



Structural model of borderline personality syndrome based on the experience of childhood trauma and emotional dysregulation with the mediating role of mentalization

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Abstract

Aim: The present study was conducted with the purpose of determining the fit of the structural model of borderline personality syndrome based on the experience of childhood trauma and emotional dysregulation with the mediating role of mentalization. **Method:** The current research method was descriptive-correlation of structural equations type. The statistical population of the present study was all the people referred to the psychiatric clinic of Imam Hossein Hospital in Karaj. Sampling was done through convenience method and the sample size was estimated to be 330 people according to Kline (2016), and after removing the distorted information questionnaires, 319 people were analyzed. Data collection tools were Lichsenring's borderline personality scale (1999), Gratz and Romer's emotion dysregulation questionnaire (2004), Bernstein et al.'s childhood trauma questionnaire (2003), and Dimitrijoys et al.'s mentalization questionnaire (2018). Data analysis was done using structural equation modeling. **Results:** The results of this study showed that the presented structural model has a good fit. The results showed that childhood trauma experience has a direct effect on borderline personality syndrome ($\beta=0.79$; $P<0.001$). Also, emotion dysregulation has a direct effect on borderline personality syndrome ($\beta=0.76$; $P<0.001$). Childhood trauma experience ($\beta=0.81$; $P<0.001$) and emotional dysregulation ($\beta=0.73$; $P<0.001$) have an indirect effect on borderline personality syndromes through the mediation of mentalization. **Conclusion:** It can be concluded that the structural model of borderline personality syndrome based on the experience of childhood trauma and emotional dysregulation with the mediating role of mentalization has a suitable fit.

Keywords: *borderline personality, childhood trauma experience, emotion regulation, mentalization.*

Introduction

Borderline personality is a severe and debilitating disorder that occurs in one to two percent of the population and is twice as common in women as in men (Minali et al., 2022). It is estimated that about 84% of patients with borderline personality disorder exhibit suicidal behaviors and 8% of them die by suicide (Pumili et al., 2005). Patients with borderline personality disorder are on the borderline between neurosis and psychosis. The unstable and tense pattern of personal relationships characterized by oscillating between two poles, idealization and devaluing; Obvious and continuous instability of self-concept, impulsive behavior, threats or repeated self-harming behaviors, emotional instability, severe and disproportionate anger or problems in anger control are among the important topics discussed by theorists and researchers (Allapfelbaum et al., 2013).

Although many studies show a relationship between childhood abuse and borderline personality disorder, this does not mean that all victims of childhood maltreatment develop this disorder (Leib et al., 2014). Consequently, recent research has explored the specific mechanisms between traumatic childhood events and borderline personality disorder (Ko et al., 2015). Serious problems in the field of emotion regulation, extreme instability in interpersonal relationships, self-harming behaviors and suicide attempts are characteristics of people with borderline personality traits (Mahmoud Alilou & Sharifi, 2020), which all indicate problems in the process of emotion processing or emotional dysregulation. (Gasemzadeh & Mahmoudalilo, 2019).

In addition to childhood trauma, emotion regulation is related to mentalizing capacity. According to Fonagy (2018), two components of emotion regulation have a strong relationship with mentalizing capacity. Therefore, the self and its ability to find order, and consequently the order-seeking of emotions, are formed through interaction and in interpersonal relationships. Mentalization creates a capacity for a person to recognize the inner and outer reality and to distinguish mental and emotional processes from interpersonal interactions. According to this theory, the capacity to regulate emotions and the ability to adjust emotional states is related to a person's ability to mentalize (Derogar et al., 2020). Therefore, mentalizing can be effective in the formation of borderline personality disorder through its role in emotion regulation. In various researches, including Afshani et al. (1400), adjustment difficulty has been considered as a factor in predicting borderline personality. In general, the common feature of all the theories of the etiology of borderline personality disorder that have been mentioned is that the experiences of childhood and adolescence and the types of mistreatment of a person during this period are the basic characteristics of the environment that people with borderline personality disorder have experienced in childhood. With this explanation, the main question of the research will be whether the structural model of borderline personality syndrome based on the experience of childhood trauma and emotional dysregulation with the mediating role of mentalization in the clients of the psychiatry clinic of Imam Hossein Hospital in Karaj fits with the experimental data.

Method

The current research method was descriptive-correlation of structural equations type. The statistical population of the present study was all the people referred to the psychiatric clinic of Imam Hossein Hospital in Karaj. Sampling was done

through convenience method and the sample size was estimated to be 330 people according to Kline (2016), and after removing the distorted information questionnaires, 319 people were analyzed. Data collection tools were Lichsenring's borderline personality scale (1999), Gratz and Romer's emotion dysregulation questionnaire (2004), Bernstein et al.'s childhood trauma questionnaire (2003), and Dimitrijoys et al.'s mentalization questionnaire (2018). Data analysis was done using structural equation modeling.

Results

The results of this study showed that the presented structural model has a good fit. The results showed that childhood trauma experience has a direct effect on borderline personality syndrome ($\beta=0.79$; $P<0.001$). Also, emotion dysregulation has a direct effect on borderline personality syndrome ($\beta=0.76$; $P<0.001$). Childhood trauma experience ($\beta=0.81$; $P<0.001$) and emotional dysregulation ($\beta=0.73$; $P<0.001$) have an indirect effect on borderline personality syndromes through the mediation of mentalization.

Conclusion

The present study was conducted with the aim of determining the fit of the structural model of borderline personality syndrome based on the experience of childhood trauma and emotional dysregulation with the mediating role of mentalization. The results showed that childhood trauma experience, emotional dysregulation and mentalization have a direct effect on borderline personality syndrome. Also, emotional dysregulation and childhood trauma have a direct effect on mentalization, and in this way it can have an effect on borderline personality syndrome. In other words, borderline personality disorder can be predicted by the experience of childhood trauma and emotional dysregulation with the mediation of mentalization. People with borderline personality disorder were significantly less accurate in identifying positive mental states and showed more mental errors in emotional and cognitive understanding. In general, traumatized children have experienced an unstable, tense and unreliable living environment during their childhood and have been exposed to conflicting emotional behaviors; It causes the formation of unstable and fluctuating patterns of emotion and excitement in them and causes the emergence of personality disorder symptoms in them.

The limitation of the studied population to the people who referred to the psychiatric clinic of Imam Hossein Hospital in Karaj was one of the important limitations of the present research, which should be cautious in generalizing the results. However, future studies can provide a deeper understanding of the causes of childhood trauma in people based on a qualitative approach.

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