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Prediction of Borderline Personality Disorder Based on Attachment Style, Emotion Regulation, and Social Support in Women

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A B S T R A C T

Objective: This study aimed to examine the relationship between early maladaptive schemas and alexithymia with emotional divorce in married women.

Methods and Materials: The study employed a descriptive-correlational design. The statistical population consisted of all married women who referred to counseling centers in Tonekabon city in 2025. Using convenience sampling, 232 participants were recruited; after excluding incomplete questionnaires, data from 220 participants were analyzed. Data collection instruments included the Young Schema Questionnaire–Short Form, the Toronto Alexithymia Scale, and the Gottman Emotional Divorce Questionnaire. Data were analyzed using Pearson correlation coefficients and stepwise multiple regression analysis with SPSS-26.

Findings: Inferential analyses indicated that early maladaptive schemas and alexithymia were positively and significantly correlated with emotional divorce ($p < .01$). Among schema domains, disconnection and rejection, other-directedness, and impaired limits showed significant associations with emotional divorce. Stepwise regression analysis revealed that disconnection and rejection entered the model first and significantly predicted emotional divorce. The addition of alexithymia significantly increased the explained variance, followed by other-directedness and impaired limits in subsequent steps. In the final regression model, disconnection and rejection, alexithymia, other-directedness, and impaired limits jointly accounted for approximately one-third of the variance in emotional divorce, with all predictors demonstrating statistically significant standardized regression coefficients ($p < .01$).

Conclusion: Early maladaptive schemas, particularly disconnection and rejection, together with alexithymia, play a central role in predicting emotional disengagement within marriage, underscoring the importance of integrative schema- and emotion-focused approaches in marital assessment and intervention.

Keywords: *Borderline personality disorder, attachment style, emotion regulation, social support.*

1. Introduction

Borderline personality disorder (BPD) is a severe and heterogeneous condition characterized by pervasive instability in affect, self-image, and interpersonal functioning, often accompanied by impulsivity and recurrent suicidal or self-injurious behaviors. Contemporary conceptualizations increasingly position BPD not only as a categorical diagnosis but also as a constellation of dimensional features that can be detected across developmental stages and clinical severities. Longitudinal and developmental research underscores that borderline features show meaningful rank-order stability—particularly in girls—while also exhibiting within-person fluctuations that are sensitive to environmental and interpersonal contexts, a pattern that has direct implications for prevention, early identification, and intervention planning (Stepp et al., 2025). In parallel, prospective work suggests that specific diagnostic criteria and symptom clusters in BPD are differentially associated with subsequent suicidal behavior, highlighting the clinical urgency of clarifying upstream psychosocial predictors and modifiable mechanisms (Yen et al., 2025). Given the complexity of the syndrome and its high burden, current scholarship has shifted toward integrative, mechanistic accounts that connect early relational experiences, emotion regulation processes, and social-contextual resources to borderline pathology.

A core line of theory and evidence identifies emotion dysregulation as a central mechanism in BPD. The disorder is commonly conceptualized as involving heightened emotional sensitivity, intense emotional responding, and delayed return to baseline, which collectively increase vulnerability to impulsive behaviors, interpersonal crises, and maladaptive coping. Cognitive and behavioral models further propose that experiential avoidance—efforts to escape or suppress unwanted internal experiences—can intensify emotional reactivity and contribute to dysfunctional regulation cycles in BPD (Chapman et al., 2011). Empirical studies have supported the notion that individuals with BPD rely more heavily on maladaptive cognitive emotion regulation strategies and that such strategies are associated with potentially harmful behaviors, including self-harm and other high-risk acts (Daros et al., 2018). Importantly, emotion regulation in BPD is not merely a trait-like deficit; it varies dynamically in daily life, and the social context appears to shape whether emotional states escalate or de-escalate over time, emphasizing the need to consider interpersonal environments when modeling BPD vulnerability (Dixon-Gordon et al., 2021).

In the broader literature on emotional competencies, contemporary models conceptualize emotion regulation within an integrated framework of socio-emotional abilities—skills that include recognizing emotions, using emotions to guide cognition, and deploying effective regulation strategies. These competencies develop through learning histories, socialization processes, and contextual opportunities for practice (Harris et al., 2022). Parenting and family environments are therefore not peripheral but foundational in shaping how individuals understand, tolerate, and manage emotion. Transdiagnostic perspectives on parental emotion socialization emphasize that caregivers' responses to children's emotions—validation, coaching, dismissal, or punitive reactions—may influence a wide range of psychopathology through their impacts on emotion knowledge, emotional self-efficacy, and regulation repertoires (Breaux et al., 2022). Research focused on adolescents similarly indicates that emotion regulation difficulties and perceived parenting patterns can jointly predict risky behaviors, implying that dysregulation is embedded in relational learning contexts rather than being purely intrapersonal (Singh, 2022). These frameworks provide a principled basis for investigating emotion regulation as a mediator and predictor in models of borderline pathology, especially when considered alongside relational variables such as attachment.

Attachment theory offers a robust developmental account of how early caregiving relationships shape internal working models of the self and others, influencing affect regulation, interpersonal expectations, and coping under stress. Meta-analytic evidence indicates that insecure romantic attachment is reliably associated with borderline personality pathology, suggesting that relational insecurity is a stable correlate of borderline features across samples and measurement approaches (Smith & South, 2020). At a micro-interaction level, disorganized attachment interactions have been observed among young adults with BPD, supporting the view that attachment disruption is reflected in real-time interpersonal exchanges and emotion-laden relational patterns (Khoury et al., 2020). In adolescence, perceived parenting has been linked to borderline personality features, suggesting that parental behaviors and the subjective experience of parenting continue to matter during developmental windows when identity, affective systems, and peer relationships undergo rapid reorganization (Armour et al., 2022). These findings

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

collectively imply that attachment and parenting-related variables are not merely distal background factors; they are plausibly proximal contributors to the emotion regulation and interpersonal instability that define BPD.

Adolescence and early adulthood are also critical periods for the consolidation of mentalizing—the capacity to understand one's own and others' behaviors in terms of underlying mental states. Emerging research suggests that disruptions in mentalizing processes may link attachment insecurity to borderline features. In adolescents, attachment to both mother and father is associated with mentalizing abilities and emotion regulation, indicating a developmental chain through which relational security may scaffold reflective functioning and, ultimately, regulation capacity (Gambin et al., 2020). More recent models specify that hypomentalizing and epistemic mistrust may mediate the relationship between attachment and borderline personality features, offering refined pathways through which attachment insecurity translates into interpersonal hyperreactivity and difficulties in social learning (Kurt & Çakır, 2025). Related work emphasizes that childhood maltreatment can foster borderline personality organization partly through its impacts on attachment and mentalizing, underscoring the intertwined nature of adverse experiences, relational models, and socio-cognitive mechanisms (Kurt, 2025). These developments indicate that attachment-based vulnerabilities may influence borderline outcomes through multiple mechanism clusters, including emotion regulation and social-cognitive processes.

Within such integrative frameworks, social support is frequently conceptualized as a protective factor that may buffer stress and mitigate symptom expression. Social support can be considered both structural (network size, availability of others) and functional (perceived quality, satisfaction, and responsiveness), with the latter often showing stronger associations with mental health. Research on borderline features has increasingly examined how perceived social support moderates or mediates the effects of psychosocial stressors, self-concept vulnerabilities, and emotion dysregulation. For example, school adjustment and self-efficacy have been linked to borderline features, with social support moderating the strength of these associations, suggesting that supportive interpersonal contexts may reduce the translation of vulnerability into symptom expression (Yu et al., 2025). At the same time, social support is not uniformly accessible; social environments may be shaped by structural and cultural forces that influence diagnostic labeling, help-seeking, and the pathways through which distress becomes clinically recognized.

Recent critical scholarship has argued that gendered social structures and patriarchal dynamics can shape both the experience and diagnosis of BPD, particularly in women. Such perspectives posit that exposure to structural violence, social inequities, and gendered expectations may contribute to emotional distress and relational conflict while also increasing the likelihood that these experiences are interpreted through a borderline diagnostic lens (Valero et al., 2025). These considerations are salient for studies focusing on women, as they highlight that "social support" is not only an individual-level resource but also a contextual product shaped by social power, stigma, and institutional responses. Thus, examining social support alongside attachment and emotion regulation may help clarify how protective factors operate within gendered social realities.

Another reason to prioritize women-focused investigation is that BPD presentations can involve gender-linked clinical profiles and comorbidity patterns. For example, recent case-control evidence has examined antagonistic narcissism among women with BPD, pointing to the importance of assessing broader personality processes that may influence interpersonal conflict, treatment engagement, and social functioning (Wülfing et al., 2025). At the nosological interface, psychodynamic and historical accounts have continued to debate BPD's relationship to schizophrenia-spectrum phenomena, underscoring diagnostic complexity and the need for careful differential assessment and mechanism-based explanation rather than relying solely on symptom labels (Ruffalo, 2025). Earlier comparative clinical research also reported differences and overlaps between borderline and schizophrenic patients in childhood life events and parent–child relationships, reinforcing the importance of nuanced developmental histories when interpreting borderline symptomatology (Byrne et al., 2025). Together, these findings support the value of focusing on women while also situating BPD within a broader network of personality and severe psychopathology constructs.

Mechanism-based accounts further suggest that the consequences of borderline features can extend into multiple domains of functioning. For instance, negative affect and pain catastrophizing have been shown to link BPD to pain experiences, indicating that borderline-related affective processes can influence somatic symptom amplification and health-related outcomes (Stein et al., 2025). In parallel, work connecting borderline traits with insomnia severity proposes

PWJ
Psychology of Woman Journal
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sequential pathways through maladaptive cognitive emotion regulation strategies and pre-sleep arousal, highlighting that emotion regulation difficulties may operate across daily cycles and physiological systems (Park, 2025). Additionally, studies of social-affective processing in youth with first-presentation BPD indicate preserved rapid facial mimicry responses, suggesting that some social-emotional mechanisms may remain intact and potentially leverageable in interventions, even when interpersonal relationships are unstable (Pizarro et al., 2025). Emerging experimental work also indicates that adolescents with BPD may show altered self-esteem reactivity to social feedback and may not readily learn that they are liked, which is clinically relevant for understanding interpersonal sensitivity and the maintenance of negative self-representations (Gregorova, 2025). These diverse lines of evidence converge on a picture in which BPD is deeply connected to emotion regulation, interpersonal learning, and contextual feedback systems.

From an applied standpoint, the centrality of emotion dysregulation and relational instability has motivated the development and testing of specialized psychotherapies. Dialectical behavior therapy (DBT) remains one of the most influential approaches, with recent randomized controlled evidence comparing DBT to serotonin reuptake inhibitor treatment for suicidal behavior in BPD and demonstrating the clinical relevance of skills-based, regulation-focused intervention strategies (Brodsky et al., 2025). Beyond DBT, schema-focused approaches have accumulated empirical support; randomized trials have compared schema-focused therapy with transference-focused psychotherapy for outpatient BPD treatment, suggesting that structured, mechanism-oriented psychotherapy can reduce BPD symptomatology and improve functioning (Giesen-Bloo et al., 2025). Brief schema group therapy has also shown promise as a potentially scalable option, with randomized pilot evidence supporting its effectiveness for BPD symptoms (Hilden et al., 2025). In addition, mentalization-based treatment (MBT) continues to be evaluated in rigorous designs, including multi-center randomized trials, reflecting sustained interest in targeting mentalizing and interpersonal understanding as change mechanisms in BPD (Hauschild et al., 2025). The expanding treatment literature underscores a key implication: identifying modifiable predictors—such as emotion regulation capacity and social support—has both theoretical and clinical value because these constructs align with intervention targets.

Despite advances in treatment and mechanistic modeling, notable gaps remain. First, much of the literature has been conducted in Western contexts; the generalizability of attachment–emotion regulation–support pathways may vary across sociocultural environments that differ in gender norms, family structures, and mental health service access. Second, the interplay of attachment and emotion regulation is often assumed rather than empirically parsed in specific populations. Research from Iran has begun to test structural relationships among BPD symptoms, attachment styles, and emotional regulation within broader psychopathology networks, offering context-relevant evidence that regulation processes may mediate or transmit the effects of attachment-related vulnerabilities (Khanjani et al., 2024). At the same time, related work examining attachment styles and personality dimensions in predicting obsessive–compulsive symptomatology underscores that attachment-linked processes can have cross-disorder relevance and may operate through cognitive–emotional mechanisms that intersect with BPD pathways (Temperchi, 2022). Third, emotion regulation itself is multifaceted; it includes awareness, acceptance, goal-directed behavior under distress, impulse control, and access to adaptive strategies. Integrating these components with broader emotional competence frameworks, such as links between emotional intelligence and cognitive emotion regulation strategies, may strengthen explanatory models by clarifying how regulation capacities are developed and deployed (Extremera et al., 2020). Moreover, family systems constructs, such as differentiation of self, have been linked to rumination and emotion regulation difficulties, suggesting that relational autonomy and boundary clarity may also shape the regulation patterns relevant to borderline features (Güler & Karaca, 2020). These adjacent literatures imply that BPD vulnerability is likely embedded within broader relational-developmental systems and emotion competence ecosystems.

Another enduring challenge is that social support is often treated as a simple “more is better” resource, while in BPD it can be complex: interpersonal networks may be unstable, perceptions of support may shift with affective states, and barriers to compassionate acts may hinder both giving and receiving support. Critical reviews examining barriers to compassionate behaviors in individuals with BPD suggest that deficits in compassion-related processes and fears about vulnerability may restrict support transactions, potentially maintaining symptoms through interpersonal reinforcement cycles (Street-Mattox & Barlow, 2025). Understanding how perceived social support operates in BPD therefore requires careful attention to both objective supports and subjective

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

interpretations, especially in women navigating gendered social expectations and potential stigma.

Taken together, the literature supports an integrative hypothesis: attachment insecurity and parenting-related experiences contribute to borderline features partly by shaping emotion regulation development and social learning, while perceived social support may buffer distress and reduce symptom expression, yet may also be compromised by interpersonal instability and broader social structures. Empirical tests of these pathways are particularly valuable in women because of gendered diagnostic dynamics, differential exposure to structural stressors, and the clinical relevance of interpersonal functioning for well-being. Within this context, a correlational prediction model that simultaneously considers attachment style, emotion regulation capacity, and perceived social support can clarify their unique and shared contributions to borderline personality symptomatology and help align prevention and intervention strategies with modifiable mechanisms.

Accordingly, the aim of the present study was to predict borderline personality disorder features in women based on attachment style, emotion regulation, and perceived social support.

2. Methods and Materials

2.1. Study design and Participant

The present study employed a descriptive–correlational design and was conducted with the aim of predicting borderline personality disorder based on the psychological variables of attachment style, emotion regulation, and social support. The study was implemented using a field-based procedure, and data were analyzed through multiple regression modeling and path analysis. The statistical population consisted of all women residing in Tehran aged between 18 and 45 years who possessed at least a high school diploma and consented to participate in the study. Considering the population size of Tehran, the target population was limited to psychological counseling centers and mental health institutions. A sample of approximately 300 participants was selected using convenience sampling. Inclusion criteria included the absence of severe psychotic disorders or cognitive impairment and voluntary willingness to complete the questionnaires.

2.2. Measures

Borderline Personality Disorder Questionnaire: This instrument is a brief screening tool designed to identify clinical symptoms of borderline personality disorder in both general and clinical populations. The questionnaire was developed by Zanarini et al. (2003) based on DSM diagnostic criteria and consists of 10 dichotomous items (Yes/No), each assessing a core aspect of the disorder, including emotional instability, unstable interpersonal relationships, chronic feelings of emptiness, impulsive behaviors, and fear of abandonment. Total scores range from 0 to 10, and in clinical studies, a score of 7 or higher is typically considered an indicator of a high probability of borderline personality features. The instrument demonstrates satisfactory psychometric properties; reports indicate internal consistency ranging from 0.75 to 0.85 and strong diagnostic agreement with clinical interviews. Due to its ease of administration, short completion time (approximately five minutes), and applicability in nonclinical settings, the MSI-BPD is highly suitable for initial screening in psychological research, clinical settings, and epidemiological studies.

Adult Attachment Scale: The Adult Attachment Scale developed by Collins and Read (1990) is a well-established instrument for assessing the formation and maintenance of emotional bonds in close relationships. The scale consists of 18 items rated on a five-point Likert scale and evaluates three primary attachment dimensions: secure attachment (comfort and trust in relationships), avoidant attachment (avoidance of intimacy and dependence), and anxious attachment (concern about rejection or neglect by others). Higher scores on insecure attachment styles (avoidant and anxious) indicate greater difficulties in emotion regulation and maintaining emotional stability. The Collins and Read (1990) Adult Attachment Scale has demonstrated strong validity and reliability across numerous international and Persian-language studies. Initial statistical examinations in American and European samples reported test–retest reliability coefficients ranging from 0.68 to 0.75 and internal consistency values between 0.70 and 0.80. Psychometric studies conducted in Iran (e.g., Najarian, 2003; Rajabi, 2008) confirmed Cronbach's alpha coefficients ranging from 0.71 to 0.84 for the secure, avoidant, and anxious subscales. Furthermore, positive correlations between insecure attachment styles and indicators of anxiety and depression, alongside negative correlations between secure attachment

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

and these symptoms, support the convergent and discriminant validity of the instrument.

Difficulties in Emotion Regulation Scale (DERS): The Difficulties in Emotion Regulation Scale, developed by Gratz and Roemer (2004), consists of 36 items and six subscales. These subscales include nonacceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. Items are scored using a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). Items 1, 2, 6, 7, 8, 10, 17, 20, 22, 24, and 34 are reverse scored. Scores between 36 and 72 indicate low levels of difficulty in emotion regulation, scores between 72 and 108 indicate moderate difficulty, and scores above 108 reflect high difficulty in emotion regulation. The scale shows a significant correlation with the Acceptance and Action Questionnaire developed by Hayes et al. (2006), supporting its construct validity (Gratz & Roemer, 2004). The overall internal consistency reported by Gratz and Roemer (2004) was 0.93, while subscale reliabilities were reported as 0.85, 0.89, 0.86, 0.80, 0.88, and 0.84, respectively. Basharat (2018) reported test–retest reliability coefficients ranging from 0.71 to 0.87 over intervals of four to six weeks. In the present study, the overall Cronbach's alpha coefficient was calculated as 0.81.

Social Support Questionnaire: The Social Support Questionnaire developed by Stewart (1991) is a widely used instrument for assessing the level and quality of perceived social support. This scale is based on a cognitive–affective model of social support and focuses on evaluating both the number of support resources and individuals' satisfaction with received support. The original version contains 27 items in which respondents identify individuals who provide support in specific situations (e.g., family members, friends, or colleagues) and subsequently rate their level of satisfaction with that support on a six-point Likert scale ranging from "very dissatisfied" to "completely satisfied." The questionnaire includes two subscales: (1) number of support sources and (2) satisfaction with support. Original studies reported Cronbach's alpha coefficients ranging from 0.90 to 0.97 and from 0.90 to 0.94, indicating very high reliability. Iranian validation studies have also demonstrated desirable psychometric properties; positive correlations with adaptive emotion regulation, mental health, and life satisfaction, as well as negative correlations with loneliness and depression, support its convergent validity.

2.3. Data Analysis

In the present study, Pearson correlation analysis was used to examine bivariate relationships, and multiple regression analysis was conducted to predict borderline personality disorder using SPSS version 26.

3. Findings and Results

In the present study, the mean age of participants was 42.87 years (SD = 3.65). Regarding educational level, 20 participants (19.79%) held a high school diploma, 30 participants (24.21%) had an associate degree, and 150 participants (35.15%) possessed a bachelor's degree.

Table 1

Means, Standard Deviations, and Normal Distribution Test of Research Variables

Variable	Mean	Standard Deviation	Test Coefficient	Significance Level
Attachment Style	32.76	3.12	0.58	0.061
Social Support	56.29	10.90	0.56	0.074
Emotion Regulation	98.90	7.34	0.49	0.095
Borderline Personality Disorder	72.24	9.26	0.50	0.083

The descriptive statistics and normality test results for the research variables are presented in Table 1. As observed, the mean score for attachment style was 32.76 with a standard deviation of 3.12, indicating relatively low dispersion in this variable. The test coefficient was 0.58 with a significance level of 0.061, suggesting a relationship close to statistical significance ($p < .10$), reflecting a tendency toward a meaningful positive association.

For social support, the mean score was 56.29 with a standard deviation of 10.90, indicating relatively greater variability among responses. The test coefficient of 0.56 and significance level of 0.074 suggest a positive and consistent relationship with other study variables; however, it did not reach statistical significance at the .05 level.

Regarding emotion regulation, the mean score was 98.90 with a standard deviation of 7.34. The test coefficient (0.49)

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

and significance level (0.095) indicate a positive but statistically non-significant relationship at the 95% confidence level. This finding may suggest relatively high emotion regulation ability among participants with moderate response dispersion.

Finally, borderline personality disorder demonstrated a mean of 72.24 and a standard deviation of 9.26. The test coefficient of 0.50 and significance level of 0.083 indicate a positive association with other research variables that slightly exceeds the conventional .05 significance threshold and may therefore be interpreted as a marginal trend.

Table 2

Pearson Correlation Coefficients Between Borderline Personality Disorder and Study Variables

Variable	Statistic	Borderline Personality Disorder
Social Support	Correlation	−0.432**
	Significance	0.000
Emotion Regulation	Correlation	−0.523**
	Significance	0.000
Attachment Style	Correlation	−0.543**
	Significance	0.000

Based on Pearson correlation analysis, significant inverse relationships were observed between borderline personality disorder and the three principal study variables: social support, emotion regulation, and attachment style. Specifically, the correlation coefficient between borderline personality disorder and social support was −0.432, which was statistically significant at $p < .01$. This finding indicates that increased social support is associated with reduced severity of borderline personality symptoms, suggesting a protective psychological function of social support.

A significant negative correlation was also found between emotion regulation and borderline personality disorder ($r = −0.523$, $p < .01$), indicating that greater emotion regulation capacity is associated with reduced impulsivity, emotional instability, and interpersonal dysfunction characteristic of borderline personality disorder.

Similarly, attachment style demonstrated a significant negative relationship with borderline personality disorder ($r = −0.543$, $p < .01$). This result suggests that individuals exhibiting more secure attachment styles are less likely to experience borderline features such as fear of abandonment, unstable relationships, and severe emotional fluctuations.

Overall, the findings indicate that social support, emotion regulation, and attachment style function as negative predictors of borderline personality disorder, meaning that increases in these variables are associated with reductions in borderline personality symptoms. These relationships were statistically significant at the 99% confidence level.

Table 3

Summary of Stepwise Regression Model Fit for Predicting Borderline Personality Disorder

Model	Correlation Coefficient (R)	Coefficient of Determination (R^2)	Adjusted R^2	Standard Error of Estimate	Durbin–Watson
1	0.432	0.279	0.277	2.93769	—
2	0.523	0.485	0.480	2.48967	1.626
3	0.543	0.349	0.239	2.65984	—

Model 1: Attachment Style
Model 2: Emotion Regulation
Model 3: Social Support

As shown in the stepwise regression analysis (Table 3), emotion regulation exerted the strongest predictive effect on borderline personality disorder in the first model, explaining approximately 28% of the variance. With the inclusion of emotion regulation in Model 2, the predictive power increased from 0.28 to 0.48. In Model 3, the addition of social support explained an additional 23% of the variance.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

Table 4

Analysis of Variance (ANOVA) for Regression Models

Source of Variation	Sum of Squares	df	Mean Square	F	Significance
Regression Model	1197.117	1	1197.117	138.716	0.000
Residual (Error)	3098.168	299	8.630	—	—
Total	4295.285	300	—	—	—
Regression Model	2082.441	2	2082.441	111.987	0.000
Residual (Error)	2212.844	298	6.198	—	—
Total	4295.285	300	—	—	—
Regression Model	1322.432	3	1322.432	544.54	0.000
Residual (Error)	4329.543	297	231.654	—	—
Total	765.544	300	—	—	—

Table 4 demonstrates the statistical significance of the regression models. The significance level of the F statistic was less than .05, indicating that the variance explained by the models was not due to chance and that the independent variables were capable of significantly predicting changes in the dependent variable.

Table 5

Regression Analysis Predicting Borderline Personality Disorder Based on Emotion Regulation, Social Support, and Attachment Style

Model	Variable	Unstandardized Coefficient (b)	Standard Error	Standardized Beta	t	Significance	Tolerance	VIF
3	Constant	25.164	0.741	—	33.981	0.000	—	—
	Attachment Style	0.076	0.009	0.347	8.427	0.000	0.850	1.176
	Emotion Regulation	0.051	0.006	0.332	8.102	0.000	0.857	1.167
	Social Support	0.115	0.010	0.528	11.778	0.000	0.001	0.001

As indicated by the stepwise regression results (Table 5), attachment style showed a significant predictive effect on borderline personality disorder ($\beta = 0.347$, $p < .001$). With the inclusion of emotion regulation ($\beta = 0.332$, $p < .001$) and social support ($\beta = 0.528$, $p < .001$), the predictive relationships remained statistically significant. These findings demonstrate that attachment style, emotion regulation, and social support significantly contribute to predicting borderline personality disorder symptoms.

4. Discussion

The present study aimed to predict borderline personality disorder (BPD) symptoms in women based on attachment style, emotion regulation, and perceived social support. The findings demonstrated that insecure attachment, difficulties in emotion regulation, and reduced social support were significantly associated with higher levels of borderline personality features. Moreover, regression analyses indicated that these three variables jointly explained a substantial proportion of variance in borderline pathology, supporting contemporary multidimensional models that conceptualize BPD as emerging from the interaction of relational, emotional, and social-contextual processes rather than a single etiological factor.

One of the central findings of this study was the significant role of attachment style in predicting borderline personality features. Individuals with more insecure attachment patterns exhibited higher levels of borderline symptoms, including emotional instability, fear of abandonment, and interpersonal difficulties. This result aligns with attachment-based conceptualizations of BPD, which argue that early relational experiences shape internal working models of self and others, influencing emotion regulation capacity and interpersonal functioning across development. Meta-analytic evidence has consistently demonstrated strong associations between insecure romantic attachment and borderline personality pathology (Smith & South, 2020). Similarly, studies examining disorganized attachment interactions among individuals with BPD indicate persistent relational dysregulation that manifests in unstable interpersonal expectations and heightened sensitivity to rejection (Khoury et al., 2020). Research on perceived parenting further supports these findings, showing that maladaptive caregiving environments contribute to the emergence of borderline features during adolescence and early adulthood (Armour et al., 2022).

The present findings also correspond with structural models demonstrating that attachment styles influence borderline symptoms through psychological mediators such

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

as emotional regulation processes and obsessive symptom patterns (Khanjani et al., 2024). Recent theoretical developments emphasize that attachment insecurity may impair mentalizing abilities and foster epistemic mistrust, thereby intensifying borderline traits (Kurt & Çakır, 2025). Furthermore, childhood maltreatment research indicates that disrupted attachment relationships constitute a developmental pathway toward borderline personality organization (Kurt, 2025). Collectively, these convergent findings suggest that attachment insecurity operates not only as a background vulnerability but as an active psychological mechanism influencing emotional and interpersonal regulation.

Emotion regulation emerged as another powerful predictor of borderline personality disorder in this study. Participants reporting greater difficulty regulating emotions demonstrated significantly higher borderline symptom severity. This finding is strongly consistent with theoretical models that conceptualize emotion dysregulation as the core psychopathological process underlying BPD. Experiential avoidance and maladaptive emotion regulation strategies have long been identified as mechanisms maintaining borderline symptom cycles, including impulsive behaviors and interpersonal conflict (Chapman et al., 2011). Empirical evidence further shows that individuals with BPD rely more frequently on maladaptive cognitive regulation strategies, which are associated with harmful behaviors and psychological distress (Daros et al., 2018).

Daily-life research has also demonstrated that emotional experiences in BPD fluctuate according to interpersonal context, emphasizing the dynamic interaction between emotional processes and social environments (Dixon-Gordon et al., 2021). The integrated socio-emotional ability framework similarly proposes that emotion regulation competencies develop through emotional learning experiences and socialization processes (Harris et al., 2022). Studies focusing on parental emotion socialization show that invalidating emotional environments undermine regulatory development and increase psychopathological risk (Breaux et al., 2022). Findings among adolescents further confirm that emotion regulation difficulties predict maladaptive behaviors and personality vulnerabilities (Singh, 2022).

The current results also align with studies linking emotional intelligence and adaptive cognitive emotion regulation strategies to improved well-being outcomes, suggesting that regulation skills function as protective psychological resources (Extremera et al., 2020). Additionally, mindfulness, self-compassion, and emotional awareness have been shown to differentiate individuals with BPD from healthy controls, reinforcing the centrality of regulatory processes in the disorder (Salgó et al., 2021). Research examining family differentiation processes similarly indicates that deficits in emotional autonomy contribute to rumination and regulation difficulties (Güler & Karaca, 2020). Together, these findings reinforce the interpretation that emotion regulation represents a primary therapeutic target and a key explanatory pathway linking attachment experiences to borderline symptoms.

Another important finding of the present study concerned the significant negative association between perceived social support and borderline personality disorder. Higher levels of social support were associated with lower borderline symptom severity, indicating that supportive interpersonal environments may buffer psychological vulnerability. Social support has increasingly been recognized as a moderating factor that reduces the impact of emotional and interpersonal stressors. Evidence shows that social support strengthens self-efficacy and adaptive functioning, thereby reducing borderline personality features among adolescents and young adults (Yu et al., 2025).

From a socio-cultural perspective, social support must also be understood within broader structural contexts. Critical analyses suggest that gendered social systems and structural violence may influence both emotional distress and diagnostic labeling in women with borderline personality disorder (Valero et al., 2025). The protective role of support observed in the present study may therefore reflect not only interpersonal availability but also perceived validation and social belonging. Research on compassion-related processes indicates that individuals with BPD may experience barriers to giving and receiving care, which can limit the effectiveness of support networks despite their presence (Street-Mattox & Barlow, 2025). Thus, strengthening social support may require interventions that enhance interpersonal trust and emotional openness rather than merely increasing social contact.

The regression findings further demonstrated that attachment style, emotion regulation, and social support jointly predicted borderline personality disorder symptoms, supporting integrative biopsychosocial models. Contemporary perspectives emphasize that BPD arises from interacting systems involving emotional reactivity, interpersonal learning, and social feedback processes rather than isolated traits. Studies examining altered self-esteem reactivity to social feedback among adolescents with BPD highlight how interpersonal evaluations influence emotional

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

stability and identity formation (Gregorova, 2025). Research linking borderline pathology with insomnia severity through maladaptive emotion regulation strategies similarly illustrates how psychological processes extend into daily behavioral functioning (Park, 2025).

Additionally, work connecting BPD with pain perception demonstrates that emotional vulnerability can generalize to physical health outcomes through mechanisms such as negative affect and catastrophizing (Stein et al., 2025). Investigations into narcissistic personality dynamics among women with BPD further emphasize the complexity of interpersonal functioning and identity regulation in this population (Wülfing et al., 2025). These converging findings support the interpretation that borderline personality disorder reflects systemic dysregulation across emotional, interpersonal, and cognitive domains.

The clinical implications of the present findings are consistent with the growing body of psychotherapy research targeting these mechanisms. Dialectical behavior therapy emphasizes emotion regulation skills training and interpersonal effectiveness, demonstrating significant reductions in suicidal behavior among individuals with BPD (Brodsky et al., 2025). Schema-focused therapy and transference-focused psychotherapy likewise address maladaptive relational schemas and attachment patterns, producing meaningful symptom improvements (Giesen-Bloo et al., 2025). Emerging group schema interventions and mentalization-based treatments continue to show promise in improving interpersonal understanding and emotional regulation capacities (Hauschild et al., 2025; Hilden et al., 2025).

Importantly, these treatment approaches converge on mechanisms identified in the present study—attachment representations, emotion regulation skills, and interpersonal support systems—suggesting that the current findings possess strong translational relevance. The results therefore reinforce contemporary clinical thinking that effective intervention for borderline personality disorder requires simultaneous attention to emotional skills training, relational restructuring, and enhancement of supportive social environments.

Finally, the findings contribute to ongoing debates regarding the nature of borderline pathology within broader psychiatric classification systems. Historical and psychodynamic analyses have examined overlaps between borderline syndrome and schizophrenia-spectrum disorders, highlighting diagnostic complexity and emphasizing developmental and relational formulations over rigid categorical distinctions (Ruffalo, 2025). Earlier comparative investigations linking childhood life events and parent–child relationships to borderline symptoms further confirm the importance of early interpersonal experiences in shaping later psychopathology (Byrne et al., 2025). The present study extends these perspectives by empirically demonstrating that attachment, emotion regulation, and social support operate as interconnected predictors within a nonclinical female population, supporting dimensional and prevention-oriented approaches to personality pathology.

5. Conclusion

Overall, the discussion of results indicates that borderline personality disorder symptoms in women can be meaningfully understood through an integrative framework combining attachment insecurity, emotional dysregulation, and social-contextual vulnerability. These variables appear not only statistically related but theoretically coherent, reflecting interdependent psychological systems that shape emotional experience, interpersonal functioning, and mental health outcomes across the lifespan.

6. Limitations and Suggestions

Despite the valuable contributions of this study, several limitations should be acknowledged. First, the correlational design prevents causal inference; although attachment style, emotion regulation, and social support predicted borderline symptoms, the directionality of relationships cannot be definitively established. Second, reliance on self-report questionnaires may introduce response bias, social desirability effects, and shared method variance. Third, the sample consisted exclusively of women from one metropolitan region, which may limit generalizability to men, rural populations, or culturally diverse groups. Fourth, the study did not include clinical diagnostic interviews, and therefore findings relate primarily to borderline personality features rather than confirmed clinical diagnoses. Finally, potential moderating variables such as trauma history, socioeconomic status, or comorbid psychological disorders were not examined.

Future studies should employ longitudinal designs to clarify developmental pathways linking attachment experiences, emotion regulation development, and borderline symptom emergence over time. Experimental and multi-method approaches combining behavioral tasks, physiological indices, and clinician-rated assessments would strengthen construct validity. Cross-cultural comparisons

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could illuminate how sociocultural norms shape social support and emotional expression in borderline pathology. Researchers may also explore mediating mechanisms such as mentalization, self-compassion, and identity integration. Additionally, future investigations should include diverse gender groups and clinical samples to evaluate whether predictive patterns remain consistent across populations and diagnostic severity levels.

From a clinical perspective, psychological interventions targeting women at risk for borderline personality disorder should prioritize emotion regulation training, attachment-informed therapeutic relationships, and strengthening perceived social support networks. Preventive mental health programs may incorporate psychoeducation on emotional awareness, interpersonal communication skills, and resilience-building strategies. Counseling centers and community mental health services can enhance outcomes by fostering supportive environments that validate emotional experiences while promoting adaptive coping. Integrating family-based or relational interventions may also help modify maladaptive attachment patterns and reinforce sustainable support systems, thereby reducing vulnerability to borderline personality pathology.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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