KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 07 January 2024
Revised 05 May 2024
Accepted 15 May 2024
Published online 01 June 2024

Journal of Assessment and Research in Applied Counseling

Volume 6, Issue 2, pp 210-218

E-ISSN: 3041-8518

From Shame to Acceptance: Identity Reconstruction in Clients with Borderline Personality Disorder

Georgi. Petrov[1], Ivan. Dimitrov[2*]

[1] Department of Psychology and Consulting, Plovdiv University, Plovdiv, Bulgaria
[2] Department of Psychology, Sofia University "St. Kliment Ohridski", Sofia, Bulgaria

*** Corresponding author email address**: i.dimitrov@uni-sofia.bg

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Petrov, G., & Dimitrov, I. (2024). From Shame to Acceptance: Identity Reconstruction in Clients with Borderline Personality Disorder. *Journal of Assessment and Research in Applied Counseling, 6*(2), 210-218.
http://dx.doi.org/10.61838/kman.jarac.6.2.26

A B S T R A C T

Objective: This study aims to explore the process of identity reconstruction from shame to self-acceptance in individuals diagnosed with Borderline Personality Disorder (BPD).

Methods and Materials: A qualitative research design was employed, involving semi-structured interviews with 24 participants diagnosed with BPD, all residing in Bulgaria. Data collection focused on exploring the participants' lived experiences of shame, identity disturbance, and their therapeutic journey toward self-acceptance. Thematic analysis was used to analyze the data, with NVivo software supporting the coding process. Theoretical saturation was reached, ensuring comprehensive representation of the themes.

Findings: The analysis revealed four main themes: Internalized Shame, Identity Confusion, Therapeutic Transformation, and Pathways to Acceptance. Participants described pervasive feelings of shame rooted in childhood trauma, leading to identity fragmentation and relational instability. The therapeutic alliance, emotional validation, and narrative restructuring emerged as key processes in identity reconstruction. Participants reported a gradual shift from self-criticism to self-compassion, facilitated by therapy, which helped in the integration of their past and present selves. Despite setbacks, participants experienced significant improvements in self-worth and emotional regulation.

Conclusion: This study highlights the crucial role of shame in the development of identity disturbance in BPD. The therapeutic process, characterized by a strong therapeutic alliance and self-compassion, is integral to the reconstruction of identity from shame to acceptance. Future research should focus on comparative studies of therapeutic approaches and explore the long-term impact of therapy on identity consolidation in BPD.

Keywords: *Borderline Personality Disorder, Identity Reconstruction, Shame, Self-Acceptance, Narrative Therapy, Emotional Validation, Therapeutic Alliance, Self-Compassion.*

1. Introduction

Borderline Personality Disorder (BPD) is a complex and multifaceted psychiatric condition marked by emotional dysregulation, interpersonal instability, impulsivity, and a deeply disturbed sense of identity. Among the core diagnostic features, identity disturbance stands out as particularly elusive and distressing, often underpinning the chaotic relational patterns and fluctuating self-worth experienced by individuals with BPD (Mungo et al., 2024). Despite the increasing clinical attention paid to affective instability and behavioral impulsivity, the phenomenology of identity in BPD—especially in its intersection with shame—remains insufficiently understood. The present study aims to explore how individuals with BPD reconstruct their identities through the therapeutic journey from internalized shame to self-acceptance.

Identity disturbance in BPD has been described as a pervasive instability in self-image, goals, values, and perceptions of self-continuity across time (Faggioli et al., 2024). Temporal fragmentation, or the inability to construct a coherent autobiographical narrative, significantly disrupts the sense of personal agency and continuity (Bois et al., 2022). This disruption is often shaped by early relational trauma, invalidating environments, and the internalization of negative self-appraisals. Shame, in particular, plays a fundamental role in the development and maintenance of identity-related dysfunctions in BPD. As a self-conscious moral emotion, shame invades the individual's core self-evaluation, fostering beliefs of inherent defectiveness and unworthiness (Jørgensen & Bøye, 2024). In BPD, shame is not merely episodic but existential, manifesting as a pervasive sense of "badness" that infiltrates all aspects of the self.

Recent studies have begun to delineate the specific role of shame in the psychopathology of BPD, showing that it is both a consequence of early trauma and a sustaining factor in identity pathology (Békés et al., 2023). Moral injury and shame are not only significantly associated with childhood trauma but also mediate the emergence of BPD and complex PTSD symptoms, indicating the need for therapeutic models that directly address shame in the process of identity healing (Goldbach et al., 2023). These findings highlight the intersubjective and developmental nature of shame, which emerges within interpersonal contexts and is reinforced through societal and cultural discourses (Bynum et al., 2023). Early emotional maltreatment, invalidation, and neglect establish the groundwork for a fragmented self, where internalized shame becomes the emotional scaffolding upon which identity is built.

Shame also intersects with sociocultural dynamics. Public narratives, media portrayals, and institutional norms contribute to the marginalization of individuals diagnosed with BPD, often reinforcing stigmatizing perceptions of instability, manipulation, or dangerousness (Bekboeva, 2021). In psychiatric training environments, for example, emerging clinicians report developing aversions to BPD patients, implicitly learning to distance themselves from this population due to the emotional labor required in treatment (Papathanasiou, 2022). These stigmas are often internalized by individuals with BPD, deepening their experience of shame and further impairing the capacity for self-acceptance (Cameron et al., 2021). Indeed, shame becomes both an internal wound and a social signal—a recursive emotional experience that isolates and invalidates the individual from both within and without.

The affective experience of shame in BPD is often intense and global, impacting not just isolated behaviors but the entire self-concept. In a recent qualitative study, individuals with BPD described their shame as a core part of existence, with one participant stating, "I feel like I have to apologize for being alive" (Jørgensen & Bøye, 2024). Such self-denigrating appraisals interfere with the development of a coherent and positive identity. Shame inhibits narrative integration and forecloses the possibility of self-repair. It contributes to what Bois et al. have termed "narrative foreclosure," a state in which individuals abandon the capacity to imagine positive future selves or reinterpret past experiences in adaptive ways (Bois et al., 2022).

Compounding the experience of shame is the instability in identity expression commonly observed in BPD. Individuals may shift roles, values, and self-images rapidly in response to relational cues, often adopting masks or personas to maintain interpersonal connection or avoid rejection (Mohana & Moon, 2024). This phenomenon of identity fluidity is not merely adaptive but symptomatic of an underlying void—a lack of stable self-definition. Studies indicate that these identity vacuums are associated with both internalized shame and anticipated judgment, further destabilizing the individual's relational world (Lusk, 2023). The internal tension between who one is and who one fears being perceived as creates an unsustainable emotional burden.

Furthermore, identity formation in BPD is often obstructed during critical developmental windows. Adolescents with BPD traits experience disrupted

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

trajectories of identity development, leading to lower resilience, decreased self-esteem, and heightened vulnerability to depression and self-harm (Bogaerts et al., 2023). Gender-based assessments suggest that these patterns may be exacerbated in young women, who not only encounter more stringent societal expectations but also report higher levels of body-related shame and interpersonal hypersensitivity (Martin et al., 2023). Shame becomes embodied and enacted in gendered ways, shaping how individuals perceive their bodies, roles, and relational worth.

The therapeutic journey in BPD is often a long and emotionally demanding one, yet it offers unique possibilities for identity reconstruction. Central to this process is the therapeutic alliance, which serves as a safe relational context within which shame can be named, contained, and transformed. Participants in various studies report that feeling seen and validated by a therapist initiates the first steps toward self-acceptance (Feichtinger et al., 2024). Through narrative restructuring, emotional validation, and consistent relational attunement, individuals begin to challenge internalized beliefs of defectiveness and construct more coherent self-narratives (Yuan et al., 2023).

Effective therapy often requires more than just emotional support—it demands techniques that foster self-reflection, boundary recognition, and emotion regulation. Dialectical Behavior Therapy (DBT), widely used in the treatment of BPD, has shown particular promise in helping individuals regulate shame and reconstruct identity through mindfulness, distress tolerance, and interpersonal effectiveness (Duică et al., 2022). These skills enable clients to observe their emotional states nonjudgmentally, create cognitive distance from shame-based self-judgments, and assert personal boundaries—key elements in the process of identity consolidation (Wojciechowski, 2021).

Still, therapy cannot entirely neutralize the broader societal forces that perpetuate shame. Ableist and exclusionary discourses, for instance, further fragment identity formation among those with mental health conditions. Meade and Lund have shown that ableist microaggressions significantly disrupt identity development in adults with disabilities, a pattern that echoes in the lives of individuals with BPD, who are similarly subjected to micro-invalidations and pathologizing language (Meade & Lund, 2024). Moreover, cultural narratives around race, gender, and mental illness compound these wounds. As Williams-Forson notes, identity is often shaped not just by personal history but by the social meanings assigned to one's existence within larger systems of power and oppression (Williams-Forson, 2022).

It is thus crucial to approach identity reconstruction in BPD as a multidimensional process—one that encompasses not only clinical interventions but also sociocultural awareness and emotional empowerment. Individuals with BPD often embark on nonlinear paths toward self-definition, where moments of clarity are punctuated by regressions and ruptures. As noted by Yuan and colleagues, differential types of trauma (e.g., emotional neglect vs. sexual abuse) have distinct implications for the identity and emotion regulation profiles of individuals with BPD, indicating the importance of personalized, trauma-informed care (Yuan et al., 2022).

Finally, emerging literature also highlights the role of community, belonging, and collective healing in the journey from shame to acceptance. While traditional therapy focuses on the dyadic relationship between therapist and client, communal spaces—such as peer support groups, advocacy networks, and recovery-oriented communities—offer essential counter-narratives to internalized shame. As Gertzen et al. argue in the context of psychosocial vulnerability, the acknowledgment of shared struggle can be a powerful vehicle for reconstructing meaning and self-worth (Gertzen et al., 2024). This underscores the necessity of moving beyond individualized models of healing toward approaches that validate lived experience, challenge stigma, and foster empowerment.

In summary, identity disturbance in BPD is inextricably linked with internalized shame, interpersonal trauma, and socio-emotional fragmentation. The path toward self-acceptance involves a complex interplay between therapeutic processes, relational dynamics, and cultural context. This study seeks to contribute to the growing body of qualitative research by exploring how individuals with BPD reconstruct their identities over time, drawing on the lived experience of those navigating the transition from self-loathing to self-compassion. Through a focus on shame, therapy, and meaning-making, we aim to offer a deeper understanding of the psychological mechanisms and relational factors that support the emergence of a coherent and compassionate sense of self.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design to explore the process of identity reconstruction in individuals diagnosed with Borderline Personality Disorder (BPD), with

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

a specific focus on the transformation from internalized shame to self-acceptance. A purposive sampling strategy was used to recruit 24 participants from Bulgaria who had received a formal diagnosis of BPD and had experience with psychotherapy. Inclusion criteria required participants to be between the ages of 20 and 45, have a history of at least six months of psychotherapeutic treatment, and be willing to engage in an in-depth discussion of their identity-related experiences. Sampling continued until theoretical saturation was achieved, ensuring the emergence of rich, nuanced themes and the point at which no new significant data were observed.

2.2. Data Collection

Data were collected through semi-structured, in-depth interviews. Each interview lasted between 60 and 90 minutes and was conducted in a private and secure setting to promote participant comfort and openness. The interview guide included open-ended questions designed to elicit detailed narratives about participants' experiences of shame, identity confusion, and their journey toward acceptance and self-understanding. Probing questions were used to explore specific themes such as emotional dysregulation, interpersonal relationships, and therapeutic change. All interviews were audio-recorded with the participants' consent and transcribed verbatim for analysis.

2.3. Data Analysis

Thematic analysis was employed to analyze the data, following Braun and Clarke's six-phase approach. NVivo software was used to organize, code, and manage the qualitative data efficiently. The analysis process began with an initial familiarization with the data, followed by the generation of preliminary codes. These codes were then reviewed and refined into broader themes that captured patterns of meaning across the dataset. The research team ensured the credibility of the findings through peer debriefing and reflective memoing. Themes were finalized after iterative comparisons and the identification of conceptual saturation, ensuring that the analysis accurately reflected the lived experiences of the participants.

3. Findings and Results

The study included 24 participants (18 females and 6 males) diagnosed with Borderline Personality Disorder, all residing in Bulgaria. Participants ranged in age from 21 to 43 years, with a mean age of 31.5 years. The majority of participants (n = 15) reported being single, while 6 were in committed relationships and 3 were divorced. In terms of educational background, 10 participants had completed secondary education, 11 held university degrees, and 3 had postgraduate qualifications. Regarding employment status, 8 participants were unemployed, 9 were employed part-time, and 7 held full-time jobs. All participants had received psychotherapy for a minimum of six months, with 14 currently engaged in ongoing treatment and 10 having completed therapy within the past two years.

Table 1

Themes, Subthemes, and Concepts in BPD Identity Reconstruction

Category	Subcategory	Concepts (Open Codes)
1. Internalized Shame	Self-hatred	loathing, disgust, worthlessness
	Body shame	feeling ugly, hiding body, physical disgust
	Fear of judgment	paranoia, hypersensitivity, avoidance
	Toxic guilt	chronic guilt, undeservingness, shame spirals
	Invalidation in childhood	neglect, criticism, emotional dismissal
	Public self-consciousness	social anxiety, fear of exposure, tension
2. Identity Confusion	Fragmented self-concept	shifting self-images, lost identity, unstable sense of self
	Role confusion	unclear roles, identity vacuums, social inconsistency
	Loss of continuity	no sense of past, present disconnection, memory voids
	Struggling with labels	resistance to diagnosis, stigma, self-stigma
	Inconsistent self-image	contradictory traits, instability, ambiguity
3. Therapeutic Transformation	Therapeutic alliance	trust in therapist, openness, emotional safety
	Emotional validation	feeling heard, feeling understood, empathic attunement
	Narrative restructuring	rewriting personal story, new meanings, coherence
	Boundary recognition	recognizing limits, asserting needs, saying no
	Skills acquisition	emotion regulation, mindfulness, DBT tools

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

	Empowerment through reflection	journal writing, insight development, critical self-review
	Breakthrough moments	turning points, sudden clarity, emotional breakthrough
4. Pathways to Acceptance	Self-compassion	inner kindness, reducing self-blame, warm inner voice
	Reclaiming agency	ownership of choices, control over actions, intentionality
	Positive identity construction	authentic self, self-definition, strength-based view
	Integration of past experiences	acceptance of history, connecting past and present
	Belonging and connectedness	community support, shared experience, meaningful bonds

Participants in this study shared deeply personal accounts of their identity reconstruction process, moving from internalized shame toward self-acceptance. Through thematic analysis, four overarching themes were identified: *Internalized Shame*, *Identity Confusion*, *Therapeutic Transformation*, and *Pathways to Acceptance*. Each theme encompassed several subcategories reflecting the nuanced experiences of clients with Borderline Personality Disorder (BPD).

In the subcategory of *Self-hatred*, participants described an intense and pervasive sense of loathing directed toward themselves. This internal hostility manifested in thoughts of worthlessness and self-disgust. One participant stated, "There are days I can't even look in the mirror without hating everything I see. It's like I'm fighting a war inside myself." This experience was consistent across interviews, with many expressing a deep-rooted belief that they were inherently defective.

Body shame was frequently discussed, particularly among female participants who recounted feelings of physical repulsion and discomfort with their appearance. Avoiding social situations, hiding their bodies, and excessive grooming rituals were common coping mechanisms. "I always wear baggy clothes. I don't want anyone to see how disgusting I look," noted one individual. The body became a symbol of internal turmoil and a target for externalized self-hatred.

The subcategory *Fear of judgment* emerged as a significant source of social withdrawal and isolation. Participants reported extreme sensitivity to how others perceived them, often interpreting neutral interactions as personal attacks. "I constantly think people are talking about me or laughing behind my back," shared one participant. This heightened paranoia often led to avoidance of interpersonal relationships and chronic loneliness.

Toxic guilt was another recurrent theme, with participants describing a constant sense of being at fault, even for situations beyond their control. Guilt was not only associated with past actions but also with their very existence. One participant reflected, "I feel guilty just for being me. Like, I shouldn't take up space in the world." This shame-fueled guilt often spiraled into depressive episodes and emotional paralysis.

Invalidation in childhood was a prominent origin point for internalized shame. Many participants described childhoods marked by emotional neglect, criticism, and dismissal of their feelings. One participant recalled, "Whenever I cried, my mother would say, 'Stop being dramatic.' I learned early on that my emotions didn't matter." These early experiences contributed to a persistent sense of being unworthy or invisible.

The subcategory *Public self-consciousness* involved a hyperawareness of how one was perceived in public. Participants expressed a debilitating fear of being watched, judged, or exposed. "Even walking into a room makes my skin crawl. I feel like everyone's eyes are scanning me for flaws," one participant stated. This intense social anxiety reinforced their internalized feelings of defectiveness.

Fragmented self-concept was a central feature of identity confusion. Participants described constantly shifting self-perceptions, which created a destabilizing internal experience. "I wake up one day feeling strong and the next like I don't even know who I am," one individual explained. This lack of continuity hindered their ability to build a coherent identity.

In *Role confusion*, participants reported uncertainty about who they were in different social contexts. Many adopted personas to fit into various situations, leading to exhaustion and feelings of inauthenticity. "I'm a different person with my friends, at work, and with my therapist. I don't know which one is real," said one participant. This chameleon-like behavior contributed to identity vacuums and emotional disorientation.

Loss of continuity referred to participants' struggles with connecting their past, present, and future selves. Memory gaps, emotional disconnection from past events, and a lack of temporal narrative were frequently described. "Sometimes I look at old photos and feel nothing. It's like that version of me never existed," shared one participant, highlighting the psychological fragmentation typical of BPD.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

The subcategory *Struggling with labels* revealed the participants' ambivalence about their diagnosis. While some found relief in naming their experiences, others felt stigmatized or reduced to a label. "I hate the term borderline. It makes me feel broken, like there's something inherently wrong with me," one participant explained. The label became a site of resistance and internal conflict.

Inconsistent self-image emerged as a pervasive subcategory where participants described contradictory traits and emotional shifts that made it difficult to sustain a stable self-view. "One minute I think I'm a good person, and the next I'm convinced I'm the worst human alive," a participant shared. This inconsistency contributed to ongoing confusion and emotional instability.

Within the theme of *Therapeutic Transformation*, the subcategory *Therapeutic alliance* was identified as a catalyst for change. Participants emphasized the importance of trust, emotional safety, and consistency in their relationships with therapists. "My therapist is the first person I've ever trusted. She makes me feel like I'm not crazy," said one participant.

Emotional validation was described as a profoundly healing experience. Feeling understood and having their emotions acknowledged helped participants begin to question their internal narratives. "Just hearing 'That must have been really hard' was enough to break me open," recalled one interviewee. Validation helped disrupt cycles of shame and guilt.

Narrative restructuring involved the reworking of personal stories in therapy. Participants discussed how reframing past events enabled them to see themselves as survivors rather than damaged individuals. "We rewrote my life story. For the first time, I saw myself with compassion," one participant shared. This shift was essential for identity reconstruction.

The subcategory *Boundary recognition* highlighted the participants' developing ability to set limits and express needs. Learning to say "no" and assert personal boundaries became milestones of progress. "I never knew I was allowed to protect myself. Now I can," said one participant, reflecting a growing sense of agency.

Skills acquisition referred to the practical tools learned in therapy—particularly dialectical behavior therapy (DBT)—that helped participants regulate their emotions and manage distress. Mindfulness, distress tolerance, and emotional labeling were frequently mentioned. "DBT saved my life. It gave me tools when all I had before were meltdowns," one participant stated.

In *Empowerment through reflection*, participants described how journaling, introspection, and therapy homework led to deeper self-awareness. "I finally see the patterns. Writing it out helped me understand where my pain comes from," shared one participant. This reflective process fostered a sense of control over their identity narratives.

Breakthrough moments were transformative emotional shifts where participants reported sudden clarity or insight. These moments often marked a turning point in their therapeutic journey. "It just clicked. I realized I wasn't the villain in my story," one participant explained. Such moments catalyzed sustained changes in self-perception.

Under the theme *Pathways to Acceptance*, *Self-compassion* was pivotal. Participants described cultivating an inner voice of kindness that countered previous self-criticism. "I used to call myself names. Now I say, 'You're doing your best,'" said one interviewee. This inner shift reduced self-blame and increased emotional resilience.

Reclaiming agency involved recognizing one's capacity for choice and control. Participants reported feeling more intentional in their behaviors and decisions. "I stopped living on autopilot. Now I decide who I want to be," shared one participant. This sense of authorship marked a critical step toward identity integration.

In *Positive identity construction*, participants began to view themselves through a strength-based lens, highlighting growth and authenticity. "I'm finally proud of who I'm becoming," said one participant. This construction was not about perfection, but about owning one's story and values.

Integration of past experiences referred to the ability to accept and reconcile with previous life events without being defined by them. Participants described making peace with their histories. "My past is part of me, but it doesn't control me anymore," noted one individual, signaling a key milestone in recovery.

Lastly, *Belonging and connectedness* emphasized the importance of supportive relationships and community. Participants expressed that feeling understood by others who shared similar struggles fostered healing. "Group therapy showed me I'm not alone. That was huge," said one participant. A sense of connection contributed significantly to sustained acceptance and identity coherence.

4. Discussion and Conclusion

The findings of this study contribute to the growing body of literature exploring the intersection of shame, identity disturbance, and self-reconstruction in individuals with

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Borderline Personality Disorder (BPD). Consistent with prior research, this study highlights that the process of identity reconstruction in BPD is profoundly shaped by the experience of internalized shame, which underpins a fragmented self-concept and impedes emotional regulation. Participants in the current study reported that shame was not only a consequence of early trauma but also a sustaining factor that perpetuated their identity disturbance. As such, the therapeutic journey for individuals with BPD involves navigating the complex relationship between shame, self-worth, and identity, eventually leading to greater self-compassion and self-acceptance.

The centrality of shame in the development and maintenance of BPD is well-documented in the literature. Shame was described by participants as an existential experience that colored all aspects of their self-perception, leading to chronic feelings of defectiveness and unworthiness. This aligns with the work of Jørgensen and Bøye (2024), who found that shame in individuals with BPD is not merely episodic but a pervasive, ongoing experience that deeply influences self-concept and relational dynamics. Participants in the current study frequently reported internalizing societal and familial judgments, which corroborates findings from other studies indicating that social stigma and rejection significantly amplify the experience of shame among individuals with BPD (Bogaerts et al., 2023). These internalized judgments, often originating in childhood trauma, are foundational to the development of identity disturbance and relational instability.

The role of early childhood trauma in the emergence of shame-based identity disturbance was also evident in this study. Many participants reported histories of neglect, emotional invalidation, and inconsistent caregiving, which supported the findings of Békés et al. (2023), who demonstrated that early trauma plays a pivotal role in the development of both BPD and complex PTSD. Their study found that shame mediated the relationship between childhood trauma and the emergence of BPD symptoms, which mirrors the experiences shared by participants in this study. For example, one participant recounted, “Whenever I cried, my mother would say, ‘Stop being dramatic.’ I learned early on that my emotions didn’t matter.” This narrative aligns with the work of Yuan et al. (2023), who identified emotional invalidation as a critical factor in the development of shame and identity disturbance in individuals with BPD. By linking early emotional neglect to the internalization of shame, the current study emphasizes the need for therapeutic interventions that address the roots of these emotional wounds.

The instability of self-concept and the fluidity of identity reported by participants further corroborate the findings of Bois et al. (2022), who suggested that individuals with BPD often experience a lack of coherent self-narratives, resulting in a fragmented sense of self. Participants in the current study frequently described their sense of self as unstable, shifting according to relational dynamics and external feedback. This aligns with previous studies indicating that individuals with BPD often struggle to integrate their past, present, and future selves, leading to a lack of self-continuity (Bynum et al., 2023). The phenomenon of “narrative foreclosure” described by Bois et al. (2022) was echoed in this study, where participants often rejected positive aspects of their past in favor of more painful, shame-filled memories. As one participant noted, “Sometimes I look at old photos and feel nothing. It’s like that version of me never existed,” illustrating the profound disconnection that individuals with BPD can experience with their past selves.

The therapeutic process in BPD involves not only the exploration of shame and identity disturbance but also the facilitation of self-compassion and narrative reconstruction. This study’s findings align with the work of Faggioli et al. (2024), who noted that individuals with BPD often find it difficult to develop a cohesive self-concept because of the pervasive influence of negative self-evaluations. However, the study also highlighted the transformative potential of therapeutic interventions, particularly in the context of the therapeutic alliance. Participants in this study emphasized the importance of a safe, trusting relationship with their therapist, which provided the necessary foundation for exploring shame and beginning the process of self-acceptance. This finding is consistent with the work of Bynum et al. (2021), who highlighted the crucial role of the therapist-client relationship in mediating the effects of shame and facilitating identity reconstruction. One participant described the therapeutic relationship as the first place they had ever felt truly “seen,” reinforcing the importance of empathy, validation, and consistency in the therapeutic process.

As participants in this study engaged in therapeutic work, many reported a gradual shift from self-criticism to self-compassion. This shift aligns with previous findings indicating that self-compassion is a key element in the recovery process for individuals with BPD (Cameron et al., 2021). Participants frequently mentioned that learning to be kinder to themselves was a significant turning point in their

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

journey toward self-acceptance. One participant reflected, "I used to call myself names. Now I say, 'You're doing your best.'" This shift is consistent with findings by Feichtinger et al. (2024), who found that self-compassion was associated with improved emotional regulation and identity consolidation in individuals with BPD. Furthermore, the integration of self-compassion into therapeutic practice allows individuals with BPD to reframe their self-narratives, creating a more coherent and integrated sense of identity.

However, the therapeutic journey is not without challenges. Participants in this study also reported setbacks and regressions in their progress, particularly when faced with external triggers or interpersonal stressors. This is consistent with research by Bynum et al. (2021), who found that while therapeutic interventions can be effective in addressing identity disturbance, they often require prolonged and consistent engagement. The cyclical nature of emotional dysregulation in BPD can complicate the process of identity reconstruction, as participants may experience periods of intense shame and self-doubt that temporarily disrupt their progress.

5. Limitations & Suggestions

While the findings of this study contribute to our understanding of identity reconstruction in individuals with BPD, there are several limitations that should be acknowledged. First, the sample size of 24 participants, while sufficient for a qualitative study, may not fully capture the diversity of experiences among individuals with BPD. Future research could benefit from larger, more diverse samples to explore how identity reconstruction processes vary across different cultural, socioeconomic, and demographic groups. Second, this study relied on self-reported data from interviews, which may be subject to recall bias and the influence of social desirability. Although participants were encouraged to speak openly, the inherently subjective nature of the data means that the findings may not be fully generalizable to all individuals with BPD. Third, the study did not include a control group of individuals without BPD, which would have allowed for a comparative analysis of identity reconstruction processes across different psychiatric conditions.

Future research on identity reconstruction in BPD should explore the impact of specific therapeutic interventions on shame and identity disturbance. Studies comparing different therapeutic modalities, such as Dialectical Behavior Therapy (DBT), Mentalization-Based Treatment (MBT), and Schema Therapy, could offer valuable insights into how different approaches address the complex emotional and cognitive dynamics involved in BPD. Additionally, longitudinal studies examining the long-term effects of therapy on identity consolidation and self-compassion would provide a more comprehensive understanding of the enduring impact of therapeutic interventions. Furthermore, research exploring the role of social support networks in the recovery process for individuals with BPD could shed light on the importance of communal healing and shared experiences in overcoming shame.

Practitioners working with individuals with BPD should emphasize the importance of creating a therapeutic environment characterized by empathy, consistency, and validation. Given the central role of shame in the development and maintenance of identity disturbance, it is crucial for therapists to focus on addressing this emotion early in the therapeutic process. Practitioners should also be aware of the potential for regression and setbacks in treatment and be prepared to offer ongoing support to clients as they navigate these challenges. Encouraging self-compassion and promoting the development of a coherent self-narrative are essential elements in the process of identity reconstruction. Additionally, incorporating mindfulness and emotion regulation techniques, such as those found in DBT, can help individuals with BPD manage their emotional states and build a more stable and resilient sense of self.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed in this article.

References

Bekboeva, A. K. (2021). The Role of the Media in the Formation of Shame in the National Consciousness. *Social Naja Politika I Social Noe Partnerstvo (Social Policy and Social Partnership)*(7). https://doi.org/10.33920/pol-01-2107-08

Békés, V., Szabó, D., Lévay, E. E., Salgó, E., & Unoka, Z. (2023). Moral Injury and Shame Mediate the Relationship Between Childhood Trauma and Borderline Personality Disorder, PTSD, and Complex PTSD Symptoms in Psychiatric Inpatients. *Journal of personality disorders*, *37*(4), 406-423. https://doi.org/10.1521/pedi.2023.37.4.406

Bogaerts, A., Claes, L., Raymaekers, K., Buelens, T., Bastiaens, T., & Luyckx, K. (2023). Trajectories of Adaptive and Disturbed Identity Dimensions in Adolescence: Developmental Associations With Self-Esteem, Resilience, Symptoms of Depression, and Borderline Personality Disorder Features. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1125812

Bois, C., Fazakas, I., Salles, J., & Gozé, T. (2022). Personal Identity and Narrativity in Borderline Personality Disorder: A Phenomenological Reconfiguration. *Psychopathology*, *56*(3), 183-193. https://doi.org/10.1159/000526222

Bynum, W. E., Jackson, J. A., Varpio, L., & Teunissen, P. W. (2023). Shame at the Gates of Medicine: A Hermeneutic Exploration of Premedical Students' Experiences of Shame. *Academic Medicine*, *98*(6), 709-716. https://doi.org/10.1097/acm.0000000000005152

Cameron, A., Benz, M. B., & Reed, K. M. P. (2021). The Role of Guilt and Shame in Psychosocial Functioning in a Sample of Women With Borderline Personality Disorder. *The Journal of Nervous and Mental Disease*, *209*(1), 13-16. https://doi.org/10.1097/nmd.0000000000001246

Duică, L., Antonescu, E., Totan, M., Boța, G., & Silișteanu, S. C. (2022). Borderline Personality Disorder "Discouraged Type": A Case Report. *Medicina*, *58*(2), 162. https://doi.org/10.3390/medicina58020162

Faggioli, I., Esposito, C. M., & Stanghellini, G. (2024). Identity and Temporal Fragmentation in Borderline Personality Disorder: A Systematic Review. *Brain Sciences*, *14*(12), 1221. https://doi.org/10.3390/brainsci14121221

Feichtinger, K., Laczkovics, C., Alexopoulos, J., Gruber, M., Klauser, M., Parth, K., Wininger, A., Ossege, M., Baumgärtner, J., Doering, S., & Blüml, V. (2024). Personality Functioning in Bipolar 1 Disorder and Borderline Personality Disorder. *BMC psychiatry*, *24*(1). https://doi.org/10.1186/s12888-024-06297-8

Gertzen, M., Karcher, S., Schwarz, J., Rosenberger, C., Strasburger, M., Rabenstein, A., Strasser, A.-M., Palm, U., & Rüther, T. (2024). "I Can't Get No Satisfaction"—Psychosocial Aspects and Awareness of Negative Impacts in Chemsex Users: Results From an Anonymous Online Survey. *Brain Sciences*, *14*(7), 666. https://doi.org/10.3390/brainsci14070666

Goldbach, R. E., Neukel, C., Panizza, A., Reinken, A., & Krause-Utz, A. (2023). Differentiating Between Intrapsychic Symptoms and Behavioral Expressions of Borderline Personality Disorder in Relation to Childhood Emotional Maltreatment and Emotion Dysregulation: An Exploratory Investigation. *European Journal of Psychotraumatology*, *14*(2). https://doi.org/10.1080/20008066.2023.2263317

Jørgensen, C. R., & Bøye, R. (2024). "I Am Ashamed That I Exist. I Feel Like Apologizing for Existing": The Phenomenology of Shame in Patients With Borderline Personality Disorder: A Qualitative Study. *Personality Disorders Theory Research and Treatment*, *15*(3), 181-192. https://doi.org/10.1037/per0000655

Lusk, P. (2023). Anticipated Shame and Professional Identity Formation. *Communication & Medicine*, *18*(3), 272-283. https://doi.org/10.1558/cam.21481

Martin, J., Tarantino, D. M., & Levy, K. N. (2023). Investigating Gender-Based Differential Item Functioning on the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD): An Item Response Theory Analysis. *Psychological assessment*, *35*(5), 462-468. https://doi.org/10.1037/pas0001229

Meade, M. R., & Lund, E. M. (2024). The Impact of Ableist Microaggressions on Identity Formation Among Adults With Disabilities. *Rehabilitation Counselors and Educators Journal*, *13*(2). https://doi.org/10.52017/001c.123807

Mohana, & Moon, C. (2024). Towards Understanding the Direct and Indirect Effects of Borderline Personality Features on Identity Disturbance. *Mental Health Science*, *2*(2). https://doi.org/10.1002/mhs2.60

Mungo, A., Delhaye, M., Blondiau, C., & Hein, M. (2024). Identity Formation in Individuals Between 16 and 25 Years Old With Borderline Personality Disorder. *Journal of clinical medicine*, *13*(11), 3221. https://doi.org/10.3390/jcm13113221

Papathanasiou, C. (2022). The Sociology of Emotions in the Psychiatric Practice: How Residents in Psychiatry Learn to Dislike Patients With Borderline Personality Disorder. *Sociology International Journal*, *6*(5), 301-308. https://doi.org/10.15406/sij.2022.06.00303

Williams-Forson, P. (2022). When Racism Rests on Your Plate, Indeed, Worry About Yourself. 191-204. https://doi.org/10.5149/northcarolina/9781469668451.003.0006

Wojciechowski, T. (2021). The Dual Mediating Roles of Impulsivity and Emotion Regulation of the Borderline Personality Disorder-violence Relationship: A Structural Equation Modeling Approach. *Journal of Forensic Sciences*, *66*(6), 2329-2339. https://doi.org/10.1111/1556-4029.14807

Yuan, Y., Lee, H., Newhill, C. E., Eack, S. M., Fusco, R. A., & Scott, L. N. (2022). Differential Associations Between Trauma Types and Borderline Personality Disorder From the Perspective of Emotion Dysregulation. https://doi.org/10.21203/rs.3.rs-2235871/v1

Yuan, Y., Lee, H., Newhill, C. E., Eack, S. M., Fusco, R. A., & Scott, L. N. (2023). Differential Associations Between Childhood Maltreatment Types and Borderline Personality Disorder From the Perspective of Emotion Dysregulation. *Borderline personality disorder and emotion dysregulation*, *10*(1). https://doi.org/10.1186/s40479-023-00210-7

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518