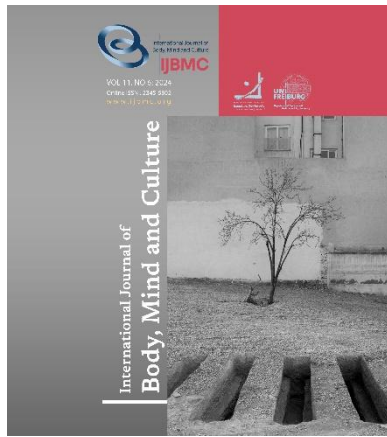


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Introduction

A borderline personality disorder is a complex disorder associated with significant incidence, mortality, and public health costs. Prominent symptoms include suicidal behavior, self-injury, bursts of anger, and emotional responses that all usually appear in an

The Effectiveness of Analytical Psychotherapy on Impulsivity, Sexual Diversity Seeking, and Anxiety in Borderline Patients

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ABSTRACT

Objective: Borderline personality disorder is a complex disorder that is associated with significant incidence, mortality, and public health costs. This study aimed to determine the effectiveness of analytical psychotherapy on sexual impulsivity, sexual diversification, and anxiety behaviors in borderline patients.

Methods and Materials: This study was a clinical trial with pre-test, post-test, and follow-up with a control group conducted in a semi-experimental research design. The statistical population of this study was people with borderline personality disorder (from April to June 2022) to psychiatry and psychiatry clinics in Sari City (172 people). Sampling was based on the convenience sampling method, assigned to experimental and control groups (10 in each group) according to the criteria. Data collection tools in this research were: structured clinical interview for diagnosis of personality disorders (Fyrst, Spitzer, Gibbon and Williams, 1997), Beck Anxiety Inventory (Beck & Esther, 1990), Bharat Impulsivity Scale (Fossati et al., 2002) and Sexual Diversity Seeking Questionnaire (Aref Nazari et al., 2011). Data were analyzed using repeated measures ANOVA and SPSS.22 software.

Findings: The results showed that analytical psychotherapy was effective in reducing impulsivity behaviors ($F=53.00$, $P<0.001$), sexual diversity seeking ($F=24.82$, $P<0.001$), and anxiety ($F=10.00$, $P<0.001$) in borderline patients.

Conclusion: It can be concluded that analytical psychotherapy has an effect on impulsivity, sexual diversity seeking, and anxiety in borderline patients and can be used to reduce the psychological problems of borderline patients.

Keywords: Impulsive Behavior, Psychotherapy, Anxiety.

interpersonal context. As noted earlier, interpersonal problems with borderline personality disorder seem to be responsible for many of the discomforts these people experience in their daily lives. They experience. Loneliness, feelings of rejection, as well as impairment in relationships are predictors of suicide attempts (Blasczyk-Schiep et al., 2018), and BPD patients are often

involved in suicidal and self-destructive behaviors (Salehi-Mourekani, 2020; Stadter, 2009). The term borderline personality disorder is derived from the older term borderline personality organization. Kernberg (1967) placed individuals with borderline personality disorder at the borderline level of personality organization. The borderline level of personality organization has three characteristics: Variable Reality Measurement, Use of First Psychological Defense Mechanisms, and Identity Confusion (Charbon et al., 2019; Sadeghian-Lemraski et al., 2024).

Psychoanalytic theory has always tried to discover how the past influences people's behavior and current relationships. One of the theories derived from the psychoanalytic approach that can be considered in the cause of BPD is the thematic relations approach. Short-term dynamic psychotherapies share common concepts of psychodynamic theories such as the theory of motion, ego psychology, subject relationship theory, theory of subjective relationships, and attachment theory. (Einy, 2019; Rahmatinia & Gorji, 2023). The therapist's attention and focus on genuine relationships, transition, mutual transfer, projections and introspections, metaphysical cloning, therapist as subject, and therapist as background; all these concepts are used for short-term therapy (Gunderson, 2007).

Many psychodynamic psychotherapies designed to treat borderline personality disorder show empirical evidence of effectiveness in reducing self-harm (Diamond & Hersh, 2020; Diamond et al., 2021; Gonzalez-Torres, 2018). However, self-harm is often present and the goal of treatment. Common therapeutic elements are used throughout psychodynamic therapies, such as processing past relationships and building new and positive interpersonal relationships, increasing awareness and expression of emotions, and focusing on developing the client's self-concept. However, no study to date has attempted to identify the primary mechanism of therapeutic change in dynamic therapies for self-harm (Levy et al., 2006).

According to the above, unfortunately, a significant part of psychodynamic psychotherapies (including subject-relationship psychotherapy) do not participate in the research and are not sufficiently aware of the studies (Keramati et al., 2007). Moreover, although borderline personality disorder is very destructive, the studies on this debilitating disorder are minimal.

Moreover, so far, research has shown the effectiveness of the approach of subject relationships on the underlying variables of this chronic and destructive disorder, i.e., interpersonal relationships, self-destructive behaviors, and personality organization have not been studied. This research can fill this gap. Since multiple maladaptive schemas are seen in borderline personality patients, it seems that schema therapy can be one of the effective strategies and approaches in reducing the damage of these individuals (Chabrol et al., 2004). According to the literature of research, the effectiveness of analytical psychotherapy on symptoms of borderline personality patients has not been performed, and considering the importance of reducing psychological and social trauma in people with borderline personality disorder, it has been investigated the effectiveness of analytical psychotherapy on impulsivity, sexual diversification, and anxiety behaviors in borderline patients.

Methods and Materials

Study Design and Participants

The present study was semi-experimental research with a pre-test and post-test design. The statistical population of the present study was people with borderline personality disorder referring to psychiatry and psychiatry clinics in Sari City from April to June 2022. The sampling method was based on the convenience sampling method. Samples included 20 people whom a psychiatrist and clinical psychologist interviewed, as well as structured clinical interviews for a definitive diagnosis of borderline personality disorder, which, according to the criteria, were assigned to experimental and control groups (10 in each group).

Inclusion criteria were: 1) Having criteria for BPD diagnosis based on DSM-5 in evaluation by psychiatrist and clinical psychologist and structured clinical interview based on Form 5 Diagnostic and Statistical Manual of Mental Disorders for Personality Disorders; 2) minimum diploma education; 3) age above 18 years; 4) not having drug toxicity and inhibition medical problems such as severe liver and kidney failure. Exclusion criteria were: 1) Lack of desire to continue treatment; 2) presence of any psychiatric disorder caused by a medical condition.

Using the random table method, the participants were placed into two groups (control and experimental). The

sample size was determined using G*Power software at a significance level of 0.05, test power of 0.90, and effect size of 1.42.

Data Collection Tools

Structured Clinical Interview for the Diagnosis of Personality Disorders* (SCID-II): This is a structured diagnostic interview tool that Fairst et al. (Fryst, Spitzer, Gibbon, and Williams, 1997) developed to evaluate ten personality disorders based on DSM-5 and passive-aggressive personality disorder. This tool can be used categorically or dimensionally to diagnose personality disorders. The questionnaire consists of 119 questions and is applicable in less than 20 minutes. Kappa coefficient ranged from 0.24 for patients with an obsessive-compulsive personality disorder to 0.74 for patients with Histrionic Personality Disorder (with a total KAPA of 0.53). For non-psychiatric patients, the agreement between assessors was significantly lower, and the overall KAPA was 0.38 (Charbon et al., 2019).

Beck Anxiety Questionnaire: The Beck Anxiety Inventory (BAI) is a 21-item scale in which the subject chooses one of four options that indicate the severity of his anxiety. The Beck Questionnaire scores four options for each question in a four-part range from 0 to 3. Each of the Experimental materials describes one of the most common symptoms of anxiety (mental, physical, panic) symptoms. The total number of dead persons ranges from 0 to 63. Each question is a reflection of the anxiety symptoms that anxious people encounter in anxious situations (Beck, Esther, 1990). In addition to the study conducted by Beck and his colleague, this questionnaire's structural validity and reliability have been confirmed in other studies conducted on students (Gonzalez-Torres, 2018).

The Barratt Impulsiveness Scale-BIS-11: This questionnaire has 30 items and three subscales of attentional, cognitive impulsivity, motor impulsivity, and unplannedness. The respondent must answer each questionnaire item on a four-point Likert scale (1 = never/rarely, 2 = occasionally, 3 = often, and 4 = most often/always). 11 out of 30 items on this scale are scored inversely. The minimum and maximum scores in the mentioned scale are 30 and 120, respectively, and the

increase in scores means an increase in impulsivity. This scale has acceptable validity and reliability. The results of Fossati et al. showed that Cronbach's alpha coefficient was 0.79, and the retest reliability coefficient with a two-month interval was 0.89 (Shokri & Sanaeepour, 2016).

The Sexual Diversity Seeking Questionnaire (SVS) was developed to measure the extent of sexual diversity seeking by Aref Nazari and colleagues (2011). The final form of this questionnaire has 46 questions and three subscales of sexual behavior, moral orientation, and intimacy. Aref Nazari and colleagues (2011) reported 0.93 Cronbach alpha for this questionnaire. In the present study, the Cronbach's alpha was 0.91.

Intervention

Analytical Psychotherapy: The content of the short-term analytical psychotherapy sessions is based on the Masterter Therapy Protocol (2009), and each session is for one hour.

Start stage (Two or four sessions): Setting the dual treatment goals (symptomatic and dynamic), regulating psychological formation, and forming an effective therapeutic alliance.

Midstage 1 (Four sessions): Remain in the goals of treatment and agree on therapeutic focus, interpreting symptoms and communicating between them and unconscious dynamic conflicts using mutual transmission and transmission interpretation.

Midstage 2 (Four sessions): Where necessary, flexibility is in the possibility of using non-psychoanalytical techniques such as relaxation or problem-solving, addressing conflicts, and pointing to the end of treatment.

Finishing stage (Four sessions): Stabilizing treatment achievements, addressing conflicts related to loss and separation, internalizing the healing process, and facilitating return to treatment.

Data analysis

Informed consent was obtained from the patients to observe the principles and standards of professional ethics before the experimental intervention. Also, the confidentiality of information and the possibility of leaving the research if they did not want to continue the

* Structured Clinical Interview for DSM-5-axis II personality disorder(SCID-II)

treatment were explained to the experimental and control groups. This study used descriptive and inferential statistics to analyze the data. In the descriptive statistics section, using frequency, percentage, mean, and deviation indices, The standard was used to describe the studied variables, and in the inferential statistics section of the parametric Experimental, including the Shapiro-Wilk Experimental, to check the normality of the sample group's scores in the

population and repeated measure analysis of variance was performed using SPSS software.

Findings and Results

The mean (SD) age of the participants in the experimental group was 40.1 (8.9), and the control group's was 38.9 (7.7). The mean and standard deviation of pre-test and post-test scores of impulsivity, sexual diversification, and anxiety are presented in [Table 1](#).

Table 1

Mean and standard deviation of pre-test, post-test, and follow-up of impulsivity, sexual diversity seeking, and anxiety

Variables	Group	Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
Cognitive Impulsivity	Experimental	67.33	2.52	86.52	3.02	82.24	2.25
	Control	85.73	3.45	82.05	4.77	75.54	2.45
Motor Impulsivity	Experimental	63.33	2.29	80.53	3.23	82.53	2.20
	Control	78.73	3.53	80.07	3.77	79.47	2.36
Unplanned impulsivity	Experimental	69.75	2.52	82.52	3.44	78.56	2.57
	Control	75.64	3.27	83.54	3.27	81.37	3.68
Sexual Behavior	Experimental	18.53	1.81	22.53	1.70	23.10	1.92
	Control	18.40	1.52	18.60	1.40	17.99	1.44
Ethical Orientation	Experimental	16.00	1.85	20.00	1.69	20.00	1.50
	Control	16.33	1.30	16.53	1.91	16.99	1.01
Intimacy seeking	Experimental	14.67	1.64	18.47	1.88	18.60	1.28
	Control	19.00	2.41	19.67	1.60	20.07	1.40
Physical Symptoms	Experimental	9.87	1.33	13.93	1.68	13.88	1.31
	Control	10.07	0.86	10.20	1.22	10.10	1.22
Mental	Experimental	6.20	0.97	10.33	1.47	10.93	1.47
	Control	7.27	0.82	7.40	1.03	7.49	1.44
Panic	Experimental	16.00	1.44	25.00	1.86	25.97	1.80
	Control	17.34	2.41	17.60	1.60	17.59	1.40

The distribution of research variables (impulsivity, sexual variation seeking, and anxiety) in the pre-test, post-test, and follow-up were normal in all three groups. The level of Levene's F for equality of variances of the research variables in the pre-test scores of dependent variables (impulsivity, sexual variation, and anxiety) in the experimental and control groups was not significant ($P>0.01$), i.e., the scores of the research groups in the pre-test of dependent variables had equal variance. Therefore, another condition for the implementation of the covariance Experimental is established. The

regression coefficients homogeneity Experimental was evaluated through the interaction of the pre-test of impulsivity behaviors, sexual diversification, and anxiety in borderline patients and the independent variable of analytic psychotherapy in the post-test phase. The interaction of these pre-tests with the independent variable was insignificant ($P>0.05$) and showed the consistency of regression coefficients, so the assumption of the coefficients of regression homogeneity was confirmed.

Table 2

Results of the natural distribution of scores and Experimental homogeneity of variances

Variable	Group	Kolmogorov - Smirnov			Levene's test			Mauchly		
		df	Statistics	P	df	Statistics	P	Statistics	Mauchly	P
Cognitive Impulsivity	Experimental	10	0.545	0.922	18	2.391	0.133	3.16	0.84	0.47
	Control	10	0.620	0.845						
Motor Impulsivity	Experimental	10	0.616	0.776	18	1.754	0.196	2.55	0.77	0.35
	Control	10	0.846	0.424						
Unplanned impulsivity	Experimental	10	0.764	0.653	18	0.842	0.367	2.67	0.93	0.30
	Control	10	1.216	0.143						
Sexual Behavior	Experimental	10	1.011	0.235	18	1.246	0.274	2.99	0.95	0.46
	Control	10	0.627	0.735						
Ethical Orientation	Experimental	10	0.912	0.326	18	0.157	0.695	3.18	0.80	0.33
	Control	10	0.731	0.629						
Intimacy seeking.	Experimental	10	0.620	0.845	18	1.070	0.221	2.18	0.89	0.36
	Control	10	0.973	0.304						
Physical Symptoms	Experimental	10	0.437	0.947	18	2.702	0.112	2.44	0.85	0.24
	Control	10	0.545	0.922						
Mental	Experimental	10	0.912	0.326	18	0.157	0.695	3.18	0.80	0.33
	Control	10	0.731	0.629						
Panic	Experimental	10	0.616	0.776	18	1.754	0.196	2.55	0.77	0.35
	Control	10	0.846	0.424						

The results of repeated measures of variance analysis among the studied groups in variables of impulsivity, sexual variation seeking, and anxiety showed that the effect between subjects (group) is significant, and this effect means that at least one of the groups is different in at least one of the variables of impulsivity, sexual

diversification, and anxiety. The within-subject effect (time) was also significant for the research variables, meaning that at least one of the mean variables was associated with change from pre-test to follow-up (Table 2).

Table 3

Repeated measure analysis of variance for comparison of pre-test, post-test, and follow-up of impulsivity, sexual variation, and anxiety in experimental and control groups

Variables	Source	SS	df	MS	F	P	Eta Square
Cognitive Impulsivity	Time*Group	1086.46	2	543.23	63.96	0.001	0.69
	Group	464.81	1	464.81	60.34	0.001	0.68
Motor Impulsivity	Time*Group	59.267	2	29.633	12.76	0.001	0.31
	Group	35.267	1	35.267	10.89	0.003	0.28
Unplanned impulsivity	Time*Group	156.800	2	78.400	15.11	0.001	0.35
	Group	56.067	1	56.067	8.16	0.008	0.22
Sexual Behavior	Time*Group	717.80	2	358.90	41.20	0.001	0.59
	Group	440.35	1	440.35	34.89	0.001	0.55
Ethical Orientation	Time*Group	861.80	2	430.90	88.57	0.001	0.76
	Group	552.15	1	552.15	78.35	0.001	0.73
Intimacy seeking.	Time*Group	70.067	2	35.033	4.26	0.001	0.13
	Group	187.26	1	187.26	10.83	0.001	0.40
Physical Symptoms	Time*Group	641.89	2	320.84	44.58	0.001	0.47
	Group	54.777	1	54.777	27.61	0.001	0.30
Mental	Time*Group	751.65	2	375.82	74.36	0.001	0.71
	Group	345.28	1	345.28	59.58	0.001	0.60
Panic	Time*Group	1086.46	2	287.23	29.70	0.001	0.51
	Group	928.26	1	928.26	79.61	0.001	0.74

The results of Table 3 showed that the F-ratio obtained in groups was significant in the dimensions of impulsivity, sexual diversity seeking and anxiety

($p < 0.01$). This finding indicates that analytical psychotherapy improves impulsivity, sexual diversification, and anxiety. In this regard, a repeated

measure analysis of variance was performed for the experimental group in three stages of treatment intervention, with the observed F-ratio in the

improvement of impulsivity, sexual diversification, and anxiety.

Table 4

Results of Bonferroni post hoc in the experimental group

Variable	Time		Mean difference	Standard Error	P-Value
Cognitive Impulsivity	Pre-test	Post-test	-19.54	2.51	0.001
		Follow-up	-19.61	1.10	0.001
	Post-test	Follow-up	0.86	0.23	0.145
Motor Impulsivity	Pre-test	Post-test	-18.28	2.39	0.001
		Follow-up	-19.78	1.13	0.001
	Post-test	Follow-up	0.77	1.29	0.265
Unplanned impulsivity	Pre-test	Post-test	-14.59	2.72	0.001
		Follow-up	-12.44	1.38	0.001
	Post-test	Follow-up	1.12	1.35	0.132
Sexual Behavior	Pre-test	Post-test	3.30	1.15	0.014
		Follow-up	4.57	1.21	0.001
	Post-test	Follow-up	-1.57	0.59	0.283
Ethical Orientation	Pre-test	Post-test	-2.83	0.34	0.032
		Follow-up	-3.48	0.34	0.017
	Post-test	Follow-up	-0.89	0.33	0.136
Intimacy seeking.	Pre-test	Post-test	5.83	0.34	0.001
		Follow-up	6.35	0.36	0.001
	Post-test	Follow-up	-0.37	0.35	0.389
Physical Symptoms	Pre-test	Post-test	-4.33	0.34	0.001
		Follow-up	-4.90	0.36	0.001
	Post-test	Follow-up	-0.57	0.37	0.496
Mental	Pre-test	Post-test	-4.85	0.59	0.001
		Follow-up	-5.07	0.77	0.001
	Post-test	Follow-up	-0.43	0.89	0.579
Panic	Pre-test	Post-test	-9.00	0.78	0.001
		Follow-up	-9.97	0.94	0.001
	Post-test	Follow-up	-0.97	0.89	0.632

Changes in the experimental group over time in [Table 4](#) showed that the dimensions of impulsivity, sexual diversification, and anxiety in the analytic psychotherapy group were significant in the post-test compared to the pre-test ($P < 0.001$). Also, there was a significant difference in follow-up compared to pre-test ($P < 0.001$). However, there was no significant difference in follow-up compared to post-test ($p < 0.01$).

Discussion and Conclusion

This study aimed to determine the effectiveness of analytical psychotherapy on sexual impulsivity, sexual diversification, and anxiety behaviors in borderline patients. The results of this study showed that analytic psychotherapy is effective in impulsivity behaviors and its components in patients with borderline personality disorder. The results of the research have been consistent with the prior research ([Bender et al., 2001](#); [Levy et al., 2012](#)).

Impulsive behaviors, also known as risky behaviors in some approaches, are actions which, although to some extent involve potential harm or harm, also allow for some form of reward. Although impulsivity can be present in all people with one of the 1st or 2nd axis disorders in DSM, it is still more likely to occur in some psychiatric disorders such as disorders Personality, substance abuse, and mania are more. Since lack of behavioral inhibition is considered a factor in all of these disorders, the relationship between impulsivity and these disorders can be understood. According to some studies, impulsivity is associated with an underlying mechanism of behavioral inhibition ([Rorie, 2016](#)). The results of the analysis of the main elements of the Bharat Impulsivity Scale indicate the effect of three factors: more behavioral activation, less attention, and less planning on impulsivity. These results show that these three factors play a crucial role in impulsivity. Studies show that frontal lobe damage of the brain leads to symptoms of personality disorder. According to other

studies, frontal lobe damage affects attention and planning (Levy et al., 2012). Impulsivity seems to be an essential factor in suicide attempts in patients with borderline personality disorder. Modern psychoanalytic techniques are still moving towards the expressive end of the supportive-rational chain. A study by (Bender et al., 2001) showed that analytical psychotherapy could significantly change impulsivity, verbal insult, direct insult, and irritability.

The results of this study showed that analytical psychotherapy is effective in sexual diversification and its components in patients with borderline personality disorder. This study's results align with previous findings which (Rahmatinia & Gorji, 2023; Riquelme-Marín et al., 2022; Taylor et al., 2017) showed that analytical psychotherapy, mindfulness-based psychotherapy, and transfer-focused therapy have positive outcomes for people with personality disorders, with positive outcomes including improvements such as suicide reduction, sexual diversification, and improved interpersonal and global functioning, as well as reduction of symptoms of borderline personality disorder.

Diversity is usually sparked by adolescence. This period is associated with sexual maturity, and sexual desire is stimulated. On the other hand, the coldness of relationships between the teen and the parents also causes negative feelings in him, and he is drawn to diversification. Sexual and personality disorders are one of the reasons for diversity in people. The person is involved in sexual anomalies. These people are engaged in a series of abnormalities such as indiscretion, harassment, homosexuality, and sexual observance. In this context, psychologists believe that borderline personality and bipolar disorder can also lead to this condition. If this disorder is not treated on time and principle, it causes Behaviors to become risky, and eventually, different circumstances arise. Having a diverse spirit is also a form of disorder. A person is a diversity seeker in all aspects of his life, as seen in his relationships. These people usually do not believe in monogamy. Since analytic psychotherapy deals with the roots and fundamental causes of disorders, it can have satisfactory results in reducing sexual diversification behaviors.

The results showed that the analytical psychotherapy approach was practical on anxiety in borderline

personality patients, and this result was consistent with the results of previous studies (Abbass, 2006; Greenberg, 1983) which stated that the analytical psychotherapy approach attempts to identify all the unconscious forces within a human being that influence his thoughts, feelings, and even behaviors and to increase his comprehension of them. The basis and root of analytic psychotherapy are the theories of Sigmund Freud, which established the psychoanalytic method. Every man's subconscious is a collection of the most outstanding images constantly circulating. For this reason, Freud saw the unconscious as a reservoir of desires, thoughts, and feelings that lie beneath the conscious skin of man. This unconscious or unconscious mind can significantly impact life and cause mental turmoil. It can be stated that the analytical psychotherapy approach is based on the assumption that the occurrence of anxiety in a person is due to a decrease in his coping ability to deal with unpleasant and unpleasant impulses and feelings of the individual. Intensive and short-term dynamic psychotherapy is tried to increase the person's capacity to tolerate anxiety and awareness of the symptoms and feedback of the individual concerning himself. Counseling session, treatment is done.

The sample of the research is exclusive to patients with borderline personality disorder in Sari psychiatric and psychological clinics. Therefore, generalizing the findings of this study to other patients with borderline personality disorder should be cautious. Because the characteristic feature of borderline personality disorder is impulsive behaviors, individual meetings weekly and regularly were associated with many challenges and difficulties. The lack of cooperation of some patients in filling out questionnaires, which took a long time, is another limitation of this research. Due to the need and demand of some of the research clients to continue the treatment and ethical issues, the researcher skipped the follow-up periods. The available sampling method makes it difficult to generalize the results. Based on the findings of the present study, it was found that analytical psychotherapy has a significant effect on impulsivity, sexual diversity seeking, and anxiety in borderline patients. It is suggested that analytical psychotherapy be repeated with more samples and other personality disorders and other experimental or comparative designs.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this study.

References

- Abbass, A. A. (2006). Intensive short-term dynamic psychotherapy of treatment-resistant depression: A pilot study. *Depression and Anxiety*, 23(7), 449-452.
- Bender, D. S., Dolan, R. T., Skodol, A. E., Sanislow, C. A., Dyck, I. R., McGlashan, T. H., Shea, M. T., Zanarini, M. C., Oldham, J. M., & Gunderson, J. G. (2001). Treatment utilization by patients with personality disorders. *American Journal of Psychiatry*, 158(2), 295-302.
- Blasczyk-Schiep, S., Kazen, M., Jaworska-Andryszewska, P., & Kuhl, J. (2018). Volitional determinants of self-harm behaviour and suicidal risk in persons with borderline personality disorder. *The European Journal of Psychiatry*, 32(2), 77-86. <https://doi.org/10.1016/j.ejpsy.2017.10.003>
- Chabrol, H., Montovany, A., Ducongé, E., Kallmeyer, A., Mullet, E., & Leichsenring, F. (2004). Factor structure of the borderline personality inventory in adolescents. *European Journal of Psychological Assessment*, 20(1), 59-65.
- Charbon, P., Kramer, U., Droz, J., & Kolly, S. (2019). Implementation of good psychiatric management in 10 sessions. *Applications of good psychiatric management for borderline personality disorder: a practical guide*, 233, 252.
- Diamond, D., & Hersh, R. G. (2020). Transference-Focused Psychotherapy for Narcissistic Personality Disorder: An Object Relations Approach. *Journal of personality disorders*, 34(Supplement), 159-176. <https://doi.org/10.1521/pedi.2020.34.supp.159>
- Diamond, D., Yeomans, F., & Keefe, J. R. (2021). Transference-Focused Psychotherapy for Pathological Narcissism and Narcissistic Personality Disorder (TFP-N). *Psychodynamic Psychiatry*, 49(2), 244-272. <https://doi.org/10.1521/pdps.2021.49.2.244>
- Einy, S., Mohammad, Narimani, Sadeghi Movahed, Fariba (2019). Comparing the Effect of Mentalization-Based Therapy and Cognitive Analytical Therapy on Ego Strength and Defense Mechanisms of People with Borderline Personality Disorder. *Quarterly of "The Horizon of Medical Science"*, 25(4), 324-339. <https://doi.org/10.32598/hms.25.4.324>
- Gonzalez-Torres, M. A. (2018). Psychodynamic psychotherapies for borderline personality disorders. Current developments and challenges ahead. *BJPsych International*, 15(1), 12-14.
- Greenberg, J. (1983). *Object relations in psychoanalytic theory*. Harvard University Press.
- Gunderson, J. G. (2007). Disturbed relationships as a phenotype for borderline personality disorder. *American Journal of Psychiatry*, 164(11), 1637-1640.
- Keramati, K., Bolhari, J., & Asgharnejad Farid, A.-a. (2007). Effect of Father Loss on Behavioral Disorders in Primary School Children. *Iranian Journal of Psychiatry and Clinical Psychology*, 12(4), 390-395.
- Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J. S., Weber, M., Clarkin, J. F., & Kernberg, O. F. (2006). Change in attachment patterns and reflective function in a randomized control trial of transference-focused psychotherapy for borderline personality disorder. *Journal of consulting and clinical psychology*, 74(6), 1027.
- Levy, K. N., Meehan, K. B., & Yeomans, F. E. (2012). An update and overview of the empirical evidence for transference-focused psychotherapy and other psychotherapies for borderline personality disorder. *Psychodynamic psychotherapy research: Evidence-based practice and practice-based evidence*, 139-167.
- Rahmatinia, M., & Gorji, Y. (2023). The effectiveness of cognitive analytical therapy on improving generalized anxiety disorder and reducing anxiety symptoms in women of Isfahan city. *Psychology of Woman Journal*, 4(3), 28-40. <https://journals.kmanpub.com/index.php/psycwoman/article/view/710>
- Riquelme-Marín, A., Rosa-Alcázar, A. I., & Ortigosa-Quiles, J. M. (2022). Mindfulness-based psychotherapy in patients with obsessive-compulsive disorder: A meta-analytical Study. *International Journal of Clinical and Health Psychology*, 22(3), 100321. <https://doi.org/10.1016/j.ijchp.2022.100321>
- Rorie, K. (2016). Psychodynamic Psychotherapy for Personality Disorders: A Systematic Review.
- Sadeghian-Lemraski, S., Akbari, H., & Mirani, A. (2024). The Effectiveness of Dialectical Behavior Therapy on Self-Compassion and Integrative Self-Knowledge in People with Borderline Personality Disorder : The effectiveness of DBT in people with BPD. *International Journal of Body, Mind and Culture*, 11(5), 660-668. <https://doi.org/10.22122/ijbmc.v11i5.660>
- Salehi-Mourekani, S. (2020). Relationship of Early Maladaptive Schemas and Big Five Personality Factors with Impulsivity in Middle-Aged Women. *International Journal of Body, Mind*

- and Culture*, 7(1), 18-26.
<https://doi.org/10.22122/ijbmc.v7i1.188>
- Shokri, O., & Sanaeepour, M. H. (2016). Cross-Cultural Adaptation of a Farsi Version of the Impulsive Behavior Scale-Short Form in Iran. *International Journal of Body, Mind and Culture*, 3(2), 101-112.
<https://doi.org/10.22122/ijbmc.v3i2.45>
- Stadter, M. (2009). *Object relations brief therapy: The therapeutic relationship in short-term work*. Jason Aronson.
- Taylor, C. D. J., Bee, P., & Haddock, G. (2017). Does schema therapy change schemas and symptoms? A systematic review across mental health disorders. *Psychology and Psychotherapy: Theory, Research and Practice*, 90(3), 456-479. <https://doi.org/10.1111/papt.12112>