ORIGINAL ARTICLE

Emotional Intelligence and Coping in Patients with Borderline Personality Disorder

Ripan Sippy[1] **& A. Rajshekhar**[2]

[1] Research Scholar, Department of Psychology, Kalinga University.

[2] Associate Professor, Department of Psychology, Kalinga University

Abstract

Individuals with Borderline Personality Disorder struggle with emotion regulation and difficulty in accurately understanding facial expressions of others. This difficulty in regulating emotions can manifest as inappropriate anger, impulsiveness, and frequent mood swings. These behaviors may push others away and make it challenging to maintain loving and lasting relationships. Surprisingly, very little research has been carried out to explore the inter-relationships and interactions of coping and emotional intelligence in patients with borderline personality disorder. Aim: To study coping and emotional intelligence in patients with borderline personality disorder. Material and Methods: Cross sectional hospital based study, fifty patients with borderline personality disorder diagnosed as per DSM-V were selected by purposive sampling. 50 healthy matched subjects constituted the control group. Assessment was done using General Health Questionnaire, Brief COPE Questionnaire and Indian Adaptation of Emotional Intelligence Scale. Descriptive statistics were used to summarize and describe the characteristics of the data, including measures of central tendency (mean, median, mode) and measures of variability (standard deviation, range). Inferential statistics were used to make inferences about the population based on the sample data, including hypothesis testing (t-tests) and correlation analysis. The results of the analysis were presented in tables to facilitate interpretation and communication of the findings. Results: Significant differences were seen in Coping scores and Emotional Intelligence scores between the patients with borderline personality disorder group and normal control group. The patients with borderline personality disorder groups scored significantly low on coping and emotional intelligence in comparison with control group. Further, relationship between coping and emotional intelligence was found to be positively correlated. Conclusion: These findings suggest an association between low coping, emotional intelligence and borderline personality disorder. Present findings have implications for planning better intervention and prevention in this vulnerable population.

Key words: Borderline Personality Disorder, Coping, Emotional Intelligence.

Correspondence Address:

Research Scholar,
Department of Psychology,
Kalinga University.
Email-ripansippy.

Received: 07.08. 2022

Revised: 08.08. 2022

Accepted: :06.10. 2022

Published: 10.11. 2022

Access this Article online	
Website : www.jpsw.co.in	Quick Response Code
DOI : https://dx.doi.org/10.55242/JPSW.2022.3207	

How to cite: Sippy, R., Rajshekhar., (2022). Comparative Study of Quality of life and Social adjustment among patients with Schizophrenia and BPAD.Journal of Psychosocial Wellbeing 3(2): 30-37

Introduction:

The term borderline was first introduced by Stern in 1938, who describe these patients situated on the border between the neurotic and the psychotic group,who have resistance to psychotherapeutic treatment (Stern, 1938). In 1979, Spitzer and colleagues formulated the original diagnostic criteria for BPD (Spitzer, Endicott

& Gibbon, 1979). Later on, followed up with the publication of the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) in 1980 (American Psychiatric Association, 1980) and International Classification of Diseases (ICD-10) (World Heath Organization, 2007) 10 years later. Since beginning, BPD has been debatable because of the stigma associated with the diagnosis and the therapeutic nihilism held by practitioners who encounter people with this high prevalence problem in acute settings (Campbell, Clarke, Massey, & Lakeman, 2020). Borderline personality disorder is an often misunderstood and under-diagnosed mental illness characterized in part by affective lability (Dhaliwal, Danzig, & Fineberg, 2020).

Borderline Personality Disorder (BPD) is a complex and challenging mental health condition that can significantly impact an individual's life. It is often characterized by emotional dysregulation, impulsivity, and unstable sense of self. Individuals with BPD may struggle with intense and rapidly shifting emotions, difficulty in maintaining stable relationships, and a tendency towards self-destructive behaviors. According to Kulacaoglu, & Kose, (2018) pervasive affective instability, self-image disturbances, impulsivity, marked suicidality, and unstable interpersonal relationships are the core dimensions of psychopathology underlying this disorder (Kulacaoglu, & Kose, 2018). BPD makes one to face marked difficulties in regulating emotions. This means that people who experience BPD feel emotions intensely and for extended periods of time, and it is harder for them to return to a stable baseline after an emotionally triggering event. They often experience rapid mood transitions from one intense emotion to another, thereby experiencing numerous negative affects throughout the course of a given day (Koenigsberg, Harvey, Mitropoulou, et al., 2002). Patients with BPD suffer considerable morbidity which complicates medical care (Kulacaoglu, & Kose, 2018). The definite causes of BPD is not known, however, it is believed that an interaction between genetic, neurobiological, and psychosocial issues affect brain development (Caspi, McClay, Moffitt et al., 2002) and lead BPD. Childhood trauma is considered as one of the most significant risk factor for development of BPD (Hengartner, Ajdacic-Gross, Rodgers, et al., 2013). In addition, childhood abuse/neglect was also found to be importantly associated with BPD in adulthood (Johnson, Cohen, Brown, et al., 1999). however, meta-analyses found that only small effect sizes for the relationship between development of BPD and childhood maltreatment (Fossati, Madeddu, Maffei, 1999; Paris, 1997). All in all, no single factor can explain the development of the disorder, multiple factors can help in explaining the development of BPD, as with most psychiatric disorders (Kulacaoglu, & Kose, 2018). Expert believes that symptom presentation and functioning in individuals with BPD vary across genders (Carlson, Cox, Kealy, et al., 2020); additionally, coping styles influence the way individuals with BPD manage stress
(Carlson, Cox, Kealy, et al., 2020); indicating need for the exploration of other possible associated factors involved, which are not well researched yet in Indian setting such as coping and emotional intelligence.

Coping:

An individual's efforts to master demands that are perceived as exceeding or taxing his or her resources is defined as coping (Monat & Lazarus, 1991). Long back, Lazarus and Folkman (1984) present a classification of three coping strategies that serves as the basis for studies that deal with coping with stress: (1) Problem- or task-focused coping strategies aim to solve the problem and change the external reality, with the goal of influencing the source of stress and thus reducing tension (such as seeking help from a tutor or breaking the task down into smaller steps may be effective) (2) Emotion-focused strategies aim to channel the feelings of stress and to re-conceptualize the problem so as to ease emotional tension; (such as talking to a friend or practicing relaxation techniques may be more helpful) and (3) Avoidance—the attempt to reduce tension by distancing oneself from the problem. Maladaptive coping include venting, denial, substance use, behavioral disengagement, self-distraction, and self-blame, and adaptive coping, including positive reframing, planning and seeking social support, active coping, use of emotional and instrumental support, acceptance, religion, and humor (Meyer, 2001). Therefore, the same strategy can be effective or ineffective depending on whether or not the individual perceives the situation as threatening (Lazarus & Folkman, 1984; Carver, Scheier, Weintraub, 1989). t is important for college students to be aware of their own coping strategies and to seek out support and resources when needed. By developing effective coping skills, students can better manage their stress levels and improve their overall well-being. Coping styles can be determine by applying some scales, in a study by Usta, Gulec, Hariri, &

Gulec, in 2015 it was found that patients with personality disorder had higher dysfunctional coping styles scores. They scores highon denial, retraining, and substance use subscales. Furthermore, once in an intense emotional state, individuals with BPD often find it difficult to recover (Linehan, 1993). This highlights the importance of developing effective coping strategies, especially for individuals with mental health conditions. It is crucial for individuals to identify their own coping styles and seek out appropriate interventions to manage their emotions and stress levels. In the case of BPD, evidence-based interventions that focus on coping strategies to counter and manage rapid emotional changes (Linehan, 1993). Overall, coping strategies play a vital role in managing stress and promoting well-being, and it is essential for individuals to develop and utilize effective coping mechanisms.support and resources when needed. By developing effective coping skills, students can better manage their stress levels and improve their overall well-being. Coping styles can be determine by applying some scales, in a study by Usta, Gulec, Hariri, & Gulec, in 2015 it was found that patients with personality disorder had higher dysfunctional coping styles scores. They scores highon denial, retraining, and substance use subscales. Furthermore, once in an intense emotional state, individuals with BPD often find it difficult to recover (Linehan, 1993). This highlights the importance of developing effective coping strategies, especially for individuals with mental health conditions. It is crucial for individuals to identify their own coping styles and seek out appropriate interventions to manage their emotions and stress levels. In the case of BPD, evidence-based interventions that focus on coping strategies to counter and manage rapid emotional changes (Linehan, 1993). Overall, coping strategies play a vital role in managing stress and promoting well-being, and it is essential for individuals to develop and utilize effective coping mechanisms.

Emotional Intelligence (EI):

Human emotions may be understood as an emotional continuum where anxiety is at the negative pole and emotional intelligence is at the positive pole (Cropanzano, Weiss, Hale, & Reb, 2003). The ability to monitor one's own and others feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action
is called Emotional intelligence (EI) (Mayer & Salovey, 1993). Individuals with higher emotional intelligence are better equipped to manage their emotions and cope with stress, as they are able to identify and regulate their emotions effectively. They are also more likely to have positive social interactions and build strong relationships, which can provide a supportive network during times of stress. It has been proposed by Mayer & Salovey, (1997) that there are four constituent abilities of EI: (1) Perception, appraisal and expression of emotion; (b) Emotional facilitation of thinking; (c) Understanding and analyzing emotions and employing emotional knowledge; and (d) Reflecting regulation of emotions to promote emotional and intelligence growth. It helps an individual to understand his/her expected role and behavior in a specific situation and helps in reducing the gap between the expected and current behavior (Bhattacharya & Sengupta, 2007). They are also better equipped to communicate their needs and assert themselves in a constructive manner, which can prevent conflicts and misunderstandings that can contribute to stress. On the contrary, lower EI is related to negative outcomes, including uses of illegal drug, alcohol, and poor relations with friends (Brackette, Mayer, & Warner, 2003). In addition, individuals with low EI tend to use avoidance coping styles, whereas individuals with high EI may use adaptive coping strategies to alleviate distress (Emmons & Colby, 1995; McFarland & Buehler, 1997). It is of interest in this respect that somehow some of these patients are probably, basically lacking in these skills and engaged in maladaptive behavioral patterns like alcohol abuse. To understand this phenomenon, the present study has been taken up to find out the association between these variables in the persons with BPD.

Methodology:

Sample:

The sample consisted of 100 male participants who were selected at random from North India. Out of these 50 were patients with a diagnosis of BPD and the remaining 50 were healthy controls. BPD cases were no more than 60 years of age. The study group was matched to the control group by age, sex, and place of living.

Tools:

1. Case history Performa: This was developed to obtain information on demographic, clinical, personal and family details.

2. General Health Questionnaire (GHQ-28): GHQ-28 is a self-administered tool that contains 28 items (Goldberg & Williams, 1998). As a measure of general health, it has four subscales- somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The test-retest reliability some eight months apart was found to be as high as +0.90. The studies show that the values for specificity of the GHQ-28 range from 74

indicate either: (A) the respondent does not feel they have many stressors to cope with. For example, that life is stress free. (B) a lack of reflective capacity or resistance to disclose personal information. (C) the respondent does not have many coping skills.

3. Emotional Intelligence Scale (EIS): The emotional intelligence scale prepared by Bhattacharya, Dutta and Mandal (2004) was used. It consists of 40 items out of which 20 items are positive and other 20 items are negative. Items are to be answered on a five point scale ranging from never true to always true, with a possible range of scores from 40 to 200. A high score indicates high emotional intelligence. The test-retest reliability was 0.94 (alpha coefficient 0.87) and the correlation (r = 0.75), between Indian version of the scale and schutte emotional intelligence scale, indicate the validity of this scale (Bhattacharya, Dutta, & Mandal, 2004).

Procedure: Hundred patients with diagnoses of BPD as per DSM-V criteria and fulfilling the inclusion and exclusion criteria were taken for the study. After establishing rapport, a clinical interview was held and informed consent was taken. The personal data sheet was filled and **Brief COPE Questionnaire and** Emotional Intelligence Scale (EIS) were administered. Similarly GHQ-28 and all the above-mentioned scales were administered on the control group who fulfil the inclusion and exclusion criteria.

Data Analysis:

Data was analyzed using SPSS (version 17.0.) statistical program. Student's t test was used to obtain the p value and level of significance was taken as .05. To find out the relationship between the two variables Pearson's Product Moment Correlation was calculated.

Result:

The analysis of the data and the results are presented below in the form of graphs and tables.

TABLE 1-A: Mean and standard deviation of Coping and Emotional Intelligence between BPD and healthy controls.

	Groups	N	Mean	Std. Deviation
Coping	Healthy controls	50	97.3000	20.15273
	BPD	50	62.9600	15.28366
Emotional Intelligence	Healthy controls	50	1.2248E2	29.47863
	BPD	50	1.0796E2	18.83327

TABLE-1-B: Summary of the t-test for BPD and healthy controls on Coping and Emotional Intelligence.

	Z	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Coping	9.600	98	.000	34.34000	27.24169	41.43831
Emotional Intelligence	2.935	98	.004	14.52000	4.70267	24.33733

TABLE-2: Summary of the correlation between Coping and Emotional Intelligence.

		Coping	Emotional Intelligence
Coping	Pearson Correlation	1	.785**
	Sig. (2-tailed)		.000
	N	100	100
Emotional Intelligence	Pearson Correlation	.785*	1
	Sig. (2-tailed)	.000	
	N	100	100
**. Correlation is significant at the 0.01 level (2-tailed).			

Discussion:

While the world literature seems to have found a relationship between psychological constructs as a predictor of BPD, this seems less true within Indian context where research is lacking. Hence, the present study was taken up to fill these lacunae.

In the present study, study group was found to be low on coping and EI scores. These findings are in line with general agreement that poor coping is a contributing factor to the development, maintenance, and exacerbation of various medical and psychiatric problems. Previous studies has proven that lack of coping skills lead to mental disorders and suicidal behavior (Li,& Zhang, 2012). Moreover, poor coping is strongly associated with poor or diminished social support; social support is viewed as a buffering mechanism, which has been shown on numerous occasions to be a protective influence against adverse event (Sarason, Sarason, Brock, & Pierce, 1988). The absence of social support may result in an inability to form effective coping and adaptive behaviors. Researchers have already reported that escape-avoidance coping is associated with high psychological distress, while positive appraisal and distancing were associated with better psychological outcomes (Charlton & Thompson (1996). Similarly, Individuals with low level of EI preferred to use negative techniques such as denial and distraction, more than others coping strategies (Rutter, 1987). Avoidant coping strategies lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep

On the contrary, In our study, control group was found to be high on Coping and EI scores. high Emotional intelligence in normal group goes with the characteristics of EI as it is a set of abilities (verbal and nonverbal) that enable a person to generate, recognize, express, understand, and evaluate their own, and others emotions in order to guide thinking and action that (helps to) successfully cope with environmental demands and pressures (Van Rooy & Viswesvaran, 2004). Furthermore, high Emotional Intelligence appears to be an important predictor of better coping strategies (Limonero, Tomás-Sábado, et al., 2004), and good interpersonal relations (Schutte, Malouff, et al., 2001). High emotional intelligence can help individuals to cope with stress in a more positive and effective way, leading to better outcomes and overall well-being. It is also found that EI can help individuals to cope with stress in a more positive and effective way, leading to better outcomes and overall well-being; as the emotionally intelligent individuals are better at understanding and managing their emotions in stressful situations and are better at problem solving and interpersonal relationship (Gawali, C. K. (2012). It is important to note that emotional intelligence is a skill that can improve one's ability to manage stress and help in a more fulfilling life. So present finding are in agreement with other researcher who believes that individuals with higher EI are more satisfied in their life, and they perceive better problem solving and coping ability (Bastia, Nicholas, Burns, & Nettelbeck, 2005).

On the contrary, In our study, control group was found to be high on Coping and EI scores. high Emotional intelligence in normal group goes with the characteristics of EI as it is a set of abilities (verbal and nonverbal) that enable a person to generate, recognize, express, understand, and evaluate their own, and others emotions in order to guide thinking and action that (helps to) successfully cope with environmental demands and pressures (Van Rooy & Viswesvaran, 2004). Furthermore, high Emotional Intelligence appears to be an important predictor of better coping strategies (Limonero, Tomás-Sábado, et al., 2004), and good interpersonal relations (Schutte, Malouff, et al., 2001). High emotional intelligence can help individuals to cope with stress in a more positive and effective way, leading to better outcomes and overall well-being. It is also found that EI can help individuals to cope with stress in a more positive and effective way, leading to better outcomes and overall well-being; as the emotionally intelligent individuals are better at understanding and managing their emotions in stressful situations and are better at problem solving and interpersonal relationship (Gawali, C. K. (2012). It is important to note that emotional intelligence is a skill that can improve one's ability to manage stress and help in a more fulfilling life. So present finding are in agreement with other researcher who believes that individuals with higher EI are more satisfied in their life, and they perceive better problem solving and coping ability (Bastia, Nicholas, Burns, & Nettelbeck, 2005).

In our study a positive correlation was found between EI and Coping which is in agreement with other studies reported (Gawali, C. K. (2012). Hence, findings of the present study revealed that those individuals who have high coping should also have high EI and vice versa. Present findings indicate that individuals with higher levels of emotional intelligence are more likely to use effective coping strategies, such as problem-solving and seeking social support, when faced with stressors. On the other hand, those with lower levels of emotional intelligence may rely more on negative coping strategies, such as avoidance or substance use, which can exacerbate stress and lead to negative outcomes. These findings are also being supported by experts who claim that EI is positively associated with problem-focused and positive emotional focused coping styles, and negatively associated with negative emotional focused coping style (Noorbakhsh, Besharat, & Zarei, 2010). Emotional intelligence can also significantly predict each of these five coping strategies (problem-solving, social support seeking, cognitive evaluation, somatic inhibition and emotional inhibition) (Moradi, Pishva, Ehsan, & Hadadi, 2011). The researchers explained that EI is supposed to influence coping strategies through management and regulation of emotions, utilization and facilitation of emotions, and appraisal of emotions (Noorbakhsh, Besharat, & Zarei, 2010).

Present finding also provide a reason for hope because high EI is found to be associated with greater use of adaptive coping and lower use of maladaptive coping (Enns, Eldridge, Montgomery, & Gonzalez, 2018), and less substance abuse (Brackett & Mayer, 2003). In a nutshell, EI influences mental health via flexible *selection* of coping strategies, trait EI modifies coping *effectiveness*; specifically, high levels of trait EI amplify the beneficial effects of active coping and minimise the effects of avoidant coping to reduce symptomotology (Davis, & Humphrey, 2012).

Furthermore, emotional intelligence can also help individuals to recognize and regulate their own emotions, as well as understand and empathize with the emotions of others. This can lead to better communication and interpersonal relationships. A plenty of literature provides guidelines to improve EI (Bhattacharya & Sengupta, 2007). Therefore, developing emotional intelligence is an important aspect of coping with stress and promoting well-being. so, taking enhancement of EI as a component in the treatment of BPD could lead to better treatment outcome. This can be achieved through various interventions, such as mindfulness-based practices, cognitive-behavioral therapy, and social skills training. By improving emotional intelligence, individuals can enhance their ability to cope with stress and manage their emotions effectively, leading to a better quality of life.

References:

American Psychiatric Association . *Diagnostic and Statistical Manual of Mental Disorders.* 3th ed. APA; Washington, DC, USA: 1980.

Bastia, V.A., Nicholas R. Burns, & Nettelbeck, T. (2005). Emotional intelligence predicts life skills, but not as well as personality and cognitive ability. *Personality & Individual differences,* Retrieved July 5, 2005.www.Sciencedirect.

Bhattacharya M, Dutta A.K, & Mandal M.K (2004). Factor structure of emotional intelligence in India. Psychological Studies, 49 (2-3), 142-146.

Bhattacharya MS & Sengupta N (2007). Emotional Intelligence myth or reality. New Delhi: Excel Books.

Brackett, M.A., Mayer, J.D., (2003). Convergent, discriminant, and incremental validity of competing measures of emotional intelligence. Pers. Soc. Psychol. Bull. 29, 1147–1158.

Brackette MA, Mayer JD, and Warner RM (2003). Emotional intelligence and its relation to everyday behaviour. Personality and Individual Difference. As cited in Sinha AK & Jain AK (2004). Emotional Intelligence: Imperative for the Organizationally relevant outcomes. Psychological Studies; 49 (2-3), 81-96.

Campbell, K., Clarke, K. A., Massey, D., & Lakeman, R. (2020). Borderline Personality Disorder: To diagnose or not to diagnose? That is the question. *International journal of mental health nursing*, *29*(5), 972-981.

Carlson, E. M., Cox, D. W., Kealy, D., Chapman, A. L., & Ogrodniczuk, J. S. (2020). Social role dysfunction and coping in borderline personality disorder. *Personality and Mental Health*, *14*(2), 227-239.

Carver C. S., Scheier M. F., Weintraub J. K. (1989). Assessing coping strategies: a theoretically based approach. *J. Pers. Soc. Psychol.* 56, 267–287. 10.1037/0022-3514.56.2.267.

Caspi A., McClay J., Moffitt T.E., Mill J., Martin J., Craig I.W., Taylor A., Poulton R. Role of genotype in the cycle of violence in maltreated children. *Science.* 2002;297:851–854. doi: 10.1126/science.1072290.

Charlton, P.F.C., Thompson, J.A., (1996). Ways of coping with psychological distress after trauma. British Journal of Clinical Psychology 35, 517–530.

Cropanzano, R., Weiss, H. M., Hale, J. M., & Reb, J. (2003). The structure of affect: Reconsidering the relationship between negative and positive affectivity. *Journal of management*, *29*(6), 831-857.

Davis, S. K., & Humphrey, N. (2012). The influence of emotional intelligence (EI) on coping and mental health in adolescence: Divergent roles for trait and ability EI. *Journal of adolescence*, *35*(5), 1369-1379.

Dhaliwal, K., Danzig, A., & Fineberg, S. K. (2020). Improving research practice for studying borderline personality disorder: lessons from the clinic. *Chronic Stress*, *4*, 2470547020912504.

Emmons & Colby. (1995). as cited in Fitness, J., & Curtis, M. (2005). Emotional intelligence and the Trait Meta-Mood Scale: Relationship with empathy, attributional complexity, self-control, and response to interpersonal conflict. *E-Journal of Applied Psychology: Social section, 1*(1), 50-62.

Enns, A., Eldridge, G. D., Montgomery, C., & Gonzalez, V. M. (2018). Perceived stress, coping strategies, and emotional intelligence: A cross-sectional study of university students in helping disciplines. *Nurse education today*, *68*, 226-231.

Fossati A., Madeddu F., Maffei C. Borderline Personality Disorder and childhood sexual abuse: A meta-analytic study. *J. Pers. Disord.* 1999;13:268–280. doi: 10.1521/pedi.1999.13.3.268.

Gawali, C. K. (2012). Relationship between emotional intelligence and coping among college teachers. *Journal of Psychosocial Research*, *7*(1).).

Goldberg, D., & Williams, P. (1998). *A User's Guide to*

Moradi, A., Pishva, N., Ehsan, H. B., & Hadadi, P. (2011). The relationship between coping strategies and emotional intelligence. *Procedia-Social and Behavioral Sciences*, *30*, 748-751.

Noorbakhsh, S. N., Besharat, M. A., & Zarei, J. (2010). Emotional intelligence and coping styles with stress. *Procedia-Social and Behavioral Sciences*, *5*, 818-822.

Paris J. Childhood trauma as an etiological factor in the personality disorders. *J. Pers. Disord.* 1997;11:34–49.

Fossati A., Madeddu F., Maffei C. Borderline Personality Disorder and childhood sexual abuse: A meta-analytic study. *J. Pers. Disord.* 1999;13:268–280. doi: 10.1521/pedi.1999.13.3.268.

Gawali, C. K. (2012). Relationship between emotional intelligence and coping among college teachers. *Journal of Psychosocial Research*, *7*(1).).

Goldberg, D., & Williams, P. (1998). *A User's Guide to*

Moradi, A., Pishva, N., Ehsan, H. B., & Hadadi, P. (2011). The relationship between coping strategies and emotional intelligence. *Procedia-Social and Behavioral Sciences*, *30*, 748-751.

Noorbakhsh, S. N., Besharat, M. A., & Zarei, J. (2010). Emotional intelligence and coping styles with stress. *Procedia-Social and Behavioral Sciences*, *5*, 818-822.

Paris J. Childhood trauma as an etiological factor in the personality disorders. *J. Pers. Disord.* 1997;11:34–49. doi: 10.1521/pedi.1997.11.1.34.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatrics*, *57*, 316-331.

Sarason, I.G., Sarason, B.R., Brock, D.M., & Pierce, G.R. (1988). Social Support: current status, current issues. In C.D. Spielberger, (Eds.), *Stress and Emotion: Anxiety, Anger and Curiosity*. Washington, DC: Taylor & Francis.*the General Health Questionnaire*. Windsor, Berks: NFER-Nelson.

Hengartner M.P., Ajdacic-Gross V., Rodgers S., Muller M., Rossler W. Childhood adversity in association with personality disorder dimensions: New findings in an old debate. *Eur. Psychiatry.* 2013;28:476–482. doi: 10.1016/j.eurpsy.2013.04.004.

Johnson J.G., Cohen P., Brown J., Smailes E.M.,

Bernstein D.P. Childhood maltreatment increases risk for personality disorders during early adulthood. *Arch. Gen. Psychiatry.* 1999;56:600–606. doi: 10.1001/archpsyc.56.7.600.

Koenigsberg HW, Harvey PD, Mitropoulou V, Schmeidler J, New AS, Goodman M, et al. Characterizing affective instability in borderline personality disorder. *Am J Psychiatr.* 2002;**159**(5):784–788.

Kulacaoglu, F., & Kose, S. (2018). Borderline personality disorder (BPD): in the midst of vulnerability, chaos, and awe. *Brain sciences*, *8*(11), 201.

Lazarus R. S., Folkman R. S. (1984). *Stress appraisal and coping*. New York, NY: Springer Publishing Company.

Li, Z., & Zhang, J. (2012). Coping skills, mental disorders, and suicide among rural youths in China. *The Journal of Nervous and Mental Disease*, *200*(10), 885-890.

Limonero, J.T., Tomás-Sábado, J., Fernández-Castro, J., & Gómez-Benito, J. (2004). Influencia de la inteligencia emocional percibida en el esters laboral de enfermería. *Ansiedad y Estrés, 10*, 29-41.

Linehan MM. *Cognitive-behavioral treatment of borderline personality disorder.* New York: The Guilford Press; 1993.

Mayer JD, & Salovey P. (1997). What is emotional intelligence? In P. Salovey & D.J. Sluyter (Eds.) Emotional development and emotional intelligence, (pp. 75-113). New York: Basic Books.

Mayer, J.D. & Salovey, P. (1993). The Intelligence of Emotional Intelligence, Intelligence, 17, 433-42.

McFarland & Buehler, (1997), as cited in Fitness, J., & Curtis, M. (2005). Emotional intelligence and the Trait Meta-Mood Scale: Relationship with empathy, attributional complexity, self-control, and response to interpersonal conflict. *E-Journal of Applied Psychology: Social section, 1*(1), 50-62.

Meyer, B. (2001). Coping with severe mental illness: Relations of the Brief COPE with symptoms, functioning, and well-being. *Journal of Psychopathology and Behavioral Assessment*, *23*(4), 265–277.

Monat, A., and Lazarus, R. S. (1991). Stress and Coping: An Anthology, 3rd edn., Columbia University Press, New York.*Behavioral Sciences*, *30*, 748-751.

Noorbakhsh, S. N., Besharat, M. A., & Zarei, J. (2010). Emotional intelligence and coping styles with stress. *Procedia-Social and Behavioral Sciences*, *5*, 818-822.

Paris J. Childhood trauma as an etiological factor in the personality disorders. *J. Pers. Disord.* 1997;11:34–49. doi: 10.1521/pedi.1997.11.1.34.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatrics*, *57*, 316-331.

Sarason, I.G., Sarason, B.R., Brock, D.M., & Pierce, G.R. (1988). Social Support: current status, current issues. In C.D. Spielberger, (Eds.), *Stress and Emotion: Anxiety, Anger and Curiosity*. Washington, DC: Taylor & Francis.

Schutte, N.S., Malouff, J.M., Bobic, C., Coston, T.D., Greeson, C., Jedlicka, C., Rhodes, E., & Wendorf, G. (2001). Emotional intelligence and interpersonal relations. *Journal of Social Psychology, 141*, 523-536.

Spitzer R.L., Endicott J., Gibbon M. Crossing the Border into Borderline Personality and Borderline Schizophrenia. *Arch. Gen. Psychiatry.* 1979;36:17–24. doi: 10.1001/archpsyc.1979.0178001002300.

Stern A. Psychoanalytic Investigation of and Therapy in the Border Line Group of Neuroses. *Psychoanal. Q* 1938;7:467–489. doi: 10.1080/21674086.1938.11925367.

Suls, J., & Fletcher, B. (1985). The relative efficacy of avoidant and non-avoidant coping strategies: A meta-analysis. *Health Psychology, 4*, 249-288.

Usta, H., Gulec, H., Hariri, A. G., & Gulec, M. (2015). The effect of cluster B personality disorder comorbidity on the coping styles in patient with bipolar disorder/Bipolar bozuklukta B kumesi kisilik bozuklugu es tanisi varliginin basa cikma tutumlari uzerine etkisi. *Anadolu Psikiyatri Dergisi*, *16*(4), 247-255.

Valvano, A., & Stepleman, L. (2013). Critical synthesis package: Brief COPE Questionnaire. *Mededportal Publications*. 83(2), 1-15. https://doi.org/10.15766/mep_2374-8265.9453).

Van Rooy DL, Viswesvaran C (2004): Emotional intelligence: A metaanalytic investigation of predictive validity and nomological net. *Journal of Vocational Behavior*, 65:71-95.

World Heath Organization . *International Statistical Classification of Diseases and Related Health Problems.* WHO; Geneva, Switzerland: 2007. 10th revision.