

# Determination Emotion Regulation Difficulties in Borderline Personality Disorder with Objective and Projective Tests

*Borderline Kişilik Bozukluğunda Duygu Düzenleme Güçlüğü'nün Objektif  
ve Projektif Testler ile Belirlenmesi*

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## ABSTRACT

Evaluation of the disorders in the personality organization of the individual is only possible by examining the object relations functions, and it is known that the elimination of emotion regulation difficulties (ERD) has a central role in the treatment of borderline personality disorder (BPD). Therefore, this study, in which objective and projective methods were used together, was designed to determine the ERD of BPD patients and the relationship between the patients' object relations and emotion regulation difficulties. It is thought that the results of the study can be useful in the psychotherapy processes of BPD patients. For this purpose, the Sociodemographic Data Form, Rorschach Test, and Emotion Regulation Difficulty Scale developed by the researchers were applied to 37 individuals diagnosed with Borderline Personality Disorder according to DSM-5 criteria and 37 individuals who did not have any psychiatric diagnosis as a result of their psychiatric examination by a psychiatrist. As a result of the study, it was determined that there was a significant relationship between BPD and ERD, and this relationship could be determined through the Rorschach test, and it was determined that BPD constituted 55% of the variance of ERD. ERD, which can have significant disruptive effects on the lives of borderline patients, was associated with the patients' lack of satisfaction and inclusion in their relations with their first object, which is usually their parents, and it was determined negative qualities of first objects accounted for 23% of the variance of difficulty in emotion regulation. It is thought that the results of the study may contribute to the acceleration of the solution of interpersonal problems, which have a close relationship with ERD, of the patients and the standardization of the Rorschach Test.

**Keywords:** Borderline personality disorder, object relations, first object, emotion regulation, Rorschach test

## ÖZ

Bireyin kişilik örgütlenmesindeki bozuklukların değerlendirilmesi ancak nesne ilişkileri fonksiyonların incelenmesiyle tam anlamıyla mümkün olmakta ve duygu düzenleme güçlüğü'nün (DDG) giderilmesinin borderline kişilik bozukluğu (BKB) tedavisinde merkezi bir role sahip olduğu bilinmektedir. Bu doğrultuda hem BKB hastalarının duygu düzenleme güçlüklerinin hem de hastaların nesne ilişkilerinin duygu düzenleme güçlükleri ile olan ilişkisinin belirlenmesi amaçlanarak objektif ve projektif yöntemlerin bir arada kullanıldığı bu çalışma tasarlanmıştır. Çalışma sonuçlarından BKB hastalarının psikoterapi süreçlerinde faydalanılabileceği düşünülmektedir. Bu amaçla psikiyatri uzmanı tarafından, DSM-5 ölçütlerine göre BKB tanısı alan 37 birey ile psikiyatrik muayenesi sonucunda herhangi bir psikiyatrik tanı almamış 37 bireye araştırmacılar tarafından geliştirilmiş olan Sosyodemografik Veri Formu, Rorschach Testi, Duygu Düzenleme Güçlüğü Ölçeği uygulanmıştır. Çalışma sonucunda BKB ile DDG arasında anlamlı bir ilişki olduğu ve bu ilişkinin Rorschach testi aracılığıyla belirlenebildiği tespit edilmiş olup BKB'nin DDG varyansının %55'ini oluşturduğu belirlenmiştir. Borderline hastaların yaşamları üzerinde önemli bozucu etkilerde bulunabilen duygu düzenleme güçlüğü'nün, hastaların genellikle ebeveynleri olan ilk nesnelereyle ilişkilerindeki doyum ve kapsanma yetersizliğiyle ilişkili olduğu olup ilk nesnelere dair olumsuz niteliklerin DDG varyansının %23'ünü oluşturduğu tespit edilmiştir. Çalışma sonuçlarının hastaların, DDG ile yakından ilişkili olan, kişilerarası problemlerinin çözümünün hızlanmasına ve projektif bir ölçüm aracı olan Rorschach Testi'nin standardizasyonu adına katkı sağlayabileceği düşünülmektedir.

**Anahtar sözcükler:** Borderline kişilik bozukluğu, nesne ilişkileri, ilk nesne, duygu düzenleme, Rorschach testi

## Introduction

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Difficulty in emotion regulation processes is associated with psychopathology, especially personality pathologies (Gratz et al. 2006, Kring and Sloan 2009, Aldao et al. 2010, Carpenter and Trull 2013, Dimaggio et al. 2017), and it often results in intense and unstable negative affect. It is accepted as one of the distinguishing features of borderline personality disorder (Linehan 1993, Ebner-Priemer et al. 2015, Schmitz et al. 2021). Borderline personality disorder (BPD) is a disorder characterized by instability in the individual's self, affect, behavior, interpersonal relationships and cognition (Faraji 2021). Borderline patients cannot form a holistic self or external reality design. They experience emotional fluctuations due to their lack of internal emotion regulation skills, they exhibit dramatic behaviors and can make extremjudgmentsts (Faraji and Tezcan 2022).

Emotional dysregulation includes the ability to manage emotional arousal, as well as a lack of emotional awareness, understanding and acceptance, and is defined as the main feature of BPD. Borderline individuals who have difficulties in emotion regulation experience serious problems in interpersonal relationships (Adrian et al. 2011). Difficulty in identifying and defining emotional states may impair the ability to recognize and experience internal danger signals when faced with potentially dangerous individuals or unsafe environments (Cloitre et al. 1997). In this regard, it has been reported that borderline patients who have difficultn regulating intense emotional experiences may engage in risky behaviors, take part in abusive or hostile relationships, and may be more open to experiences of interpersonal violence and victimization (Finkelhor et al. 2009).

Difficulty in emotion regulation in borderline patients negatively affects their interpersonal relationships, which is one of the areas most affected by BPD psychopathology, poses a risk for comorbid mood and behavioral disorders (Houben et al., 2018) and can worsen the course of psychopathology (Euler et al., 2021). First object-child relationships are the first relationships that allow the child to experience self-regulation of behaviors and emotions through the actions of the first object (Hughes et al. 2012). It has been reported that individuals diagnosed with BPD are not able to develop emotion regulation skills and assume responsibility in this area due to their problematic relationships with their primary caregivers, their first object (Masterson 2008, Kuo et al. 2015). On the other hand, negative interpersonal relationships can also negatively affect borderline patients' emotion regulation processes (Zeigler-Hill and Abraham 2006), thus creating a vicious circle. When viewed from the other side; The increase in emotion regulation skills in BPD patients is associated with a decrease in ruminations and self-harming behaviors, and less aggressive provocation in the face of anger (Pond et al. 2012, Zaki et al. 2013).

Evaluation of the disorders in the personality organization of the individual is only possible by examining the object relations functions (Valkonen et al. 2012), and it is known that the elimination of emotion regulation difficulty (ERD) has a central role in the treatment of BPD (Kahya and Munguldar 2022). In this direction, this study, in which objective (Emotion Dysregulation Scale) and projective methods (Rorschach Test) are used together, was designed with the aim of determining both the object relations functions of BPD patients and also determining the relationship between the object relations and emotion regulation difficulties of the patients. It is thought that the results of the study can be useful in the psychotherapy processes of BPD patients. It is thought that by increasing the emphasis on emotion regulation processes in the psychotherapy of BPD patients, the interpersonal relationships of the patients can be regulated and their need for action can be reduced, thus preventing or reducing risky behaviors that increase the public cost of the disease.

BPD was found to be more common in women (up to 76%). However, it is thought that these results may have arisen due to sampling bias. In addition, men with borderline personality disorder may show signs of intense antisocial personality or substance abuse, so they may be overlooked in the clinical sample (Shenoy and Paraharaj 2019). In this direction, in order to access the literature at a higher level and to provide ease of comparison, in the current study, it was preferred to work only with female borderline patients.

## Method

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### Sample

This study was carried out in a private psychiatry clinic in Istanbul between 2019-2020. The population of the study consists of BPD patients. The participants of the study were determined by the convenience sampling method. It consists of 37 patients who were diagnosed with BPD according to the DSM-5 criteria by a psychiatrist, and 37 participants who did not receive any psychiatric diagnosis as a result of their psychiatric examination. Signed consent was obtained from the participants. This research is a prospective comparative study. The control group is similar to the patient group in terms of gender, age, education level and income level.

Participants participated in the study voluntarily, were informed about the study, and signed consent was obtained. Inclusion and exclusion criteria from the study; being able to understand and speak Turkish, to be at least a primary school graduate, to be able to drink alcohol, drugs, etc. during the interview. not to be influenced, to participate in the research voluntarily and to sign the informed consent form.

Participants in the control group; 100% female, 64.9% single, 35.1% married, 18.9% low income, 43.2% medium income, 37.8% high income, 21.6% high school graduate, % 64.9% of them are undergraduate and 13.5% of them are graduates. The mean of their age is 31, the standard deviation is 7, the median value is 29, the mean number of siblings is 3, the standard deviation is 2, the median value is 3, the mean sibling rank is 2, the standard deviation is 1, and the median value is 2.

The group of participants with BPD; 100% women, 70.3% single, 29.7% married, 8.1% low income, 54.1% medium income, 37.8% high income, 29.7% high school graduate, % 54.1 of them are undergraduate and 16.2% of them are graduates. The mean age was 29, the standard deviation was 6, the median value was 27, the mean number of siblings was 2, the standard deviation was 1, the median value was 2, the mean sibling rank was 1, the standard deviation was 1, and the median value was 1. According to these results, the groups are similar in terms of age, marital status, economic status, education level, number of siblings and birth order variables.

## **Procedure**

An application was made to the Doğuş University Ethics Committee to evaluate whether the study involved ethical violations. The study started after the approval of Doğuş University's ethics committee, dated October 16, 2019 and numbered 42435178-050.06.04, document dated 25/10/2019 and document numbered 9116. The participants first went through a semi-structured interview and mental state examination based on the DSM-5. Individuals diagnosed with BPD as a result of psychiatric evaluation included the study group; Individuals who were not diagnosed with any mental health disorder before and also who were not in psychiatric evaluations in study, were divided into two as the control group. Afterwards, the Rorschach Test was administered to the participants by the researcher, a clinical psychologist who completed Rorschach training approved by the Rorschach and Projective Tests Association. The results of the Rorschach Test were handled within the framework of the French school, and the answers of the participants were converted into a psychogram based on the Rorschach Coding Book Adult Norms (İkiz et al. 2009). In this way, the answers given to the cards were converted into numerical data by converting them into psychogram categories.

## **Measures**

### ***Sociodemographic Information Form***

The Sociodemographic Information Form was prepared by the researcher and consists of participants' age, education, marital status, number of siblings, and sibling rank.

### ***Rorschach Test***

The Rorschach Test is a measurement tool that evaluates the mental functioning of the person in a holistic way and investigates possible pathologies. The Rorschach test enables the evaluation of various aspects of personality such as affective regulation, self-perception and object relations (Huprich 2006). The foundations of the French school were laid with the interpretations of Klopfer, Piotrowski and Beck. In the 1940s, Schafer created a method in which he tried to integrate the Rorschach test and the psychoanalytic method. Representatives of the French school conduct their Rorschach studies by basing them on psychoanalytic psychopathology and psychoanalysis, based on Schafer's work. In the French school, importance is given to how these contents are conveyed by the patient and the relationship established with the tester as much as the content of the test (İkiz 2001). In addition to the visible content of the cards, there are also hidden contents. It is thought that the person's discourse is not only about a concrete object, but also an object that has a symbolic, affective and phantasmatic meaning. Therefore, all visible and hidden content allows to establish links that make it easier to understand the person's discourse and provides more reliable data for self-presentation compared to open content (Anzieu and Chabert 2011). Standardization of adolescent norms of the test was completed in 2007 (İkiz et al. 2007), standardization of adult norms in 2009 (İkiz et al. 2009), and standardization of old age norms in 2013 (İkiz et al. 2013).

### ***Emotion Regulation Difficulty Scale (ERDS)***

The scale developed to determine emotion regulation difficulties consists of 36 items (Gratz & Roemer, 2004). The validity and reliability study of the scale, which was adapted into Turkish and was conducted by Rugancı and

Gençöz (2010), of the scale "awareness" (awareness of emotional reactions), "openness" (not understanding emotional reactions), "not accepting" (not accepting emotional reactions), "strategies" ( It consists of 6 sub-dimensions: limited access to effective emotion regulation strategies), "impulse" (difficulty controlling impulses in the presence of negative emotions), and "goals" (difficulty in engaging in goal-oriented behaviors in the presence of negative emotions). The internal consistency coefficient of the scale was calculated as .94, and the internal consistency coefficients of the sub-dimensions were observed to vary between .90 - 75. The test-retest reliability of the Turkish version of the scale was .83, and the two-half test reliability was found to be .95.

## Statistical Analysis

The collected data were transferred to the SPSS 25 program. In the first stage of the analysis, the assumption of normal distribution, kurtosis and skewness values of the scale and subscales were checked. When the study of George and Mallery (2010) is taken as reference, it is seen that these values are in the reference range of -2 +2, providing the normal distribution. Our variables provide the kurtosis and skewness reference range. The Mann-Whitney U Test was used to determine whether the Rorschach Test responses of patients with borderline personality disorder and individuals without mental health disorders differed statistically, Spearman's Correlation Analysis was used to determine the relationships between the variables and the Multiple Linear Regression Analysis Enter Method to determine the predictive relationship between the variables. has been used. The referenced p value is 0.05 and the confidence interval value is 95%.

## Results

According to Table 1, the groups are similar in terms of age, marital status, economic status, educational status, number of siblings and sibling rank.

			Group		p
			Control	Control	
Age	Mean		30.78	29,38	0.329
	Sd.		6.75	6.44	
	Median		29.00	27.00	
Gender	Women	n	37	37	
		%	100%	100%	
Marital Status	Single	n	24	26	0.619
		%	64.9%	70.3%	
	Married	n	13	11	
		%	35.1%	29.7%	
Economic Level	Low	n	7	3	0.585
		%	18.9%	8.1%	
	Middle	n	16	20	
		%	43.2%	54.1%	
	High	n	14	14	
		%	37.8%	37.8%	
Education Level	Primary School	n	0	0	0.680
		%	0%	0%	
	High School	n	8	11	
		%	21.6%	29.7%	
	Bechalor	n	24	20	
		%	64.9%	54,1%	
	Graduate	n	5	6	
		%	13.5%	16.2%	
Number of Siblings	Mean		2.97	2.30	0.25
	Sd.		1.46	1.10	
	Median		3.00	2.00	
Sibling Rank	Mean		1.86	1.46	0,70
	Sd.		1.03	0.77	
	Median		2.00	1.00	

**Table 2. The relationship between Rorschach test responses for borderline personality disorder and Emotional Regulation Difficulty Scale**

		Total ERD	awareness	open-ness	not accepting	strategies	impulse	goals
ClobF	r	0.449**	0.228	0.346**	0.347**	0.490**	0.436**	0.449**
	p	<0.001	0.051	0.003	0.002	<0.001	<0.001	<0.001
	N	74	74	74	74	74	74	74
FClob	r	0.229'	0.142	0.110	0.227	0.242'	0.251'	0.237'
	p	0.049	0.228	0.350	0.052	0.038	0.031	0.042
	N	74	74	74	74	74	74	74
kob	r	0.224	0.062	0.187	0.164	0.239'	0.237'	0.224
	p	0.055	0.598	0.111	0.162	0.041	0.042	0.055
	N	74	74	74	74	74	74	74
Dd	r	0.339**	0.295'	0.146	0.304**	0.305**	0.319**	0.293'
	p	0.003	0.011	0.214	0.008	0.008	0.006	0.011
	N	74	74	74	74	74	74	74
Dbl	r	0.320**	0.171	0.253'	0.284'	0.324**	0.285'	0.388**
	p	0.005	0.144	0.030	0.014	0.005	0.014	0.001
	N	74	74	74	74	74	74	74
Ddbl	r	0.274'	0.121	0.156	0.310**	0.265'	0.264'	0.242'
	p	0,018	0.303	0.185	0.007	0.023	0.023	0.038
	N	74	74	74	74	74	74	74
Ef	r	0.322**	0.223	0.286'	0.337**	0.310**	0.303**	0.298'
	p	0,005	0.057	0.014	0.003	0.007	0.009	0.010
	N	74	74	74	74	74	74	74
Ban	r	-0.603**	-0.327**	-0.453**	-0.510**	-0.576**	-0.630**	-0.641**
	p	<0.001	0,004	<0.001	<0.001	<0.001	<0.001	<0.001
	N	74	74	74	74	74	74	74

\*p<0.05; Spearman's Correlation Analysis; \*\*ClobF, FClob, kob, Dd, Dbl, Ddbl, Ef, Ban response categories are evaluated as differing responses in the protocols of individuals with borderline personality disorder.; ClobF: Scary response content is in the foreground.; FClob: Scary content contributes to form, form is in the foreground.; kob: They are motion responses of objects.; Anatomy: Includes intra-body response groups such as bone responses.; Dbl: Responses to the whites (empty areas) outside the black parts of the cards.; Ddbl: Responses to whiteness (emptiness) in a small area.; Dd: These are the answers given by considering a small part of the cards.; Ef: These are the responses that contain the form in which the texture is in the foreground.; Ban: Common replies. It shows that the person is like everyone else, conforms to the facts and socializes

As a result of Spearman's test performed to measure the relationship between Rorschach Test's BPD responses and ERD; It was determined that ERDS and its subscales were associated with the variables ClobF, FClob, Kob, Dd, Dbl, Ddbl, Ef, Ban.

**Table 3. The prediction of Rorschach Test BPD responses to the Emotion Regulation Difficulty Scale**

	B	SH	Beta	t	p
(Constant)	87.98	5.59		15.75	<0.001
clobf	9.97	3.32	0.26	3.01	0.004
fclob	3.70	10.10	0.04	0,37	0.716
dd	-0.27	0.50	-0.04	-0.54	0.591
dbl	4.06	2.93	0.12	1.38	0.171
dbbl	11.09	4.64	0.22	2.39	0.020
ef	8.92	3.13	0.23	2.85	0.006
ban	-6.52	1.21	-0.47	-5.38	<0.001

R=.77 R2=.55 F=13.48 p=0.000\*

\*p<0.05; Enter Method: Multiple Linear Regression Analysis

As seen in Table 3, the enter method was first used to set up the regression model. In the Enter method, independent variables are directly included in the regression model. The independent variables to be included in the model must have a significant relationship with the dependent variable. In addition, for this model, different responses in the protocols of individuals with borderline personality disorder will be selected as independent variables. clobf, fclob, dd, dbl, ddbl, ef, ban, which meet these two conditions, were determined as independent variables. When we evaluate the findings afterwards, Ban, ef, ddbl clobf, which are Rorschach Test responses, significantly predicted ERD, but fclob, dd, dbl did not significantly predict ERD. The mentioned variables

together constitute 55% of the ERD variance ( $R=77$ ,  $R^2=.55$ ,  $p<0.05$ ). The order of importance according to the beta coefficient is ban, clobf, ddbl, ef, dbl, kop, dd, fclob.

		<b>ERD total</b>	<b>awareness</b>	<b>openness</b>	<b>Not accepting</b>	<b>strategies</b>	<b>impulse</b>	<b>goals</b>
Clobf	r	0,449**	0,228	0,346**	0,347**	0,490**	0,436**	0,449**
	p	<0,001	0,051	0,003	0,002	<0,001	<0,001	<0,001
	N	74	74	74	74	74	74	74
Fclob	r	0,229*	0,142	0,110	0,227	0,242*	0,251*	0,237*
	p	0,049	0,228	0,350	0,052	0,038	0,031	0,042
	N	74	74	74	74	74	74	74
Deformasyon	r	0,381**	0,081	0,265*	0,371**	0,429**	0,360**	0,344**
	p	0,001	0,491	0,022	0,001	<0,001	0,002	0,003
	N	74	74	74	74	74	74	74
Anatomi	r	0,293*	0,087	0,222	0,270*	0,359**	0,300**	0,228
	p	0,011	0,459	0,057	0,020	0,002	0,009	0,051
	N	74	74	74	74	74	74	74

\*\* $p<0.05$ ; Spearman's Correlation Analysis; \*\* Deformation, Clobf, FClob, Anatomy responses are considered as response categories indicating that the first object relations are not sufficiently inclusive and satisfying.

As a result of Spearman's correlation analysis, which was conducted to measure the relationship between the Rorschach Test's answers to the fact that the first object relations were not sufficiently inclusive and satisfying, and ERDS; ERDS and its subscales were associated with Clobf, Fclob, deformation and anatomy variables. In addition, the variable most correlated with ERD was Clobf.

	<b>B</b>	<b>SH</b>	<b><math>\beta</math></b>	<b>t</b>	<b>p</b>
(Constant)	72.24	4.55		15.89	<0.001
Deformation	4.63	3.18	0.15	1.45	0.151
Clobf	14.37	4.20	0.37	3.42	0.001*
Fclob	14.16	10.59	0.14	1.34	0.185
Anatomy	1.35	1.31	0.11	1.03	0.305
R=.52 R <sup>2</sup> =.23 F=6.39 p=0.000*					

\* $p<0.05$ ; Enter Method: Multiple Linear Regression Analysis

When the findings were evaluated, it was determined that deformation, FClob, anatomy variables were not significant predictors, but the ClobF variable was a significant predictor for ERD ( $R=52$ ,  $R^2=.23$ ,  $p<0.05$ ). It was determined that the independent variables in the obtained regression model constituted 23% of the change in ERD. The effect of the ClobF variable was positive.

		<b>Group</b>		<b>p</b>
		<b>Control</b>	<b>Borderline</b>	
Deformation	Mean	0.08	0.7	0.002
	Sd.	0.36	1.22	
	Median	0	0	
Clobf	Mean	0	0.68	<0.001
	Sd.	0	1.00	
	Median	0	0	
FClob	Mean	0	0.14	0.022
	Sd.	0	0.42	
	Median	0	0	
Anatomy	Mean	1.27	3.30	0.009
	Sd.	1.26	2.96	
	Median	1	2	

\* $p<0.05$ ; Mann-Whitney U Test; Deformation: Shattered hide, crippled people, hunchbacked person, rotten organs, crushed body parts, broken items, etc. includes responses in which deformation is at the forefront.

When the findings in Table 6 were examined, there is a significant difference in the number of deformation, clobf, fclob, and anatomy responses ( $p<0.05$ ). BPD group had a higher mean score than the control group.

		Group		p
		Control	Borderline	
Gbl	Mean	0.17	0.49	0.133
	Sd.	0.45	0.96	
	Median	0	0	
Dbl	Mean	0.24	0.95	0.001
	Sd.	0.49	1.1	
	Median	0	1	
Ddbl	Mean	0.11	0.43	0.034
	Sd.	0.31	0.77	
	Median	0	0	

\* $p < 0.05$ ; Mann-Whitney U Test; \*\* Gbl, Dbl, Ddbl responses are considered as response categories pointing to a lack of good quality first object representations and an internal emptiness.

When the findings in Table 7 are examined, it is seen that while there is no significant difference between the groups in the number of Gbl responses, there is a significant difference in the number of Dbl, Ddbl responses ( $p < 0.05$ ). When the results were evaluated, it was determined that the BPD group had a higher mean score than the control group.

		Group		p
		Control	Borderline	
F-	Mean	3.89	14.62	<0.001
	Sd.	2.98	19.28	
	Median	3	11	
Hd	Mean	0.89	2.86	<0.001
	Sd.	1.78	3.23	
	Median	0	2	
Ad	Mean	0.86	1.68	0,074
	Sd.	1.21	1.93	
	Median	0	1	

\* $p < 0.05$ ; Mann-Whitney U Test; \* F-, Hd, Ad response categories are considered as the responses indicating the fragmentation of the internal representations of the first object images and the intensive use of the splitting defense mechanism.; F-: Negative form responses. They are form responses that cannot be parsed and cannot be presented completely properly.; Hd: Responses in which a part of the human body is given. The human being is designed to piece by piece.; Ad: Responses in which the characteristics of the animal are given in the form of parts of the body, not the whole.

When the findings in Table 8 are examined, it is seen that while there is no significant difference between the groups in the number of Ad responses, there is a significant difference in the number of F- and Hd responses ( $p < 0.05$ ). When we evaluated the results, it was observed that the BPD group had a higher mean score than the control group.

## Discussion

In this study, which it was aimed to determine the relationship between the emotion regulation difficulties of BPD patients and the patients' object relations with emotion regulation difficulties, it was seen that the BPD group got a very high score in ERDS and all sub-dimensions of the scale compared to the control group. This situation reveals the difficulties experienced by borderline patients in emotion regulation and is consistent with the relevant literature. It is stated that individuals with BPD are less willing to experience the distress that occurs during goal-directed behaviors and their emotional avoidance is higher than non-clinical controls. It has been determined that an increase in borderline personality traits is associated with a decrease in emotional awareness and fear of high-level emotions (Kuo et al. 2015). This basic feature results in both an increase in emotional sensitivity and an inability to regulate emotional response and difficulties in marked impulsive behavior and anger control (Quattrini et al. 2019). The widespread use of suppression and avoidance as a habit is accepted as a mechanism explaining the relationship between BPD and negative affect. Borderline patients, after suppression, express the emotions that they cannot balance in their psyche with action (for example, self-harm, cheating, substance use, risky sexuality, etc.) (Dixon-Gordon et al. 2017). Avoidance strategies, which they tend to use to handle stressful events, push these people to use rigid emotion regulation strategies, making it difficult to take their emotions into account and effectively handle them (Marques et al. 2018).

As a result of the comparison of individuals with BPD with the control group in the current study, it is seen that borderline patients' emotional awareness levels are significantly lower. Additionally, the BPD group performed worse than healthy controls in the ability to control complex emotions associated with their eigenvalues and in the recognition of emotional facial expressions, and they responded more strongly to negative emotions (Levine et al. 1997). The increase in the level of borderline personality traits is directly proportional to the increase in the limitation and inadequacy in awareness (Wupperman et al. 2008).

It is thought that high emotional awareness will enable people to manage their emotions and cope better with the problems they experience to have a more positive outcome when they encounter a stress factor, which is related to the "strategies" dimension, which is another sub-dimension of the emotion regulation scale (Stanton et al. 2000). According to Farrell and Shaw's (1994) clinical observations, individuals diagnosed with BPD make expressions limited to bodily sensations about experiencing and being aware of the emotion and are unable to label the emotion, which is related to "openness", one of the ERD sub-dimensions, and is consistent with current study findings. It has been determined that the limitation in "openness" in BPD is related to the limitation of emotion to bodily sensation and therefore to pain complaints (Reynolds et al. 2018). Therefore, greater difficulties in emotion regulation are associated with higher levels of pain experience and the disruption of daily life by these pains (Lutz et al. 2018).

It is known that there is a significant relationship between BPD and alcohol-substance use (Trull et al. 2000). It has been reported that the use of maladaptive emotion-regulating strategies is higher in substance users diagnosed with BPD than in those without BPD (Chapman et al. 2011). In a study of alcohol addicts, access to effective emotion regulation strategies was associated with several psychological variables known to affect alcohol intake and relapse in alcohol use during and after treatment. These variables include expectations of negative mood regulation, distress tolerance, alexithymia, attention, and psychiatric symptom severity (Weiss et al. 2018). Therefore, gaining the ability to access adaptive emotion regulation strategies will enable BPD patients with frequent alcohol-substance use to have a milder course and to maintain their functionality at higher levels.

BPD symptoms were found to be related to difficulties in emotion regulation. Also, it was determined that experiencing difficulties in emotion regulation was associated with displaying psychological and physical violence, and it was found that difficulties in emotion regulation predicted being a victim of psychological and physical violence (Scott et al. 2014). Since BPD patients have a low distress tolerance, they have a strong desire to eliminate unpleasant feelings as quickly as possible (Chapman et al. 2011). Therefore, self-destructive and self-handicapping tendencies are frequently encountered in borderline patients (Faraji and Güler 2021). When people diagnosed with BPD face the risk of social exclusion and abandonment, they try to provide instant emotional relief by turning to dysfunctional behaviors such as self-injury (Maffei and Fusi 2016). Inappropriate behaviors such as suicide attempts, which occur when individuals' intense negative emotions and ruminations increase to an unbearable level and are frequently encountered in BPD patients, indicate deficiencies in emotion regulation processes (Hatkevich et al. 2019).

The BPD group and control group's responses (Deformation, Clobf, FClob, Anatomy) in the Rorschach Test regarding the first object relations are not sufficiently inclusive and satisfying, compared. The comparison shows that the borderline group's Deformation, Clobf, FClob, and Anatomy responses are significantly higher than the control group. This indicates that in the BPD group, first object relations have less inclusive and satisfying qualities, and the relationship has less nurturing qualities. A meta-analysis study reveals that the negative qualities of the individual's first object, such as hostile attitude and verbal abuse including components such as profanity, judgment, and comparison, can increase the risk of developing BPD up to 10 times (Winsper, 2016). BPD patients generally receive lower levels of care from their first objects compared to non-clinical samples or other clinical sample groups, and patients' first objects can often display contradictory and inappropriate attitudes (Bandelow et al. 2005, Allen et al. 2005). As a result of a prospective longitudinal study conducted with a large sample (consisting of 6,050 mothers and their children), it was found that the risk of developing BPD in children increases when there is hostility, resentment, and hitting/yelling by the first objects of the individual, and more conflict between parents, *c* (Winsper et al. 2012). Borderline patients are exposed to the instability of their first object during childhood; this causes them to be deprived of adequate attention, care, and support (Bland et al. 2007) and not know how to manage their emotions (Ntshingila 2016).

In the current study, it was observed that the study group consisting of BPD patients gave a significantly higher rate of deficit in internalized good first object representations/internal emptiness responses (Dbl, Ddbl). The first objects of borderline patients are often offer maladaptive and inadequate parenting, from which the child does not receive adequate protection, support, care and warmth (Kaur and Sanches 2021). BPD patients state



that their first object is far from emotional warmth (Ghiassi et al. 2010, Arens et al. 2011, Huang et al. 2014). From the findings obtained as a result of interviews with women diagnosed with BPD, it is seen that childhood is experienced in an unsafe area related to unhealthy family dynamics, boundary violations and educational difficulties, and this creates a chronic feeling of emptiness in individuals (Ntshingila 2016).

In the current study, it was observed that there was a relationship between the inadequacy of first object relations and the increase in ERD, and it was determined that this negative quality of first object relations had a predictive effect on individuals' experiencing ERD. In addition, the ClobF and FClob (scary content) responses, a type of response given only by borderline patients in this study, indicate that the person lacks the capacity for self-soothing as a result of the lack of an internal good object. This finding of the study is consistent with Kernberg's (1985) knowledge that one of the most prominent features of borderline individuals is their experience of anxiety and fear. Bezirganian et al. (1993); revealed that the inconsistent and unstable attitude of the first object can predict BPD without the first object displaying borderline features. However, negative first object attitudes are not limited to insufficient care and warmth, but it is known that borderline patients are frequently abused and neglected by their first objects (Fletcher et al. 2014, Merza et al. 2015). The study of Varma et al. (2022) provides preliminary evidence that negative experiences encountered at an early age can disrupt general emotion regulation processes and lead to increased use of avoidance, suppression, and emotional expression strategies, even in situations that do not involve maltreatment. Individuals with a history of neglect and abuse tend to have more severe mental health disorders, have higher comorbidity rates, and present earlier onset with less positive responses to treatment, compared to individuals who have not been maltreated (Nanni et al. 2012).

Maladaptive parenting is associated with deficiencies in emotional regulation and social cognition in BPD (Winsper 2018). It was determined that cruel first object attitudes were associated with decreased self-control and increased negative affect, and decreased self-control increased emotional problems, which are the precursors of ERD (Hallquist et al. 2015). According to Kobak and Sceery (1988), emotion regulation styles differ according to the attachment styles of individuals with their first objects. Individuals with avoidant attachment, like borderline patients, have a pattern of resistance to accepting the negative emotion that causes anxiety and seeking support to comfort themselves (Mikulincer et al. 1993). It is stated that people diagnosed with BPD receive unstable care, attention, and love from their parents during their childhood, and their parents create both love and fear elements for them (Soykan 2019).

Difficulties in emotion regulation are associated with traumatic experiences, especially parental neglect and abuse. It is predicted that difficulties in emotion regulation may play a mediating role between childhood traumas and adult re-victimization experiences (Lilly et al. 2014). Studies have shown that there is a direct relationship between the emotional abuse of the first object and BPD symptoms and that inadequate and maladaptive emotion regulation plays a mediating role in this relationship (van Dijk et al. 2013, Gaher et al. 2013, Fernando et al. 2014). The finding that emotional dysregulation mediates the relationship between negative experiences with first objects in childhood and interpersonal difficulties is supported by studies that found that one out of every two adults with a history of negative childhood experiences impaired emotion regulation processes (Burns et al. 2010, Stevens et al. 2013). It is stated that "sensitivity to rejection and/or abandonment" may have a mediating role between the traumatic interpersonal context in the early stages of life and the rejecting and victimizing traumatic experiences in adulthood (Staebler et al. 2011).

Negative childhood experiences such as abuse and neglect have been identified as risk factor for the development of several personal concerns throughout life (Poole et al. 2017a, Poole et al. 2017b). Concrete evidence shows that adults with childhood distress may experience various problems, especially BPD, where the deterioration in interpersonal relationships is the central symptom. At the same time, developmental studies reveal that individuals who experience childhood distress such as abuse and/or neglect are insufficient to effectively identify, interpret and/or regulate their emotions (Cloitre et al. 2009, Poole et al. 2017b). Studies show that children living in risky family environments characterized by conflict and aggression and where cold, unsupportive or neglectful relationships are dominant are more likely to use maladaptive emotion regulation strategies such as avoidance and ignoring in order to cope with stressors (Repetti et al. 2002). These results are consistent with theoretical frameworks stating that children who grow up in turbulent or unpredictable environments develop maladaptive strategies to adapt to the social environment and manage their emotions (Campos et al. 1989). Although emotion regulation strategies such as distraction and suppression are suitable for short-term use, they tend to decrease the chances of successful adaptation outside the immediate environment and may become an important risk factor for long-term adaptation (Rogosch et al. 1995).

As a result of a longitudinal study conducted by Kim and Cicchetti (2010), the neglect, physical abuse and/or sexual abuse experienced by children and maltreatment are found to be associated with impaired emotion regulation ability to be experienced one year later. Longitudinal studies identified strong links between the general indicators of secure attachment and increasing social and emotional competence throughout life as; greater empathy and perspective-taking, mutual friendships, and wider social networks and adaptive emotional tones in adult romantic relationships (Sroufe 2005). Conversely, children who do not have access to caregivers or who do not feel safe in their environment are less likely to have opportunities to learn constructive strategies that regulate their emotional states (Calkins and Hill 2007). It is stated that individuals who report problems in their early relationships with their caregivers, especially those who have experienced the lack of emotional support from caregivers, tend to have significant difficulties in making sense of their childhood stories as adults (Murphy et al. 2014).

## Conclusion

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As a result of the study, there is a significant relationship between BPD and ERD and this relationship can be determined by the Rorschach test. ERD, which can have significant disruptive effects on the lives of borderline patients, is related to the insufficiency of the patients' parents, in other words first objects. This finding shows that patients can be deprived of supportive and satisfying interpersonal relationships as a result of both the internal pattern based on negative first object relations and DDG, which is also associated with negative first object relations. In this respect, it is thought that the present study emphasizes the importance of emotion regulation skills in the psychotherapy of BPD patients. The Rorschach test, makes clinician able to obtain internal representations about first objects and also ERD of BPD patients who have limited insight about themselves. Obtaining internal information might be useful for determining the past origins of current interpersonal relationship conflicts, to re-establish cause-effect relationships, and to re-establish cause-effect relationships in the psychotherapy processes of the patients. Also it can be used to determine the dysfunctional coping ways acquired as a result of the disease and to replace them with functional new coping ways.

## References

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- Adrian M, Zeman J, Erdley C, Lisa L, Sim L (2011) Emotional dysregulation and interpersonal difficulties as risk factors for nonsuicidal self-injury in adolescent girls. *J Abnorm Child Psychol*, 39:389-400.
- Aldao A, Nolen-Hoeksema S, Schweizer S (2010) Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clin Psychol Rev*, 30:217-237.
- Anzieu D, Chabert C (2011) *Projektif Yöntemler* (Çeviri ed. B Kolbay). İstanbul, Bağlam Yayınları.
- Arens EA, Grabe HJ, Spitzer C, Barnow S (2011) Testing the biosocial model of borderline personality disorder: Results of a prospective 5-year longitudinal study. *Personal Ment Health*, 5:29- 42.
- Bandelow B, Krause J, Wedekind D, Broocks A, Hajak G, Ruther E (2005) Early traumatic life events, parental attitudes, family history, and birth risk factors in patients with borderline personality disorder and healthy controls. *Psychiatry Res*, 134 169- 179.
- Bland AR, Tudor G, Whitehouse DM (2007) Nursing care of inpatients with borderline personality disorder. *Perspect Psychiatr Car*, 43:204-212.
- Burns EE, Jackson JL, Harding HG (2010) Child maltreatment, emotion regulation, and posttraumatic stress: The impact of emotional abuse. *J Aggress Maltreat Trauma*, 19:801-819.
- Calkins SD, Hill A (2007) Caregiver influences on emerging emotion regulation: biological and environmental transactions in early development. In. *Handbook of Emotion Regulation* (Ed JJ Gross). New York, The Guilford Press.
- Carpenter RW, Trull TJ (2013) Components of emotion dysregulation in borderline personality disorder: A review. *Curr Psychiatry Rep*, 15:1-8.
- Chevans JS, Strunk DR, Chiriki L (2012) A comparison of three theoretically important constructs: What accounts for symptoms of borderline personality disorder? *J Clin Psychol*, 68:477-486.
- Cloitre M, Scarvalone P, Difede J (1997) Posttraumatic stress disorder, self- and interpersonal dysfunction among sexually retraumatized women. *J Trauma Stress*, 10:437-452.
- Dimaggio G, Popolo R, Montano A, Velotti P, Perrini F, Buonocore L, Salvatore G (2017) Emotion dysregulation, symptoms, and interpersonal problems as independent predictors of a broad range of personality disorders in an outpatient sample. *Psychol Psychother*, 90:586-599.
- Dixon-Gordon KL, Turner BJ, Rosenthal MZ, Chapman AL (2017) Emotion regulation in borderline personality disorder: an experimental investigation of the effects of instructed acceptance and suppression. *Behav Ther*, 48:750-764.
- Ebner-Priemer UW, Houben M, Santangelo P, Kleindienst N, Tuerlinckx F, Oravecz, Z, et al. (2015) Unraveling affective dysregulation in borderline personality disorder: A theoretical model and empirical evidence. *J Abnorm Psychol*, 124:186-198.

- Euler S, Nolte T, Constantinou M, Griem J, Montague PR, Fonagy P (2021) Interpersonal problems in borderline personality disorder: associations with mentalizing, emotion regulation, and impulsiveness. *J Pers Disord*, 35:177-193.
- Faraji H, Tezcan AE (2022) Borderline Kişilik Bozukluğu. İstanbul, Nobel Akademik Yayıncılık.
- Faraji H, Güler K (2021) Borderline personality traits and self handicapping. *Int J Curr Res*, 13:17683-17689.
- Faraji H (2021) Borderline kişilik bozukluğunun ergenlik döneminde belirlenmesine dair bir değerlendirme, *OPUS Toplum Araştırmaları Dergisi*, 18:7141-7166.
- Farrell JM, Shaw IA (1994) Emotional awareness training: A prerequisite to effective cognitive-behavioral treatment of borderline personality disorder. *Cogn Behav Pract*, 1:71-91.
- Finkelhor D, Ormrod R, Turner H, Holt M (2009) Pathways to poly-victimization. *Child Maltreat*, 14:316-329.
- Fletcher K, Parker G, Bayes A, Paterson A, McClure G (2014) Emotion regulation strategies in bipolar II disorder and borderline personality disorder: Differences and relationships with perceived parental style. *J Affect Disord*, 157:52-59.
- Frank H, Hoffman N (1986) Borderline empathy: An empirical investigation. *Compr Psychiatry*, 27:387-395.
- George D, Mallery P (2010) SPSS for windows a step by step: A Simple Guide and Reference. New York, Pearson Education.
- Ghiassi V, Dimaggio G, Brune M (2010) Dysfunctions in understanding other minds in borderline personality disorder: A study using cartoon picture stories. *Psychother Res*, 20:657-667.
- Gratz KL, Roemer L (2004) Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *J Psychopathol Behav Assess*, 26:41-54.
- Gratz KL, Rosenthal MZ, Tull MT, Lejuez CW, Gunderson JG (2009) An experimental investigation of emotion dysregulation in borderline personality disorder. *Personal Disord*, 1:18-26.
- Hallquist MN, Hipwell AE, Stepp SD (2015) Poor self-control and harsh punishment in childhood prospectively predict borderline personality symptoms in adolescent girls. *J Abnorm Psychol*, 124:549-64.
- Houben M, Claes L, Sleuwaegen E, Berens A, Vansteelandt K (2018) Emotional reactivity to appraisals in patients with a borderline personality disorder: a daily life study. *Borderline Personal Disord Emot Dysregul*, 5:18-32.
- Huang J, Napolitano LA, Wu J, Yang Y, Xi Y, Li Y et al. (2014) Childhood experiences of parental rearing patterns reported by Chinese patients with borderline personality disorder. *Int J Psychol*, 49:38-45.
- Hughes AE, Crowell SE, Uyeji L, Coan JA (2012) A developmental neuroscience of borderline pathology: emotion dysregulation and social baseline theory. *J Abnorm Child Psychol*, 40:21-33.
- Huprich SK (Ed.). (2006) Rorschach Assessment of the Personality Disorders. New York, Routledge.
- İkiz T (2001) Rorschach Testinin Psikanalitik Yorumu-II, Kodlama ve Uygulama. İstanbul, Bağlam Yayınları.
- İkiz T (2002) Rorschach Testinin Psikanalitik Yorumu-II, Erişkin Psikopatolojisinin Değerlendirilmesi. İstanbul, Bağlam Yayınları.
- İkiz T, Düşgör BP, Atak İE, Mete L, Kalem E (2013) Rorschach Kodlama Kitabı-III, Yaşlı Normları (1.Baskı), İstanbul, Bağlam Yayınları.
- İkiz T, Düşgör BP, Zabcı N, Yavuz AE, Atak İE, Ataç S et al. (2007) Rorschach Kodlama Kitabı-I, Ergen Normları (1.Baskı), İstanbul, Bağlam Yayınları.
- İkiz T, Yavuz AE, Atak İE, Düşgör BP, Zabcı N (2009) Rorschach Kodlama Kitabı-II, Yetişkin Normları (1.Baskı), İstanbul, Bağlam Yayınları.
- Kahya Y, Munguldar K (2022) Difficulties in emotion regulation mediated the relationship between reflective functioning and borderline personality symptoms among non-clinical adolescents. *Psychol Rep*, <https://doi.org/10.1177/00332941211061072>
- Kaur M, Sanches M (2022) Parenting role in the development of borderline personality disorder. *Psychopathology*, doi:10.1159/000524802.
- Kernberg OF (1985) Borderline Conditions and Pathological Narcissism. Lanham, MD, Rowman & Littlefield.
- Kim J, Cicchetti D (2010) Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology. *J Child Psychol Psychiatry*, 51:706-716.
- Klonsky ED (2008) What is emptiness? Clarifying the 7th criterion for borderline personality disorder. *J Pers Disord*, 22:418-426.
- Kobak RR, Sceery A (1988) Attachment in late adolescence: Working models, affect regulation, and representations of self and others. *Child Dev*, 59:135-146.
- Kring AM, Sloan DM (2009) Emotion Regulation and Psychopathology. A Transdiagnostic Approach to Etiology and Treatment. New York, NY, Guilford Press.
- Kuo JR, Khoury JE, Metcalfe R, Fitzpatrick S, Goodwill A (2015) An examination of the relationship between childhood emotional abuse and borderline personality disorder features: The role of difficulties with emotion regulation. *Child Abuse Negl*, 39:147-155.
- Levine D, Marziali E, Hood J (1997) Emotion processing in borderline personality disorders. *J Nerv Ment Dis*, 185:240-246.
- Lilly MM, London MJ, Bridgett DJ. (2014) Using SEM to examine emotion regulation and revictimization in predicting PTSD symptoms among childhood abuse survivors. *Psychol Trauma*, 6:644-651.
- Linehan MM (1993) Cognitive-Behavioral Treatment of Borderline Personality Disorder. New York, Guilford Press.

- Lutz J, Gross RT, Vargovich AM (2018) Difficulties in emotion regulation and chronic pain-related disability and opioid misuse. *Addict Behav*, 87:200-205.
- Marques R, Monteiro F, Canavarro MC, Fonseca A (2018) The role of emotion regulation difficulties in the relationship between attachment representations and depressive and anxiety symptoms in the postpartum period. *J Affect Disord*, 238:39-46.
- Masterson JF (2008) *Borderline Yetişkinlerde Psikoterapi* (Çeviri ed. H Macit, M Macit) İstanbul, Litera Yayıncılık
- Merza K, Papp G, Szabó IK (2015) The role of childhood traumatization in the development of borderline personality disorder in Hungary. *Eur J Psychiatry*, 29:105-118.
- Mikulincer M, Florian V, Wells A (1993) Attachment styles, coping strategies, and posttraumatic psychological distress: The impact of the Gulf War in Israel. *J Pers Soc Psychol*, 64:817-826.
- Murphy A, Steele M, Dube SR, Bate J, Bonuck K, Meissner P, et al (2014). Adverse childhood experiences (ACEs) questionnaire and adult attachment interview (AAI): Implications for parent child relationships. *Child Abuse Negl*, 38:224-233.
- Nanni V, Uher R, Danese A (2012) Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression: a meta-analysis. *Am J Psychiatry*, 169:141-151.
- Ntshingila N, Poggenpoel M, Myburgh CPH, Temane A (2016) Experiences of women living with borderline personality disorder. *Health SA*, 21:110-119.
- Pon RS, Kashdan TB, DeWall CN, Savostyanova AL, Nathaniel M, Fincham, FD (2012). Emotion differentiation moderates aggressive tendencies in angry people: A daily diary analysis. *Emotion*, 12:326-337.
- Quattrini G, Pini L, Pievani M, Magni LR, Lanfredi M, Ferrari C. et al. (2019) Abnormalities in functional connectivity in borderline personality disorder: Correlations with metacognition and emotion dysregulation. *Psychiatry Res Neuroimaging*, 283:118-124.
- Reynolds V (1998) Axis II comorbidity of borderline personality disorder. *Compr Psychiatry*, 39:296-302.
- Rugancı, RN, Gençöz T (2010) Psychometric properties of Turkish version of Difficulties in Emotion Regulation Scale. *J Clin Psychol*, 66:442-455.
- Schmitz M, Bertsch K, Löffler A, Steinmann S, Herpertz SC, Bekrater-Bodmann R (2021) Body connection mediates the relationship between traumatic childhood experiences and impaired emotion regulation in borderline personality disorder. *Borderline Personal Disord Emot Dysregul*, 8:17.
- Soloff PH, Pruitt P, Sharma M, Radwan J, White R, Diwadkar VA (2012) Structural brain abnormalities and suicidal behavior in borderline personality disorder. *J Psychiatr Res*. 46:516-525.
- Soykan A (2019). Sınır kişilik özelliği deneyimleyen bireylerin bağlanma stilleri ile duygu farkındalığı ve duygu düzenleme güçlüğü düzeylerinin incelenmesi (Yüksek Lisans Tezi). Ankara, Başkent Üniversitesi.
- Sroufe LA (2005) Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attach Hum Dev*, 7:349-367.
- Staebler K, Helbing E, Rosenbach, C, Renneberg, B (2011) Rejection sensitivity and borderline personality disorder. *Clin Psychol Psychother*, 18:275-283.
- Stanton AL, Kirk SB, Cameron CL, Danoff-Burg S (2000) Coping through emotional approach: scale construction and validation. *J Pers Soc Psychol*, 78:1150-1169.
- Stevens NR, Gerhart J, Goldsmith RE, Heath NM, Chesney SA, Hobfoll SE (2013) Emotion regulation difficulties, low social support, and interpersonal violence mediate the link between childhood abuse and posttraumatic stress symptoms. *Behav Ther*, 44:152-161.
- Varma S, Traynor J, Fitzpatrick S (2022) A mixed methods examination of emotional expression and its impact on emotion regulation effectiveness in borderline personality disorder. *J Behav Ther Exp Psychiatry*, 75:101712.
- Weiss NH, Forkus SR, Contractor AA, Schick MR (2018) Difficulties regulating positive emotions and alcohol and drug misuse: A path analysis. *Addict Behav*, 84:45-52.
- Winsper C, Leraya ST, Marwaha S, Thompson A, Eyden J, Singh SP (2016) The aetiological and psychopathological validity of borderline personality disorder in youth: a systematic review and meta-analysis. *Clin Psychol Rev*, 44:13-24.
- Winsper C, Zanarini M, Wolke D (2012) Prospective study of family adversity and maladaptive parenting in childhood and borderline personality disorder symptoms in a non-clinical population at 11 years. *Psychol Med*, 42:2405-2420.
- Winsper C (2018) The aetiology of borderline personality disorder (BPD): Contemporary theories and putative mechanisms. *Curr Opin Psychol*, 21:105-110.
- Zaki LF, Coifman KG, Rafaeli E, Berenson KR, Downey G (2013) Emotion differentiation as a protective factor against nonsuicidal self-injury in borderline personality disorder. *Behav Ther*, 44:529-540.
- Zeigler-Hill V, Abraham J (2006) Borderline personality features: Instability of self-esteem and affect. *J Soc Clin Psychol*, 6:668-687.

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