



Evaluation of Coping Strategies and Perceived Stress Using Brief COPE and PSS in a Patient with Borderline Personality Disorder and Major Depression

Viola Aulia Ayu Ningtias¹, Hafid Algristian^{1*}, Asikah²

¹Departemen of Psikiatri, Nahdlatul Ulama University of Surabaya, Surabaya, Indonesia.

²Radjiman Wediodiningrat Hospital, Lawang, Malang, Indonesia.

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Corresponding Author:

Hafid Algristian

dr.hafid@unusa.ac.id

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Phone*: +6281232672702

Abstract: Borderline Personality Disorder (BPD) is characterized by emotional instability, impulsivity, and disturbed interpersonal relationships. Its comorbidity with Major Depressive Disorder without psychotic symptoms often leads to greater clinical severity, impaired stress regulation, and difficulties in adaptive coping. Objective assessment of perceived stress and coping strategies is therefore important in clinical evaluation and treatment planning. This study presents a descriptive case analysis of a 31-year-old male patient diagnosed with Borderline Personality Disorder and Major Depressive Disorder without psychotic symptoms. The patient completed two standardized psychometric instruments: the Perceived Stress Scale (PSS-10) and the Brief COPE inventory to assess stress perception and coping responses. The patient obtained a PSS score of 18, indicating a moderate level of perceived stress during the previous month. The Brief COPE results demonstrated a predominance of maladaptive coping strategies, particularly behavioral disengagement (7), denial (6), and venting (6), while adaptive coping strategies such as planning (3), positive reframing (2), and emotional support (3) were less frequently utilized. These findings illustrate the interaction between perceived stress, maladaptive coping patterns, and emotional dysregulation in patients with comorbid BPD and depression. The use of standardized psychometric instruments in routine psychiatric assessment may help transform subjective complaints into measurable clinical data, thereby supporting more individualized treatment planning and monitoring of therapeutic progress in complex psychiatric comorbidities.

Keywords: Borderline; Brief COPE; Coping strategies; Major depression; Personality disorder; Perceived stress scale

Introduction

Borderline Personality Disorder (BPD) is a severe mental disorder characterized by pervasive emotional instability, impulsivity, unstable interpersonal relationships, and a disturbed self-image. Individuals with BPD are particularly sensitive to interpersonal stressors and often experience significant difficulties in emotional regulation, which may lead to maladaptive behaviors and impaired psychosocial functioning. The presence of comorbid Major Depressive Disorder

without psychotic symptoms further complicates the clinical presentation and is associated with greater symptom severity, poorer functional outcomes, and increased treatment challenges (Association, 2022; Gunderson et al., 2011).

Major depressive disorder is defined by persistent depressed mood, loss of interest or pleasure, and decreased energy that result in significant distress or functional impairment. In patients with comorbid personality disorders, depressive symptoms may intensify emotional dysregulation, negative self-

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evaluation, and interpersonal difficulties, thereby reinforcing a chronic cycle of psychological stress (Association, 2022; Labbé et al., 2025). Stressful interpersonal events are frequently reported as triggers for symptom exacerbation in individuals with BPD, particularly in the context of unstable relationships and perceived abandonment.

Stress perception and coping strategies represent key constructs in understanding symptom persistence in BPD and depressive disorders. Perceived stress reflects an individual's subjective appraisal of life demands as overwhelming or difficult to control, whereas coping strategies refer to the cognitive and behavioral efforts used to manage stressful situations. Previous studies have shown that individuals with BPD and depression tend to rely more frequently on maladaptive coping strategies, such as avoidance, denial, and behavioral disengagement, which are associated with increased emotional distress and poorer treatment outcomes (Bourvis et al., 2017; Carlson et al., 2020; Kramer, 2017).

In clinical practice, psychiatric evaluation traditionally relies on qualitative interviews and mental status examination. Although these approaches are essential for diagnostic assessment, they may not always provide structured measurement of psychological constructs such as perceived stress and coping patterns. Standardized psychometric instruments can complement clinical interviews by providing quantifiable information that supports clinical decision-making and treatment planning.

Two instruments that are widely used to assess stress perception and coping responses are the Perceived Stress Scale (PSS) and the Brief COPE inventory. The PSS measures the degree to which individuals perceive life situations as stressful, while the Brief COPE evaluates various coping strategies used in response to stress (Chaudhury et al., 2017; Glatt et al., 2025). Both instruments have demonstrated good reliability and validity across different populations and have been increasingly applied in clinical and research settings to better understand psychological responses to stress (Lee, 2012; Nielsen et al., 2014).

The use of structured psychometric assessment may be particularly valuable in patients with complex psychiatric comorbidities, such as Borderline Personality Disorder and major depression. Identifying specific patterns of perceived stress and coping strategies can help clinicians better understand the mechanisms underlying emotional dysregulation and guide targeted psychotherapeutic interventions.

Therefore, this study aims to describe the assessment of perceived stress and coping strategies using the Perceived Stress Scale (PSS-10) and the Brief COPE inventory in a patient diagnosed with Borderline Personality Disorder and comorbid Major Depressive

Disorder without psychotic symptoms. Through this case analysis, the study seeks to illustrate how standardized psychometric instruments can complement routine psychiatric evaluation and support individualized treatment planning.

Method

This study employed a descriptive case analysis design to illustrate the clinical application of standardized psychometric instruments in the assessment of perceived stress and coping strategies in patients with complex psychiatric comorbidity. The subject of this analysis was a 31-year-old male patient who presented for psychiatric evaluation and was diagnosed with Borderline Personality Disorder (F60.3) and Major Depressive Disorder without psychotic symptoms (F32.2). The diagnoses were established through psychiatric clinical examination based on the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) (Association, 2022).

Clinical data were obtained through a comprehensive psychiatric interview, mental status examination, and review of the patient's clinical history. The psychiatric assessment included evaluation of orientation, mood and affect, thought processes, perception, memory function, and psychosocial functioning. Information regarding the patient's stressors, interpersonal relationships, and behavioral responses to emotional distress was also explored during the interview.

To obtain structured quantitative information regarding stress perception and coping responses, the patient was asked to complete two standardized self-report instruments: The Perceived Stress Scale (PSS-10) and the Brief COPE inventory. The questionnaires were administered following the clinical interview as part of the psychological assessment procedure.

The Perceived Stress Scale (PSS-10) was used to measure the degree to which the patient perceived life situations as stressful during the previous month. The PSS-10 consists of ten items rated on a five-point Likert scale ranging from 0 (never) to 4 (very often), with total scores ranging from 0 to 40. Higher scores indicate greater levels of perceived stress. The instrument has been widely used in clinical and research settings and demonstrates good reliability and validity across diverse populations (Lee, 2012).

Coping strategies were assessed using the Brief COPE, a multidimensional self-report instrument developed to evaluate various cognitive and behavioral coping responses to stress. The Brief COPE consists of 28 items representing several coping dimensions, including

both adaptive and maladaptive coping strategies. Each item is rated on a four-point scale ranging from 1 (I haven't been doing this at all) to 4 (I have been doing this a lot). Subscale scores were calculated descriptively to identify the coping strategies most frequently used by the patient.

The results of the psychometric assessments were interpreted descriptively and integrated with qualitative clinical findings obtained from the psychiatric evaluation. No statistical analysis was conducted, as the purpose of this study was to illustrate the clinical utility of structured stress and coping assessment in a single case rather than to test hypotheses or generalize findings.

Result and Discussion

Clinical Presentation

The patient was a 31-year-old male who presented for psychiatric evaluation with complaints of persistent sadness, emotional instability, and difficulties managing interpersonal conflicts. According to the patient, depressive symptoms began approximately six months before the consultation. The initial symptoms included persistent low mood, irritability, sleep disturbances, reduced motivation, and decreased interest in daily activities. Over time, the patient also reported feelings of worthlessness, emotional sensitivity to criticism, and increasing difficulty maintaining stable interpersonal relationships.

The patient described ongoing family conflict, particularly with parents, related to perceived criticism and lack of emotional understanding. These conflicts frequently triggered emotional distress and intensified feelings of rejection and frustration. In addition, the patient reported experiencing work-related stress due to high job demands and dissatisfaction with his occupational situation. These stressors were perceived as overwhelming and contributed to worsening emotional instability.

Regarding psychiatric history, the patient reported previous episodes of mood instability but had not received consistent psychiatric treatment prior to the current evaluation. No history of psychotic symptoms such as hallucinations or delusions was reported.

Mental Status Examination

During the psychiatric examination, the patient appeared neat, cooperative, and adequately engaged throughout the interview. Eye contact was appropriate, and the patient was fully oriented to time, place, and person. Memory function was intact, and no perceptual disturbances were identified.

The patient's mood was predominantly anxious and depressed, accompanied by a shallow and

constricted affect. Thought processes were generally coherent and realistic, although occasionally tangential. Thought content was largely dominated by concerns regarding interpersonal conflicts, feelings of inadequacy, and self-doubt. The patient also reported reduced motivation and impaired productivity in daily activities.

Perceived Stress Scale (PSS)

Assessment using the Perceived Stress Scale (PSS-10) showed a total score of 18, indicating a moderate level of perceived stress. The patient reported frequently feeling unable to control important aspects of life, experiencing irritability, and having difficulty concentrating during the previous month. Stress was primarily associated with persistent family conflicts and work-related pressures.

Brief COPE Assessment

The Brief COPE assessment revealed a coping profile characterized by a predominance of maladaptive coping strategies. Higher scores were observed in several avoidant coping domains, including behavioral disengagement (7), denial (6), and venting (6). These findings indicate a tendency to withdraw from stressors or express emotional tension without actively addressing underlying problems.

In contrast, adaptive coping strategies were less frequently used. Lower scores were found in domains such as planning (3), positive reframing (2), and seeking emotional support (3). The patient also reported engaging in avoidant behaviors, including compulsive consumption of pornography, particularly during periods of emotional distress.

Overall, the results indicate that the patient experienced a moderate level of perceived stress accompanied by a coping profile dominated by avoidant and maladaptive coping strategies, with limited utilization of adaptive coping mechanisms.

Discussion

The findings of this case analysis highlight the complex relationship between perceived stress, coping strategies, and emotional dysregulation in a patient with Borderline Personality Disorder (BPD) and comorbid Major Depressive Disorder without psychotic symptoms. The presence of moderate perceived stress accompanied by a predominance of maladaptive coping strategies illustrates how stress-related processes may contribute to the persistence and severity of psychiatric symptoms in this population. These findings are consistent with previous literature indicating that individuals with BPD often demonstrate heightened sensitivity to interpersonal stressors and difficulties in regulating emotional responses, particularly when

depressive symptoms coexist (Bourvis et al., 2017; Carlson et al., 2020).

The patient's Perceived Stress Scale (PSS) score of 18 indicates a moderate level of perceived stress during the previous month. Although not within the highest stress category, this level of perceived stress may still significantly affect emotional stability and psychological functioning, particularly in individuals with underlying personality pathology. Patients with BPD tend to experience stress more intensely due to emotional reactivity and vulnerability to interpersonal rejection or criticism. Chronic exposure to interpersonal stressors, such as family conflict, may therefore contribute to the exacerbation of depressive symptoms and feelings of worthlessness, which were also reported in this case (Jacob et al., 2021; Labbé et al., 2025).

The coping profile identified through the Brief COPE further clarifies the patient's response to psychological stress. Higher scores in behavioral disengagement, denial, and venting suggest a tendency to avoid confronting stressful situations directly or to regulate emotional distress through short-term emotional release rather than through problem-solving strategies. Such avoidant coping patterns have consistently been associated with increased psychological distress and poorer clinical outcomes in individuals with personality disorders and depressive disorders (Nielsen et al., 2014; Wurz, 2024).

In contrast, the relatively low scores observed in adaptive coping strategies, such as planning, positive reframing, and seeking emotional support, indicate limited utilization of constructive coping mechanisms. Adaptive coping strategies play a crucial role in emotional regulation and resilience to stress. Previous studies have shown that individuals who frequently employ adaptive coping strategies tend to experience better psychological adjustment and reduced severity of depressive symptoms (Compas et al., 2017; Kramer et al., 2017).

The patient's report of compulsive pornography consumption during periods of emotional distress may represent an additional maladaptive coping behavior. Such behaviors can function as short-term emotional regulation strategies by temporarily reducing psychological tension through reward system activation. However, repeated reliance on such behaviors may reinforce avoidance patterns and further impair emotional self-regulation. Neurobehavioral studies suggest that compulsive behaviors may develop as attempts to cope with negative affect, but over time they may contribute to worsening psychological functioning if not addressed therapeutically (Love et al., 2015).

These findings also underscore the importance of systematically assessing coping strategies in patients

with BPD and depressive disorders. Maladaptive coping patterns may mediate the relationship between stress exposure and symptom exacerbation. Longitudinal studies have shown that interventions targeting coping skills and emotional regulation can significantly reduce perceived stress and improve psychological functioning in individuals with borderline personality pathology (Glatt et al., 2023; McMains et al., 2021; Storebø et al., 2020).

From a clinical perspective, the use of standardized psychometric instruments such as the Perceived Stress Scale and the Brief COPE can provide valuable insights into patients' subjective experiences of stress and their coping responses. These instruments complement qualitative psychiatric interviews by offering structured and quantifiable information that may assist clinicians in identifying maladaptive coping patterns and developing targeted treatment strategies. In patients with complex psychiatric comorbidities, integrating psychometric assessment into routine clinical evaluation may enhance treatment planning and facilitate monitoring of therapeutic progress over time.

Overall, this case analysis demonstrates that evaluating perceived stress and coping strategies provides important information for understanding the psychological mechanisms underlying emotional dysregulation in patients with Borderline Personality Disorder and comorbid Major Depression. Identifying maladaptive coping patterns may support the development of more focused psychotherapeutic interventions aimed at strengthening adaptive coping skills and improving emotional regulation.

Conclusion

This case analysis demonstrates that the assessment of perceived stress and coping strategies provides important insights into the clinical complexity of patients with Borderline Personality Disorder and comorbid Major Depressive Disorder without psychotic symptoms. The patient in this case experienced a moderate level of perceived stress accompanied by a predominance of maladaptive coping strategies, particularly behavioral disengagement, denial, and venting, alongside limited use of adaptive coping mechanisms. The use of standardized psychometric instruments, including the Perceived Stress Scale (PSS-10) and the Brief COPE inventory, enabled a more structured evaluation of the patient's stress perception and coping patterns. These instruments complement qualitative psychiatric interviews by providing measurable information that can support clinical understanding and treatment planning. Integrating psychometric assessment into routine psychiatric

evaluation may help clinicians identify maladaptive coping patterns, guide targeted psychotherapeutic interventions, and monitor therapeutic progress over time. In patients with complex psychiatric comorbidities such as Borderline Personality Disorder and major depression, this approach may contribute to more individualized and outcome-oriented mental health care.

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Author Contributions

Conceptualization, V.A.A.N. and H.A.; methodology, V.A.A.N.; formal analysis, V.A.A.N.; investigation, V.A.A.N.; resources, H.A.; data curation, V.A.A.N.; writing—original draft preparation, V.A.A.N.; writing—review and editing, H.A.; supervision, A.A and H.A. All authors have read and agreed to the published version of the manuscript.

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Conflicts of Interest

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analysis, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

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