptoms of the mental disorder. At the same time, the author points out that emotionally unstable disorder are difficult to diagnose and differentiate due to burdensome comorbid syndromes. Therefore, it remains important to develop a comprehensive approach to personality assessment. The diagnosis of this disorder is based on observing the individual's behavior, thinking, and well-being. Specialists (psychiatrists, psychologists) can also use the method of structured interviewing, and visual examination will reveal indirect signs (scars on the skin, injection marks). The basic sign of mental disorders is a violation of individuality, which focuses on the level of understanding and satisfaction of needs, based only on feelings and values. Clarification of the clinical picture and diagnosis should be subject to certain criteria. In particular, these criteria include disorders of personal self-identity and self-regulation, and deviations in interpersonal functioning (empathy, intimacy). Particular attention is devoted to pathological personality traits of negative emotionality

(instability of the emotional sphere, anxiety, danger of separation, depression), disinhibition (impulsivity, risk-taking), and antagonism (hostility). Also important in the diagnosis of the borderline disorder is the definition of stability in the strength of expression of a person's personal qualities (under different circumstances), which are not due to the general state of health or the use of certain substances (drugs, medications, etc.)<sup>20</sup>.

The borderline disorder requires professional therapy, which will include medications and attending psychotherapy. At the same time, emotionally unstable type disorder is difficult to treat due to the ego-synchronicity of the personality (drives, behaviors, affects) and rigid mental features. In general, due to emotional instability, systematic crises, interpersonal problems with others, and resistance to therapy, people with the borderline disorder find it difficult to undergo therapy<sup>21</sup>. However, in recent years, the understanding of this disorder has expanded significantly, as have approaches to psychotherapeutic care. Mental disorders have a long-term or chronic nature, so the need to select an effective therapy is an important step in reducing the mental health of the individual<sup>23</sup>. The goal of treating the borderline disorder is to achieve stability, resilience, and control in the emotional sphere and behavioral reactions of a person, where psychotherapy is the main means of treating this disorder. At the same time, the patient's needs are the basis of treatment. The conducted research allowed the identification of several effective approaches to mental health recovery for people with borderline personality disorder, in particular<sup>20,24,25</sup>:

1. Dialectical behavior therapy (DBT) is designed for long-term treatment (more than a year) and is an adaptive method of cognitive behavioral therapy. This approach is based on the full acceptance of the patient with ongoing explanation and validation of emotions, attitudes, and behavioral reactions in therapy. This method is aimed at reducing the intensity of borderline disorder symptoms and their significant reduction, teaching stress management skills and tolerance to frustration, as well as controlling the emotional state and developing and strengthening positive psychosocial relationships with others.
2. Scheme therapy, which combines psychoanalysis, cognitive behavioral therapy, preference theories, and object relations models, as well as gestalt therapy. This approach helps a person to realize their impulsivity based on work with early maladaptive schemes that allow them to comprehend and change the reality formed in childhood, which was fixed in the psyche under the influence of traumatic experience. Thus, scheme therapy is aimed at identifying patterns of behavior and realizing the source of negative emotions, followed by restructuring the

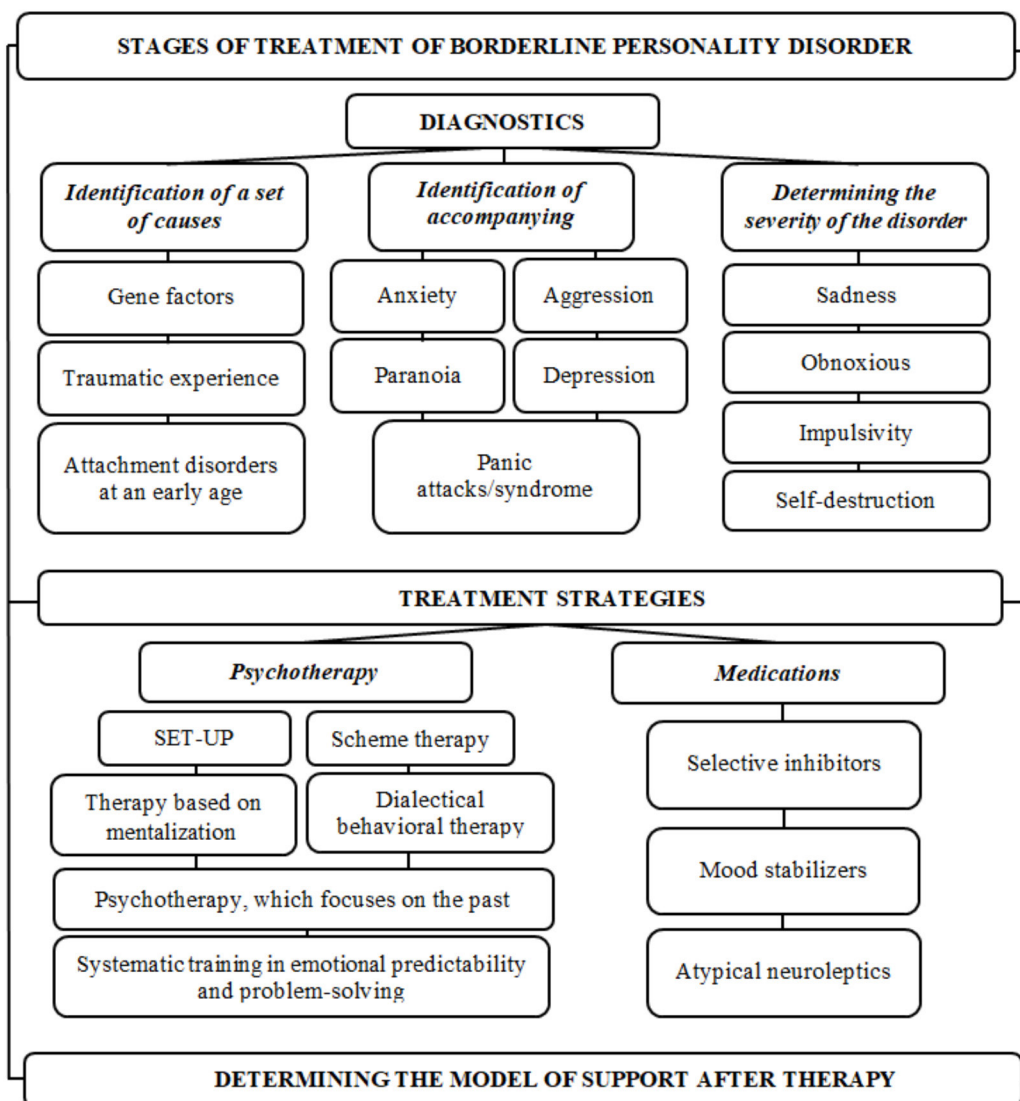
structural components of one's perception and expectations on the way to stable and adequate self-esteem.

3. Mentalization-based treatment (MBT) has a clear treatment structure and is designed for 12-18 months with a specific time for individual and group psychotherapy sessions. This approach helps the patient to identify and perceive their feelings and emotions, where an important component is learning the skills of first reflecting on the act and then acting. The goal of this therapy is to consciously understand one's actions, deeds, emotions, behavior, needs, and aspirations.
4. Transference-Focused Psychotherapy (TFP). This approach is based on the model of object relations, which involves joint discussion with a specialist of situations in which the patient's behavior was destructive. At such sessions, a joint search for a different model of behavior is used with its subsequent interpretation of transfer and implementation in the patient's life as a new pattern. This form of psychotherapy is characterized by the use of step-by-step instructions.
5. The Support, Empathy, Truth, Understanding, and Perseverance (SET-UP) method, designed to be used during an exacerbation of borderline disorder. At the time of the crisis, the patient's feelings of loneliness, sense of self-deprecation, and indifference from others deepen. Therefore, this approach is based on support, compassion, and truth, where the therapeutic effect is achieved through understanding and perseverance on the way to achieving the goals of therapy. This method helps the patient to comprehend reality and take responsibility for their life, emotions, and behavior;
6. Systemic Training for Emotional Predictability and Problem-Solving (STEPPS), is used as an additional treatment method and includes only group therapy. This program is designed for 20 weeks with the inclusion of the patient's social system (close friends, family members) in the therapy. This approach also involves following clear instructions outside the therapy group.

In addition to psychotherapy, it is advisable to use medication. However, there are no specific medications to combat borderline disorder, but there are several medications that can reduce symptoms. Therefore, drug treatment during psychotherapy can provide a solution to the problem of concomitant pathology (anxiety, depression, aggression, anxiety). At the same time, medications are selected following the individual characteristics of the patient, where the main goal is to reduce symptoms and alleviate the general condition of the person<sup>24</sup>. For example, selective inhibitors reduce the

severity of anxiety and panic states and help prevent depressive episodes. Mood stabilizers can normalize impulsivity and lability of emotions and reduce depressive syndrome. Atypical neuroleptics help to neutralize aggression, paranoia, disorganization, the duality of thinking, and distortion of perception of reality<sup>25</sup>. In some cases, a person with borderline disorder needs to be hospitalized (aggressive behavior, suicide attempt), where a psychiatrist will prescribe a medication course of treatment after a series of examinations, offer psychotherapy, and, if necessary, refer to narrow specialists (neurologist, narcologist). Thus, the best treatment for borderline disorder is psychotherapy, which provides the patient with the oppor-

tunity to establish control over emotions and behavior, reduce impulsivity, and improve interpersonal relationships with others. The analysis of studies on psychotherapeutic support for people with borderline disorder allowed the identification of key stages of psychological care, which contributed to the development of a model of the process of restoring a person's mental health. This model is presented in Figure 2. The research results show that emotional instability contributes to the consolidation of negative behavioral reactions with characteristic destructive features. This can be suicide attempts, eating disorders, aggression, gambling addiction, drug addiction, alcoholism, shopping addiction, anorexia nervosa, etc. At the same time,



**FIGURE 2.** A model of the process of mental health recovery  
 Source: compiled by the author based on<sup>2,3,12,20-25</sup>.

the development of self-harm (cuts, burns of the body) can be provoked by the desire to alleviate emotional pain, i.e., to serve as a factor that can distract attention from obsessive experiences. Thoughts of suicide and self-harm do not always indicate suicidal intentions but require close attention from a psychotherapist or psychiatrist. In cases of timely seeking psychological help, it is possible to avoid destructive and irreparable mental disorders. Psychotherapy for borderline disorder allows for a gradual reduction in the severity of symptoms and achieving stable remission. The research results indicate the need to develop high-quality psychodiagnostic tools that will be able to differentiate the signs of borderline disorder and minimize errors in determining its inherent comorbidities.

## Discussion

Modern realities dictate new constants of personal development. Emotional fluctuations and stress help to mobilize the mental and physical resources of the body. However, stressful events and crises are becoming more frequent due to rapid changes in the social and economic life of society, which complicates the process of comprehending and transforming new experiences into constructive patterns for overcoming stress. The difficulties that arise in the process of managing one's psycho-emotional state affect all areas of a person's life, where affective reactions and uncontrolled behavior can provoke a tendency to emotionally unstable disorders. The intensification of traumatic events over the past ten years, in particular the COVID-19 pandemic and the increase in armed conflicts in the world<sup>26</sup>, has raised the issue of restoring and preserving the mental health of the population. In particular, it is important to develop educational, preventive, and therapeutic programs that can expand people's understanding of personality disorders and the risks to human mental functioning associated with them.

Personality disorders are characterized by the presence of certain conditions, symptoms, and fixed patterns of behavior, which are expressed in a peculiar way of life and are reflected in attitudes and relationships with others. The problem of personal mental disorders is considered in many studies. Thus, R.D. Stefano et al.<sup>6</sup>, R. Akter et al.<sup>7</sup>, B. N. Johnson et al.<sup>23</sup>, R. Mulder and B. Bach<sup>27</sup>, studying the development of behavioral disorders and emotional stability disorders in adulthood, indicate that some types of mental disorders are formed in early childhood under the influence of social experience and constitutional factors, while others may develop later. At the same time, the authors emphasize that a person with a personality disorder shows inflexible reactions to certain social situations. Disorders of mental activity lead to differences and noticeable dif-

ferences with other people in the way they think, cognize the world around them, interact with others, and psychologically adapt to new conditions and behavioral reactions to different circumstances.

In addition to understanding the conditions of personality disorder formation and its course, as noted by I. Okorn et al.<sup>1</sup> and A. Vahratian et al.<sup>28</sup>, determining the degree of severity of mental disorders plays an important role. When studying the problem of panic attacks in the context of mental disorders, the authors suggest distinguishing between the stages of the disease based on the number and depth of symptoms. For example, the authors refer to certain disorders in the need to form relationships with others and minor difficulties in the realization of social and professional roles as mild degrees of the disorder. In this form, a person does not cause significant harm to their interests or the needs of others. Researchers consider the problem of building relationships with other people due to the conflict behavior of the personality, where destructive behavioral patterns and negative emotional reactions are present in most situations in which the personality is present, to be of moderate severity. This category of people is characterized by directing aggression at themselves (self-destructive behavior) or others, which can lead to a threat to life or certain material damage. A similar distinction is suggested by U. Kramer et al.<sup>29</sup>. Studying the problem of psychotherapeutic care for personality disorders, the authors note that a severe course of a mental disorder causes serious problems in a person's relationships in all areas of life. A person is not only capable of destructive and impulsive behavior but can also be dangerous to themselves or others (suicide attempt, uncontrolled aggression, hallucinations, etc.). Therefore, it is important to ensure proper treatment, which involves actualizing mental reserves, changing thinking and behavior through psychotherapy, and alleviating the symptoms of the disorder through medication.

Investigating the problem of emotional disturbance in the personality of A.C. Videler et al.<sup>22</sup> note that a person with a tendency to borderline disorder resorts to impulsive actions without considering the consequences and is characterized by a changeable mood and polarity of emotions that cannot be controlled. The same opinion is shared by C.E. Miller et al.<sup>13</sup>, B.N. Johnson et al.<sup>23</sup>, and A. Huntjens et al.<sup>30</sup>, noting that with these deviations in mental activity, a person is not able to control impulses. The authors also point to a violation of the self-image and a lack of understanding of one's own goals, intentions, and internal preferences. Studying the issue of borderline personality disorder and its relationship with other people, researchers have concluded that borderline disorder contributes to feelings of emptiness, anger, autoaggression, and powerlessness. An analysis



of previous studies <sup>2,8,11-13,19</sup> allowed the identification of the main symptoms of emotionally unstable personality disorder uncontrolled regulation of emotions and behavior, which provokes a decrease in social functions and disruption of interpersonal relationships. This disorder is also characterized by states of uncertainty and inconsistency of thoughts and actions, a tendency to self-destruction, depression, and suicide.

Each person is a link in society, and society needs mentally and physically healthy people to increase its potential in the economic and political system. Therefore, it is important to understand the capabilities of society to provide quality psychological assistance to people at risk, and the educational mission of raising public awareness of mental health issues is gaining importance. In many countries, there has always been a demand for mental health services. However, since the beginning of the COVID-19 pandemic, this need has increased due to the increase in emotional distress caused by fear of isolation, death, and doom. For example, Scotland <sup>31</sup> has increased financial investments in psychological support for the population. The main goal was to restore emotional stability and eliminate negative symptoms. Psychological centers focused on prevention, early intervention, and transformation of their services into remote counseling (Internet, telephone, video counseling). The country has also developed several digital services, including computerized cognitive behavioral therapy with self-guidance.

At the same time, Germany <sup>32</sup> has developed a mental health surveillance system. A pilot model was introduced for the adult population to provide access to mental health data, which helped to increase people's knowledge of this issue and enabled citizens to seek psychological support. This was especially important for people at risk and those who have already been diagnosed. This model also ensured the collection of data on the mental health of the population. This contributed to the planning of public health measures based on the real needs of society. In the United States <sup>33</sup>, a conceptual model for improving people's mental health was created, which identifies 5 areas (processes), including identity, hope and optimism, empowerment, interpersonal relationships, meaning, and purpose. Each process provides an opportunity to enrich one's knowledge and improve mental health in the chosen direction. This approach allows you to understand what a person considers paramount for their recovery and, based on this, build a therapeutic process that will not only meet the individual's needs but also contribute to the personal improvement of mental health. The traditional medical model of therapy may not always meet the needs of the patient, so this approach to treatment involves the personal recovery of a person, not just

clinical recovery (remission, reduction of symptoms of the disorder).

For a long time, mental health care in Poland <sup>34</sup> was dependent on specialized psychiatric institutions. However, in 2011, the National Health Program was introduced, which allowed community centers to provide mental health care to the public. The modernization of this program allowed for innovations, namely a new profession (rehabilitation assistant) and a new role (mental health coordinator). In addition, the centers are linked to social assistance services and have already switched to budget funding. The main goal of the program is to provide support to people with personality disorders, as well as to provide the population with publicly accessible and multifaceted healthcare services. Italy <sup>35</sup> has introduced an integrated model for services that provide psychological assistance to the population. The goal of this model is to improve personal health assessments, social integration, and well-being. This approach allows us to focus on the process of recovery, both symptomatic and functional, and to direct therapeutic work to the areas of internal experiences (restoration of emotional stability), skills and competencies (self-esteem, social adaptation), and interpersonal communication (self-regulation, psychological adaptation). The combination of these processes in psychotherapy contributes to the overall mental health of a person and their subsequent return to a productive life.

For Ukraine, the issue of mental health is critical. In addition to the problems due to the COVID-19 pandemic that has led to a deterioration in the mental health of people around the world, Ukrainian society is at the war. The current circumstances, including the introduction of martial law in the country <sup>36</sup>, increase the need to restore people's emotional stability. Support for the mental health of the population and related issues are enshrined in the state legislature in the "Concept of the development of mental health care in Ukraine for the period until 2030" <sup>37</sup>. This Concept specifies the conditions for ensuring the operation of a unified healthcare system in the country, which aims to raise public awareness of mental health issues, overcome stereotypes about people with disorders, and reduce discrimination against people with mental disorders (autism, personality disorders). The fulfilment of these tasks should be ensured by popularizing mental health among the population, where the educational mission and preventive measures are intended to increase the level of knowledge and competence of people in this matter. This Concept also envisages the development of standards for collecting and analysing truthful information and conceptual approaches to addressing mental health issues, considering international experience.

At the beginning of 2023, the Cent Center for Mental

Health and Rehabilitation of Veterans “Lisova Polyana” of the Ministry of Health of Ukraine <sup>38</sup> presented the “Check point” model of mental health recovery, which aims to transform traumatic experiences into post-traumatic growth, provide new knowledge to victims and help them acquire new skills, and restore the lost meanings of life to those who have experienced psychotraumatic events. This model is multimodal and involves the use of various methods, principles, and approaches in the treatment and rehabilitation of patients. The key aspect of treatment represented by the model is the impact on the biological, social, and psychological causes of mental deterioration <sup>39</sup>. Thus, therapy according to this model should address all the factors that contributed to the decline in a person’s mental health, which allows us to expect high-quality results on the path to recovery. The research results correlate with the “Concept of the development of mental health care in Ukraine for the period until 2030” <sup>37</sup>, where the law stipulates the relevance of providing psychological assistance to the population, which makes it possible to develop and improve psychodiagnostic tools that can effectively identify the features of the borderline disorder and separate the concomitant symptoms of other mental disorders. This also ensures the development of a psychotherapeutic approach that can be implemented based on international experience in restoring mental health and providing accessible and timely support to people at risk. The research results also indicate the need to establish the true causes of the development of borderline personality disorder for each case, which produces an individual approach to choosing a treatment strategy, including the direction of the therapeutic method, the need for medical intervention, or hospitalization. The research results also correlate with the analysed studies <sup>27-30</sup>, which indicate a significant impact of traumatic events in the formation of deviations in the mental activity of the individual (attachment disorders in childhood, violence, neglect of the child’s needs).

The findings also correlate with the research of P. Bozzatello et al. <sup>5</sup>, L.W. Choi-Kain <sup>8</sup>, and A. Baptista et al. <sup>14</sup>, where the authors point to the influence of external factors as key in the development of borderline personality disorder due to psychological trauma in early childhood. Since there are no preventive measures to prevent emotionally unstable personality disorder in adulthood, educational activities that should be provided by the state within the framework of the “Concept of the development of mental health care in Ukraine for the period until 2030” <sup>37</sup> should be available to every citizen. This will not only expand knowledge about mental disorders but also help people seek help in times when symptoms worsen and perceive psychotherapy as a key to mental health recovery. International practice shows that se-

vere forms of the borderline disorder are more difficult to treat and increase the need for medication or hospitalization. The events of recent years are forcing society to look for new ways to restore the mental health of its community. The creation of a unified system for diagnosing personality disorders and a clear delineation of concomitant symptoms in the process will help to select effective treatment for a person’s quick return to social life. The creation of these conditions will meet society’s need for an emotionally resilient nation and will contribute to the country’s economic and political potential.

## Conclusions

A person’s mental health ensures effective functioning in all spheres of life. The problem of mental disorders, in particular the development of borderline personality disorder, requires early intervention to reduce the risk of forming and consolidating persistent negative patterns in the human psyche. Instability in self-perception and relationships with others, which is supported by emotional polarity and difficulties in controlling one’s behavior, is a key aspect of the development of borderline personality disorder, which causes stressful conditions and social alienation. The study shows that borderline personality disorder is a serious mental illness that complicates a person’s life due to the inability to control their own emotional and behavioral reactions and build stable relationships with others. People with a predisposition to this type of disorder may have a low capacity for reflection, burdensome effects, and primitive defenses to cognitive processes. Concomitant symptoms can also be reflected in paranoid reactions, panic syndrome, depression, and episodic dissociations, which increase the risk of delusions and hallucinations. Psychopathic states in borderline disorder are characterized by signs of emotional and interpersonal hypersensitivity. At the same time, the stage of the burdensome borderline disorder is characterized by suicidal tendencies, which in most cases is a desire to attract attention. However, in the severe form of the emotionally unstable disorder, this risk increases along with emotions of anger, hatred, and resentment.

Self-destructive behavior and auto-aggression occur at the peak of affect and are carried out impulsively to reduce the tension of emotional destabilization during stressful events. At the same time, psychotherapy can reduce the manifestation of symptoms and the consequences of boundary effects, as well as facilitate the transition of the disorder into remission. Psychotherapeutic work with people with borderline disorder allows them to get out of the maze of “emotional swings”, to live with unprocessed effects on their psyche from childhood, and to maintain conscious regulation of the emotional sphere. Based on the research of interna-

tional experience in the psychotherapeutic approach to the treatment of borderline disorder, a practical model of the process of restoring the mental health of an individual has been developed, where the choice of an effective method of psychological assistance is based on determining the causes of the development of the borderline disorder and identifying its concomitant symptoms. However, in the context of practical psychology, it remains relevant to study the impact of psychological trauma on the destabilization of the emotional sphere of the individual. This creates the prospect of further research related to the analysis of psychotherapy programs and the study of post-therapeutic pathomorphosis. The findings of the study are of practical value for public and social organizations that are authorized to provide professional psychological assistance. The research results are also valuable for educators who have

an impact on early intervention in the development of borderline personality disorder.

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#### Authors' contributions

LS: conceptualization, methodology, data curation, visualization, investigation, writing-original draft preparation, writing-reviewing, editing, and supervision.

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