

**Care of patients affected by borderline personality disorder***Atención a pacientes afectados por trastorno límite de la personalidad**O cuidado do paciente acometido pelo transtorno de personalidade borderline***Aline Voltarelli<sup>1</sup>**

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Borderline personality disorder means that which is on the edge or borderline, stress during childhood can contribute to the development of borderline personality disorder. The specific objectives were to conceptualize borderline personality disorder and factors associated with the disease, to contextualize borderline personality disorder, and to describe the health team's intervention to prevent the disorder. This is a descriptive bibliographic review study of a qualitative nature. For data collection, scientific studies were extracted from the Virtual Health Library published between 2017 and 2022, using the descriptors: "Health Team", "Borderline Personality Disorder" and "Mental Health". The lack of research in understanding the care environments of people with borderline personality disorder leads to the unpreparedness of professionals to perform in the area, favoring care away from critical sense and ethics. Still, there are effective strategies such as the use of psychotropic drugs, cognitive behavioral therapy, group therapy, and in some cases hospitalization.

**Descriptors:** Health Team; Borderline Personality Disorder; Mental Health; Psychiatry; Collective Health.**How to cite this article:**

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## Resumén

El trastorno límite de la personalidad significa que el estrés durante la infancia, que está al límite o en el límite, puede contribuir al desarrollo del trastorno límite de la personalidad. Los objetivos específicos fueron: conceptualizar el trastorno límite de la personalidad y los factores asociados a la enfermedad, contextualizar el trastorno límite de la personalidad y describir la intervención del equipo de salud con miras a prevenir el trastorno. Se trata de un estudio descriptivo de revisión bibliográfica de carácter cualitativo. Para la recolección de datos se extrajeron estudios científicos de la Biblioteca Virtual en Salud publicados entre 2017 y 2022, utilizando los descriptores: "Equipo de Salud", "Trastorno Límite de la Personalidad" y "Salud Mental". Es claro que la falta de investigaciones en la comprensión de los ambientes de atención de las personas con trastorno límite de la personalidad conduce a la falta de preparación de los profesionales para desempeñarse en el área, favoreciendo una atención alejada del sentido crítico y la ética, pero existen estrategias efectivas como el uso de psicofármacos, terapia cognitivo conductual, terapia de grupo y en algunos casos hospitalización.

**Descriptores:** Equipo de Salud; Trastorno Límite de la Personalidad; Salud Mental; Psiquiatría; Salud Pública.

## Resumo

O transtorno de personalidade borderline significa o que está na borda ou ao que é limítrofe, o estresse durante a infância pode contribuir para o desenvolvimento do transtorno de personalidade borderline. Os objetivos específicos foram: conceituar o transtorno de personalidade borderline e fatores associados à doença, contextualizar o transtorno de personalidade borderline e descrever a intervenção da equipe de saúde com vistas à prevenção do transtorno. Trata-se de um estudo de revisão bibliográfica descritiva de natureza qualitativa. Para a coleta de dados foram extraídos estudos científicos da Biblioteca Virtual de Saúde publicados no período de 2017 a 2022, utilizando os descritores: "Equipe de Saúde", "Transtorno de Personalidade Borderline" e "Saúde Mental". Percebe-se que o afastamento da pesquisa em compreender os ambientes de cuidado de pessoas com transtorno de personalidade borderline vincula no despreparo de profissionais para execução na área, favorecendo para um cuidado afastado do senso crítico e da ética, mais existem estratégias eficazes como a utilização de psicofármacos, terapia cognitivo comportamental, terapia de grupo e em alguns casos internação.

**Descritores:** Equipe de Saúde; Transtorno de Personalidade Borderline; Saúde Mental; Psiquiatria; Saúde Coletiva.

## Introduction

Borderline syndrome ceases to be a neurosis-psychois and becomes a specific personality disorder, in which impulsive, self-harming behaviors, feelings of internal emptiness, sadness, and selfish defenses in primitive ways would be predominant<sup>1,2</sup>.

The ego filters such information, integrating it and learning to focus on what is important, good, bad, useful, and dangerous. This would make it possible to have control over one's own body and gradually build an internal world. The possibility of errors in these processes could explain the clinical picture of the borderline patient in a more fitting way than the traditional theory<sup>2,3</sup>.

It is believed that the lack of information about borderline personality disorder is one of the most aggravating factors, and it is indeed necessary for future nurses to be prepared to deal with this situation, delving deeper into the subject, thus being able to qualify themselves to improve psychiatric approaches and interventions for this clientele<sup>4</sup>.

Patients with borderline personality disorder live intensely, sometimes affecting their lives because they are unable to cope with and control their extreme anxiety. It is important to emphasize that the support of these patients is of immense importance, helping them to adhere to and follow through with treatment<sup>5</sup>.

According to biosocial theory, people with borderline personality disorder are characterized by a combination of emotional vulnerability and affective imbalance; consequently, the presence of negative emotional states can increase the rate of impulsive behavior<sup>6</sup>.

Professionals draw attention to these issues of affection that exist simultaneously, prevailing in due care. They show discomfort generated by the behavioral characteristics of these patients with borderline personality disorder. Such discomfort is evident in communication problems, lack of trust on the part of the care team towards the patient, difficulties in handling various procedures, as well as some elements of moral judgment on the part of professionals. They reinforce the idea that the patient with borderline disorder is resistant, emotionally unstable, manipulative, impulsive, liars, who often try to get attention, and who does not express exactly what they are feeling<sup>7</sup>.

Nursing care related to the use of drug therapy is especially important in the first days of hospitalization of patients, when they present psychomotor agitation, hetero-aggressiveness, and self-aggressiveness, putting themselves and others at risk. In these cases, medications are prepared and administered according to the doctor's prescription. Mechanical restraint was another therapeutic method mentioned by professionals. This procedure is used only



when verbal resources and drug therapy are not enough to control the psychomotor agitation of patients. The purpose of using this method is to protect the physical integrity of the patient and third parties, preventing injuries, aggression, suicides, and even escapes from the hospital<sup>1,3,5</sup>.

This research aimed to describe the care provided to patients suffering from borderline personality disorder, as shown in the literature, from birth to interpersonal relationships under the shock of strong emotions and who are people impacted by affective memory, as if they bring to themselves what happens around them<sup>1</sup>.

## Methodology

This is a descriptive and qualitative bibliographic review study. For data collection, scientific articles were extracted from the databases indexed in the Virtual Health Library published between 2017 and 2022, using the descriptors: "Health Team", "Borderline Personality Disorder" and "Mental Health".

## Results and Discussion

From these points that guide Paulo Freire's textual work, dialogue is a fundamental part of welcoming, at this moment, it brings the patient and the professional closer together and allows the sharing of thoughts and actions in an empathetic, supportive posture, in which the professional shows the ability to listen to the suffering subject, creating a bond of trust. It does not happen in a short time, but rather, at different times and through other agents, which allows the encounter between professional and patient<sup>7,8</sup>.

Reception involves listening to the difficulties reported in different life stories. It is an important tool for teams working in mental health, as it becomes an opportunity to strengthen bonds, which presupposes not only talking, but also listening, in an exercise of dialogue involving the senses and speech. The construction of the bond occurs when the person with a mental disorder feels comfortable expressing their feelings, without judgment. To promote the comprehensive care provided to patients with mental disorders, in addition to the reception, it is important to carry out qualified listening, which is important for respecting the singularities and diversities between both parties and, when not carried out, it increases the vulnerability and risks of the person with a mental disorder<sup>7,9</sup>.

These quotes suggest that professionals seek a dialogic approach with patients, using the terms welcoming, and familiar with policies for humanizing care. Nursing, when caring for people with this personality disorder, plays a fundamental role in ensuring that welcoming is valid. These professionals, working directly with the patient, create favorable conditions for closeness and empathy, which contribute to a relationship of safety and mutual respect.

*"Dialogue only exists when there is a deep love for the world and for people, and affection can be said to be a fundamental element of dialogue. In relationships of domination, there is no love. Therefore, without love for the world and humanity, there is no dialogue. It is from a loving and simultaneously respectful relationship that interaction is established as a possibility*

Based on this assumption, it is indeed interesting to recognize that people with this borderline personality disorder have a methodical pattern of intense and chaotic relationships, are not usually emotionally stable, and do not recognize or add a clear sense of their identity. For patients with this disorder, people are considered completely good or completely bad. A nursing professional may be mentioned by patients with borderline personality disorder, but if a situation arises that contradicts them, this same professional, considered affectionate, may come to be seen as persecuting or cruel<sup>4,5</sup>.

Nursing can help these patients to have an attitude of acceptance so that they realize their value, allowing them to express their feelings and, as these patients are considered difficult, it can prevent negative feelings from being expressed in the therapeutic relationship. Patients must be always observed for their safety, this can be done through activities, preventing the professional from appearing suspicious and vigilant.

The work of the nurse is not restricted to techniques, but rather to proposing a care action that develops communication skills, such as health technology to provide support and allow the patient to approach the area of mental health. Thus, the bond between nurse and patient shows the importance of the phenomenon of caring.

Faith in men is a priority for dialogue, which occurs when there is a fundamental relationship with faith in men, with love, and with humility. The obvious result of horizontal dialogue is the trust of one pole in the other, which is the opposite of a dialogue with these highlights that provoke distrust between the subjects<sup>10</sup>.

When a lack of trust occurs, it is because there was a failure in the elements described, such as love and humility<sup>8</sup>. In this context, therapeutic communication is a direct type of dialogue, in the set of interventions carried out by health professionals that, independently, have a "therapeutic" potential in the process of caring for people. There are forms of verbal and non-verbal communication, in which empathy and assertiveness are centered on an objective. Appropriate communication, focused on the patient and their context, is considered an ethical duty and responsibility of any health worker who works in direct contact with people.

In the patients' view, the therapeutic bond between health professionals and patients with borderline personality disorder is difficult to build. However, building this relationship is fundamental for improving the patient's condition and for effective interaction, in which the patient expresses himself openly, seeking to understand himself, becoming independent and autonomous, and understanding the environment in which he is inserted.

In agreement with the difficulties mentioned by people regarding the need for care tools for professionals, the literature justifies that some institutions still face difficulties, such as the need for qualified professionals, the



lack of continuing education, in addition to inappropriate physical space. The workplace, therefore, is stressful, harming the professionals working there and, consequently, the rehabilitation process of patients. Regarding the inappropriate physical structure, the importance of some services prioritized in the discussions, for the implementation of the concept of ambience advocated by the National Humanization Policy. The valorization of the physical space provides a welcoming place of care and the construction of effective and humane health actions.

The study allowed us to understand how nursing cares for people with borderline personality disorder. These difficulties were recognized, as well as it was possible to observe certain daydreams and the lack of appropriate knowledge to deal with the person with this disorder. Following the assumptions of Freire's work, it was possible to understand the importance of dialogue, in the communication between both, to promote the love between these two subjects in the context of mental health, showing

## Conclusion

New research on borderline personality disorder is needed, as it is a topic that has been little discussed and researched. The lack of research on understanding the care environments for people with borderline personality disorder is linked to the lack of preparation of professionals to perform the work, favoring care that is far from critical thinking and ethics. However, there are effective strategies, such as the use of psychotropic drugs, cognitive behavioral therapy (CBT), group therapy, and, in some cases, hospitalization. In this sense, the development of qualified and empathetic listening and other therapeutic resources is suggested as promoters of well-studied, scientifically sound nursing care. In addition, enabling research focusing on family members and those suspected of having borderline personality disorder is recommended, given the need to analyze the family interface in the care process.

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