



The effectiveness of emotion-oriented therapy on the treatment of patients with borderline personality disorder

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ARTICLE INFORMATION	ABSTRACT
Article type Original research Pages: 117-127	Background and Aim: Considering the complexity and importance of borderline personality disorder as well as the relatively high prevalence rate of this disorder in the society, this research was conducted with the aim of investigating the effectiveness of emotion-oriented therapy on the treatment of patients with borderline personality disorder. Methods: The method of this quasi-experimental research and the design used to examine the hypotheses in this research was a pre-test-post-test design with an experimental group and a control group. The statistical population of this research was made up of all people with borderline personality disorder who visited two counseling centers in one area of Tehran in 2020. 30 people with borderline personality disorder were selected by purposive sampling method and then these people were placed in two groups of 15 people (emotional treatment experimental group and control group) by matching method. The experimental group received 12 sessions of 120 minutes on a weekly basis and the control group did not receive the treatment. The tool for collecting information in this research was the borderline personality questionnaire (Leichsenring, 1999). Due to the quantitative nature of the research, data analysis was done using descriptive and inferential statistics methods (analysis of covariance test). Results: The findings showed that the observed F value for the borderline personality and its dimensions in the adjusted model (by adjusting the pre-test effect) for the whole scale, identity confusion, primary defense mechanism, reality testing, fear of intimacy and borderline personality respectively, is equal to: 33.275, 8.123, 7.902, 10.025 and 72.865. Moreover, its significance level (sig) is equal to 0.000, which indicates the existence of a significant difference between the post-test score in the experimental group and the control group, so the main effect of the group variable is significant, which means that emotion-oriented treatment is effective in the treatment of patients with borderline personality. Conclusion: Therefore, it can be concluded that emotion-oriented therapy can be a useful method for treating patients with borderline personality disorders, so it is suggested that specialists benefit from it in their work.
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Introduction

Borderline personality disorder (BPD) is defined as a diagnostic group in the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Also, in the tenth revision of the International Statistical Classification of Diseases (ICD-10), it is stated under the title of emotional instability personality disorder. According to the diagnostic rules, a person must meet at least 5 of the 9 diagnostic criteria. Since none of these criteria are necessary to diagnose this disorder, there are 256 different forms of this disorder (Carterad, 2015). Borderline personality disorder is known as a disorder of personality instability or a borderline pattern personality disorder, whose core feature is an intense and unstable pattern in mood, interpersonal relationships, and self-image. These behavioral and emotional patterns emerge in early adulthood and continue throughout life (Deng & Wang, 2022). The basic assumption is that the core characteristics of borderline personality disorder are not single characteristics but are related to various levels. Based on the evidence and findings of various researches, emotional dysregulation, impulse and unstable relationships are the core characteristics of borderline personality disorder. During the last two decades, many efforts have been made to find a way to theoretically conceptualize growth and the relationship between these characteristics (Fonagy & Leviten, 2009). Borderline personality disorder is a worrisome, complex disorder that is common in health care settings. Although historical perceptions of BPD as an incurable disorder have been dismissed, problems with accessing mental health services remain. The latest NICE strategies for borderline disorder access to mental health services include long-term psychological screening to identify symptoms and pharmacology of comorbidities. Short-term psychological interventions are not suggested and emphasis is placed on developing reliable relationships and emotional management of transitions and endings. No specific treatment style has priority, the only exception that requires quick and immediate treatment priority in borderline disorder is self-harm (Sakhi, 2016).

Borderline personality disorder patients seem to be almost always in crisis. Rapid mood swings are common in these people, one moment they may be belligerent, the next depressed and the next complaining that they have no feelings. Such patients may have short psychotic attacks, which are called micropsychotic attacks, but severe and full-scale psychotic attacks are not seen in these people, in fact, the psychotic symptoms that patients with borderline personality disorder find are almost always limited, transitory and suspicious. The behavior of these patients is very unpredictable, and for this reason, they almost never achieve the level of efficiency they are capable of. The inherent painfulness of their lives is evident in their frequent self-mutilations. In order to get help from others, to express anger, or to numb themselves against their paralyzing emotional states, such patients may hit their veins or self-harm in other ways (Sheikho et al., 2022). Research suggests that individuals with borderline personality disorder are at increased risk of suicide—approximately 50 times greater than the general population (McLaren et al., 2022).

On the other hand, problems in emotion processing create other problems related to emotion regulation, such as feelings of emptiness, a high degree of dissociation in different aspects of oneself, and the inability to self-soothe. This lack of emotion regulation is the source of many borderline disorder processes, especially dualization, unstable relationships, and impulsive behaviors and self-harm (Elliott et al., 2003). Also, borderline personality disorder is associated with difficulties in the ability to regulate emotion (Sorgy-Wilson & McCluskey, 2022). Researchers tested the relationship between childhood abuse and emotion regulation and found that children with a history of abuse were more likely to have emotion regulation problems than children who had not experienced abuse. Additionally, findings suggest that childhood abuse is associated with high levels of emotional rejection and low levels of understanding (Perrin, 2015).

Emotion-focused therapy is an effective treatment for clients who are dealing with severe emotional problems such as complex traumas (Greenberg & Goldman, 2019). Emotion-oriented therapy or EFT is an

experimental humanistic therapy that considers emotion (emotional schemas) as the basis of experience and a common element in adaptive and maladaptive functioning, therefore, changing emotional schemas that have an automatic function is the main therapeutic goal for making changes in this therapy. In EFT, relationship and therapeutic intervention skills are equally important in bringing about change. The EFT therapist establishes an authentic empathic adaptive relationship, while looking for markers of emotional processing problems at the core of the client's problems in order to engage the client in appropriate interventions designed for these problems. During the treatment process, clients are helped to discover and give meaning to their emotional experiences. It also helps them focus on emotional interruptions and emotion regulation, find new adaptive emotional resources, and change their maladaptive emotional responses to build new meaning and build their narrative (Pass & Greenberg, 2012).

EFT therapy meets most of the criteria of the APA task force for the treatment of patients with personality disorders. This therapy is a process-guided communication therapy with structured emotional interventions that strongly emphasizes acceptance, authenticity, and empathic relationships with therapists who are capable and comfortable working with clients' emotions (Greenberg & Goldman, 2019). Emotion-oriented therapy in working with borderline processes is based on 5 principles, which are: maintaining a rewarding empathic relationship, working with problems of emotional dysregulation from the beginning, discovering self-injury (self-injury), working with trauma and developing clients' abilities. The therapist should consider maintaining an authentic, empathetic and rewarding therapeutic relationship as the first priority of treatment. Clients with borderline disorder constantly test the therapist's patience, which is why the therapist's patience (unconditional positive regard) is a major relational factor and is very difficult to acquire and maintain (Elliott et al., 2003). EFT therapy can be successfully used in the treatment of personality disorders. If therapists are careful to tailor chairwork interventions, considerations that increase emotional processing capacity in clients with personality disorders who are vulnerable to emotional arousal and have low reflective

capacity. Activating interpersonal dynamics and clients' unnecessary arousals in chairwork in EFT can be replaced by increasing the client's capacity to reflect and regulate emotions during chairwork. As a result, EFT can structure and organize the emotional landscape in clients with personality disorders who are emotionally vulnerable, while helping them get the most out of EFT chair interventions (Greenberg & Goldman, 2019).

According to the practical guide of the American Psychiatric Association, the way to intervene in borderline personality disorder is psychotherapy (American Psychiatric Association, 2001). Various psychotherapy methods have been introduced for this disorder. Therefore, according to what has been said, examining the effectiveness of the emotion-oriented approach on borderline personality disorder in terms of its fundamental importance, the current research can lead to more recognition of borderline personality disorder as one of the most important personality disorders in terms of complexity, comprehensiveness, and complications. It can also help us in obtaining successful results in the treatment of this disease, as well as bring us closer to identifying and understanding the processes that occur behind the therapeutic changes in the treatment of this personality disorder. The discovery of this importance can be the subject of future research and, in terms of practical importance, provide a platform for achieving an integrated approach for the effective treatment of borderline personality disorder. Therefore, the purpose of this research is to investigate the effectiveness of emotion-oriented therapy on the treatment of patients with borderline personality disorder.

Method

The present research method is quasi-experimental and the design used in this research was pre-test-post-test design with an experimental group and a control group. The statistical population of the present study was made up of all people with borderline personality disorder who had referred to the two counseling centers of Hamta and Gazmandaz Roshan in a district of Tehran in 2020. In order to form two groups, subjects were selected using the purposeful sampling method and then, using the matching method, 15 subjects were assigned to the experimental group of emotional therapy and 15 subjects were assigned to the control group. Also, after 2 months, a follow-up test was performed on the groups. The inclusion criteria were: age range of

25 to 50 years; Having at least a middle school education level; living in Tehran; Willingness and informed consent to participate in the research project; The presence of symptoms of borderline personality based on clinical interview (the symptoms of this personality disorder are given in the statistical and diagnostic manual of mental disorders of the American Psychological Association). The exclusion criteria were: suffering from other psychological and psychiatric disorders (suffering from recognized severe psychiatric disorders); participation in other psychotherapy programs and drug treatments outside of the therapeutic intervention during the implementation of the research; admission to a mental hospital during the research period; Being absent for more than three sessions in treatment.

Materials

1. Leishnering's borderline personality scale (1999): The borderline personality questionnaire was created by Leishnering (1999) in order to measure borderline personality traits in clinical and non-clinical samples, which is answered as yes/no. This questionnaire is basically a 53-item scale based on Kernberg's (1967) concept of borderline personality organization as well as DSM-IV diagnostic criteria. The borderline personality questionnaire includes factors to measure identity confusion, primary defense mechanisms, damaged reality testing and fear of intimacy. The last two questions of this questionnaire are not included in any of the factor classes or other classes of this questionnaire, and their score is not calculated in the final score of the individual, and for this reason, they have been omitted in the Iranian version. Leishnering (1999), in his research, showed that the internal consistency and retest reliability of this test are satisfactory, so

that the Cronbach's alpha of the components of this test was in the range of 0.68 to 0.91%. Also, the retest correlation of this test was between 0.73 and 0.89. Also, in this research, he reported the discriminative and diagnostic validity of this scale as favorable. In the research of Mohammadzadeh and Rezaei (2012), the validity and reliability of this questionnaire was investigated. Concurrent validity was obtained with a coefficient of 0.70 and correlation of subscales with the whole scale and with each other with coefficients of 0.71 to 0.80. Three types of retest reliability, binomialization, and internal consistency were obtained with coefficients of 0.80, 0.83, and 0.85, respectively. In the current study, the reliability of the current research was calculated using the Cronbach's alpha method of 0.89.

2. Emotion-oriented therapy: This treatment program is based on emotion-oriented therapy adapted from Johnson (2004). This treatment is an integrated approach that was developed by Johnson by combining Bowen's family systems perspective, humanism, empiricism, and Balby's attachment theory. Considering the major role of emotions in attachment theory, this treatment refers to the important role of emotions and emotional communication in organizing communication patterns and considers emotions as the change factor. After conducting the pre-test, the experimental group of emotion-oriented therapy underwent therapeutic intervention for 12 sessions, 1 day a week, each session lasting 120 minutes. However, the control group did not receive treatment, and the post-test was done in one week after the treatment for the experimental group and the control group. This treatment was performed by a specialist in the treatment and counseling center.

Table 1. Summary of the content of emotion-oriented therapy sessions adapted from Johnson's (2004) treatment program

Session	Objective	Content
1	Acquaintance and establishing a good relationship between the group members and the group leader as well as with each other; familiarization of members with the rules and process of teamwork; Providing basic training about concepts related to the treatment process	introducing members through the two-person familiarization technique (getting to know a group member in five minutes and then introducing him to the group); statement of group rules; expressing the expectations of the group members from the treatment and expressing their initial feelings towards the group and here and now; Teaching primary and secondary emotions and explaining about being yourself and finding all emotions and expressiveness and considering them valid; training members to give feedback to each other (right hemisphere feedback) and avoid giving solutions, confronting and interpreting each other; Explaining the importance of unconditional acceptance and teaching different types of empathy and practicing empathic feedback to each other; Summarizing the contents of the meeting and

		encouraging group members to participate in the next meeting
2	Education of awareness, recognition, acceptance, expression, tolerance and regulation of emotions and emotional dysregulations; Each person's awareness of their emotional breaks and discovering the recurring theme related to it	expressing the problems of people in the group; Examining the processing style and expression of emotion; examination of wisdom markers and narrative markers and emotional maladjustments of people by the therapist; Helping the person to access the unutilized feelings and examine them in people with their own participation in order to identify and be aware of and discover their meanings in the context of their problem; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
3	Working with trauma	Investigating and identifying painful and outstanding emotional experiences of people in the past and unfolding emotions through the experiential representation of related traumas and the use of chair work techniques; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
4	Working with trauma	Continuing to identify, represent and regulate emotions through chair work techniques; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
5	Working with trauma	Continuing to identify, represent and regulate emotions through chair work techniques; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
6	teaching secure and insecure attachment styles; Achieving sub-structural emotions and attachment-oriented needs	Investigating and identifying the attachment style of people with their own participation; Examining the issue of people's communication conflicts from the point of view of attachment; tracking and identifying subjects and object images in the current problem and related to that image (self, father, mother or other possible objects); Summarizing the contents of the meeting and encouraging group members to participate in the next meeting
7	Teaching interactive cycles and linear and rotational causality and feedback loops; Reviewing communication issues with a new approach; emotional coaching of members and helping them reflect;	Teaching interactive cycles and examining them in people's problems; Describing, clarifying and examining negative interactive cycles at the same time as they appear in meetings; reframing the problem by paying attention to the negative cycle and sub-structural emotions and attachment-oriented needs and facilitating the emergence of new solutions to solve old communication problems; Emotional coaching of people in the here and now of the meeting and examining their unfinished feelings towards other members and discovering and representing the issue of marked conflicts and discovering their connection with primary objects and helping the process of reflection

		in people; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
8	Increasing awareness about emotions and aspects of oneself that have not yet been owned by a person	Investigating people's emotions towards themselves and discovering conflicts between personality poles within people and working on them through the technique of two chairs and; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
9	Bringing emotion closer to organismic experience	Representing the remaining feelings and calling them through experiential exercises and techniques of using expressive arts (using experiential verbal or visual movement exercises to represent and discover hidden dimensions of your experience); Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
10	strengthening emotional and physical processes; Helping to gain experiential insight	Identifying emotional markers and discovering them in the context and their appropriate expression; Expressing relevant experiences in the group with regard to preventing narratives from becoming familiar and getting feedback from members; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
11	Helping to create meaning and discover people's agency in new emotional experiences and controlling impulses	Asking about the new meanings that each person has discovered in the new way of dealing with their emotions and recommendations for generalization to the future and the institutionalization of agency (the goal of treatment is to bring clients to ownership, agency and integrity); evaluating the connection of new meanings with the creation of a new self; Closing people's feelings and summarizing the meeting contents and encouraging group members to participate in the next meeting
12	Summarizing and ending group meetings	Examining people's experience of participating in the group; Examining the unfinished feelings of the members about the end of the group; Arranging follow-up meetings if necessary or individual meetings for members who need individual counseling

Implementation

In this plan, after screening and sampling and determining the experimental and control groups, before starting the interventions, a pre-test was first implemented and then the relevant interventions were performed for the two experimental groups, and no intervention was done for the control group. After the end of the intervention sessions, a post-test was taken from each group, and finally, after the end of the follow-up period (2 months), a follow-up test was conducted. SPSS-26 software and the following

statistical methods were used for statistical analysis of data: 1) Descriptive statistics methods such as mean and standard deviation; 2) Levene's test (to check compliance with the assumption of equal variance of the variables); 3) skewness and kurtosis test (in order to comply with the assumption of normality of the distribution of scores in the society); 4) covariance analysis test (to test hypotheses).

Results

In terms of demographic characteristics, in the experimental group, 20% of people were

between 25 and 30 years old, 26.7% between 31 and 35 years old, 20% between 36 and 40 years old, 20% between 41 and 45 years old, and 13.3% between 46 and 50 years old. Also, 40% of the population were men and 60% were women. Also, 33.3% of people were single, 46.7% were married and 20% were divorced. Finally, 13.3% of people had diploma and sub-diploma, 13.3% post-diploma, 53.3% bachelor and 20% master. Regarding the control group, 26.7% of people were between 25 and 30 years old, 26.7% between 31 and 35 years old, 26.7%

between 36 and 40 years old, 13.3% between 41 and 45 years old, and 6.7% between 46 and 50 years old. Also, 40% of people were men and 60% were women. Marital status in the control group included 20% single, 40% married and 40% divorced. Finally, in the control group, the educational status is such that 20% of people had a diploma or lower, 13.3% had an associate degree, 46.7% had a bachelor's degree, 13.3% had a master's degree, and 6.7% had a doctorate. In the following, the descriptive data of the research has been examined.

Table 2. Descriptive data of the test and control groups' scores in the pre-test and post-test stages

Variable	Group	N	Pre-test		Post-test	
			SD	Mean	SD	Mean
Identity confusion	Experimental	15	1.16292	6.2667	1.30931	4.0000
	Control	15	1.27988	6.9333	1.35576	8.8667
Primary defense mechanisms	Experimental	15	1.35576	5.1333	0.72375	2.6667
	Control	15	1.11270	6.3333	1.30201	4.4667
Reality check	Experimental	15	0.82808	3.6000	0.74679	1.6000
	Control	15	0.92582	4.0000	0.84515	3.0000
Fear of intimacy	Experimental	15	1.18723	5.8667	0.91548	2.5333
	Control	15	1.19523	6.0000	1.30201	4.8667
borderline personality	Experimental	15	3.39888	33.8667	2.36643	21.2000
	Control	15	4.77892	36.1333	3.06749	34.8667

As can be seen in the above table, in the post-test the mean of the variables has decreased, this can be an indication of the improvement in the condition of borderline personality patients. To check whether this observed difference is the result of the intervention or the repetition of the

test, covariance analysis should be performed. There are three statistical prerequisites for performing the analysis of covariance test: 1) normal distribution (checked with the skewness and kurtosis test); 2) homogeneity of variances; 3) Homogeneity of regression slopes.

Table 3. The results of Levene's test to check the homogeneity of variances

Dependent variable	Sig.	df1	df2	F
Identity confusion	.688	1	28	.165
defensive mechanism	.108	1	28	759.2
Reality check	.711	1	28	.140
Fear of intimacy	.436	1	28	.625
borderline personality	.355	1	28	.885

According to the above table, the significance levels (sig) for all five variables are greater than 0.05 and are not significant. Therefore, we can confidently say that the condition of the same variances is established to perform covariance analysis. Also, to prove the homogeneity of the

regression slope, the F value of the interaction between the covariance and independent variable was calculated, and considering that this index was not significant ($P < 0.05$), the assumption of homogeneity of the regression slope was met.

Table 4. Between-group effects in the average pre-test, post-test and follow-up scores of borderline personality disorder in the two experimental and control groups due to emotion-oriented intervention

Variable	Source	MS	Df	SS	F	Sig	Effect size
Identity confusion	Model	385.180	3	128.60	275.33	.000	.793
	Group	847.1	1	847.1	022.1	.321	38.0

	Error	982.46	26	807.1			
Primary defense mechanism	Model	787.26	3	929.8	123.8	.001	.484
	Group	.165	1	.165	.150	.701	.006
	Error	579.28	26	099.1			
Reality check	Model	404.15	3	135.5	902.7	.001	.477
	Group	.391	1	.391	.602	.445	.023
	Error	896.16	26	.650			
Fear of intimacy	Model	927.40	3	642.13	025.10	.000	.536
	Group	.094	1	.094	.069	.795	.003
	Error	373.35	26	360.1			
borderline personality	Model	724.1439	3	908.479	865.72	.000	.894
	Group	598.38	1	598.38	860.5	.023	.184
	Error	243.171	26	586.6			

According to the above table, the F value observed for borderline personality and its dimensions in the adjusted model (by adjusting the pre-test effect) for the whole scale, identity confusion, primary defense mechanism, reality testing, fear of intimacy and borderline personality are equal to 33.275, 8.123 respectively. , 7.902, 10.025 and 72.865. Its significance level (sig) is also equal to 0.000, which indicates the existence of a significant difference between the post-test score in the experimental group and the control group, so the main effect of the group variable is significant, which means that emotion-oriented treatment is effective in the treatment of patients with borderline personality.

Conclusion

The aim of the present study was to investigate the effectiveness of emotion-oriented therapy on the treatment of people with borderline personality disorder. The results of the statistical analysis of the data showed that the F value observed for each of the variables by adjusting the pre-test effect showed a significant difference between the post-test score in the experimental group and the control group; Therefore, the main effect of the group variable was significant and these findings indicate that the effectiveness of emotion-oriented therapy on all dimensions of borderline personality and also on borderline personality in general is significant. In other words, the interventions implemented in the form of EFT therapy have been effective and have significantly reduced the symptoms of borderline personality disorder in people. The results obtained from this research are in line with the findings of the following studies in terms of the effectiveness of emotion-oriented therapy as an efficient

approach, as well as the effectiveness of this therapy and emotion regulation strategies on borderline personality disorder or the relationship of these strategies with this borderline disorder: Bilali Dehkordi and Fatehizadeh (2022), Zahrab Nia et al. (2022); Ben Razi Ghabshi et al. (2021); Syed Sharifi, Navabinejad and Farzad (2021); Hosseini Imam (2018); Homainejad et al. (2018); Ghiathi et al. (2016); Hashemi et al. (2016); Taghizadeh, Ghorbani and Safarinia (2015); Dehban (2015); Mahmoud Alilou et al. (2014); Soltaninejad et al. (2012); Mahmoud Alilou et al. (2012); Sorgi Wilson and McCluskey (2022); Kahia and Mungeldar (2022); Pass and Greenberg (2012); Crowe (2015); Van Zatphen et al. (2015); Dumas et al. (2009).

In explaining the confirmation of this hypothesis, it can be mentioned that borderline personality disorder is related to problems in the ability to regulate emotions (Sorgi-Wilson & McCluskey, 2022). Problems in emotion processing create other problems related to emotion regulation, such as feelings of emptiness, a high degree of dissociation in different aspects of oneself, and the inability to self-soothe. This lack of emotion regulation is the source of many borderline disorder processes, especially dualization, unstable relationships, and impulsive behaviors and self-harm (Elliott et al., 2003).

Also, research shows a close relationship between interpersonal trauma and trauma with borderline processes. Trauma may occur in the form of a history of sexual or physical abuse by caregivers or significant others. Trauma can also include creeping traumas such as emotional abuse, deficits in empathic emotional attunement (failure to understand), or lack of

emotional attunement (when caregivers consistently assume the worst about the person) (Elliott et al., 2003). Researchers tested the relationship between childhood abuse and emotion regulation and found that children with a history of abuse were more likely to have emotion regulation problems than children who had not experienced abuse (Perrin, 2015). Emotion-focused therapy is an effective treatment for clients dealing with severe emotional problems such as complex traumas (Greenberg & Goldman, 2019).

Emotion-focused therapy can be successfully used in the treatment of personality disorders. If therapists are careful to tailor chairwork interventions, considerations that increase emotional processing capacity in clients with personality disorders who are vulnerable to emotional arousal and have low reflective capacity. Activating interpersonal dynamics and clients' unnecessary arousals in chair work in this therapy can be replaced by raising the capacity to reflect and regulate emotions in clients during chair work. As a result, emotion-oriented therapy can structure and organize the emotional perspective in clients with personality disorder who are emotionally vulnerable (Greenberg & Goldman, 2019).

Every research has its limitations, among the limitations of the current research, the following can be mentioned: 1- Sampling was done from among all those who referred to two non-governmental counseling centers under the supervision of the Psychology and Counseling Organization in one district of Tehran. Among the centers of Region 1, centers that were active in the field of personality disorders, especially borderline disorder, were identified, so that finally two centers were selected purposefully, among them, some centers did not want to cooperate. 2- The treatment sessions were conducted in two separate clinics and an attempt was made to prevent the transfer of experiences between the participants, but the control group consisted of clients from both centers. Familiarity and communication between the participants may prevent the control of the transfer effect. It is worth mentioning that the transfer effect of the pre-test variable was controlled using analysis of covariance. 3- The difference in the family conditions of the participants, for example, the level of understanding and cooperation of the families and the presence or absence of a supportive

social network for the patients, may have affected the subjects' effectiveness of the interventions. 4- The age range of the subjects was limited to 25 to 50 years. Therefore, caution should be observed in generalizing the results of the present study. According to the results obtained from this research and the confirmation of the effectiveness of the implemented intervention on the significant reduction of symptoms of borderline personality disorder (confirmation of the hypotheses), it is suggested to use an emotion-oriented therapeutic approach in the treatment of patients with borderline personality disorder. 3- It is suggested that this research be carried out and investigated in people under the age of 25 due to the importance of this disorder and its critical nature in the teenage years and the beginning of youth. Finally, it is suggested that this research be carried out and investigated in different samples with the aim of increasing the generalizability of the results to the entire society.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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