

EMOTIONAL COMPETENCE AND COPING MECHANISMS IN CROATIAN WOMEN WITH BORDERLINE PERSONALITY DISORDER: THE ROLE OF ATTACHMENT

Vesna Antičević¹, Sara Šošić² & Dolores Britvić²

¹University of Split, University Department for Health Studies, Split, Croatia

²Split University Hospital and School of Medicine, Split, Croatia

received: 6.11.2017;

revised: 8.11.2018;

accepted: 13.11.2018

SUMMARY

Background: The purpose of this study was to examine differences in attachment, emotional competence and coping strategies among women with BPD and a control group, and the contribution of the attachment dimensions to the emotional competence and coping styles.

Subjects and methods: The group of women with BPD (N=30) and control group of hospital employees (N=47) participated in this cross-sectional study. Attachment, emotional competence and coping were determined by using self-evaluation questionnaires.

Results: The results showed that subjects with BPD more often had insecure attachment, lower emotional competence and ineffective coping strategies compared to controls. Higher levels of insecure attachment predicted lower levels of emotional competence and majority of ineffective coping strategies.

Conclusion: The main findings of this study indicated the importance of insecure attachment to the maintaining of stress intolerance and, particularly, emotional incompetence, which has not been previously studied in the context of BDP. By improving emotional competence and developing more effective coping strategies during therapy, it is possible to contribute to better functionality across different life situations in women with BDP.

Key words: BPD – attachment - emotional competence - coping

* * * * *

INTRODUCTION

Personality disorders are developmental conditions characterized by deeply rooted patterns of behavior deviating significantly from the sociocultural norms (Mimica & Gregurek 2006, Millon et al. 2004). According to the DSM-V classification the Borderline personality disorder (BPD) studied in this research is characterized by instability of self-image, difficulties in achievement personal goals, interpersonal relationships and affects in combination with impulsivity, tendency to risky behavior and feelings of hostility (DSM-V 2013).

BPD in the context of attachment theory

Attachment theory provides a conceptual framework that allows a better understanding of maladjusted mental representations of self and others, the integral part of development and maintenance of personality disorders, including BPD (Scott et al. 2009).

When forming relationships in adulthood, people are led by internal working models that were created in the earliest relationships with caregivers and provide temporal stability of attachment style in which objects of attachment become friends and partners. Internal working models are composed of individual beliefs and expectations of self and others and reflects in behaviour in close relationships throughout the life span (Bowlby 1982, Hazan & Shaver 1987). Based on the model of self and others, Bartholomew (1990) lists four attachment categories/styles: one secure and three insecure (anxious, avoidant and fearful) attachment styles (Table 1). In addition to the categories, attachment can be expressed dimensionally (in dimensions of anxiety and avoidance) (Brennan et al. 1998). A low score on both dimensions indicates the secure attachment style, a high score on the anxiety scale indicates the anxious, and a high score on the avoidance scale points to the avoidant attachment style. High scores on both dimensions indicate fearful attachment style.

Table 1. Attachment styles (Bartholomew 1990)

		Model of self	
		Positive (low anxiety)	Negative (high anxiety)
Model of other	Positive (low avoidance)	<i>Secure attachment</i> Comfortable with intimacy and autonomy	<i>Preoccupied attachment</i> Preoccupied with relationships
	Negative (high avoidance)	<i>Dismissing attachment</i> Dismissing of intimacy Counter-dependent	<i>Fearful attachment</i> Fearful of intimacy Socially avoidant

Insecure attachment is associated with all areas that characterize BPD (e.g. maladaptive cognitions, motivation, emotion regulation, and interpersonal functioning) and the occurrence of both BPD and attachment is associated with early life experiences. Therefore, it is not surprising that there are many empirical confirmations of the relation between insecure attachment and almost all types of personality disorders, including BPD (e.g. Fossati et al. 2003, Crawford et al. 2007, Meyer & Pilkonis 2005, Agrawal et al. 2004, Lyons-Ruth & Jacobvitz 2008). Similarly, Nickell et al. (2002) found that early insecure attachment is a significant predictor for BPD. More specifically, Crawford et al. (2007) found that anxious attachment is associated with "emotional dysregulation" in BPD (characterized by identity disturbances, emotional lability, anxiety, cognitive distortions, submissiveness, self-injury, narcissism and suspiciousness), while avoidant attachment is associated with limited expression of emotions, problems with intimacy and social avoidance. In the systematic review (Black 2010) high rates of preoccupied/anxious and fearful attachment styles among BPD were found. Based on the above-mentioned researches this study is expected to show a greater representation of insecure attachment (anxious and avoidant) in the group of subjects with BPD in relation to the control group.

Emotional competence in BPD

Since disturbed emotional regulation represents one of the major signs of BPD, emotional competence can also be comprised in people suffering from this disorder. Emotional competence is closely related to emotional intelligence. While emotional intelligence represents a person's potential to learn practical skills, emotional competence shows how much of that potential is used in different situations (Cherniss & Goleman 2001). The core competencies are grouped into four subgroups of emotional intelligence: recognition and management of one's own emotions, awareness of others' emotions and relationship management. In previous studies it was found that excessive emotional arousal in BPD interferes with the ability to recognize the correct facial expression which hinders recognition of emotions (Daros et al. 2012, Domes et al. 2008), as well as understanding and managing emotions (Gardner & Qualter 2009). Accordingly, in the meta-analytic studies (Martins et al. 2010, Schutte et al. 2007), the association between emotional intelligence and personality disorders was established (Hertel et al. 2009, Matthews et al. 2002).

Attachment, coping and BPD

Furthermore, poorer emotional regulation in people with insecure attachment can lead to poorer coping strategies with stressful life events. According to Lazarus (1993), coping is determined by a degree of perceived threat in a particular situation and subjective perception of the resources a person has to effectively address the issue. The authors propose two ways of coping:

problem-focused coping (an active approach in coping with stress by changing elements of a stressful situation and/or ways of thinking and behaving which contribute to problem solving) and emotion-focused coping (denial of stress-related reality, withdrawal and tendency of excessive expression of negative emotions). Endler & Parker (1990) also distinguish the avoidant coping strategy by which people try to avoid dealing with stressful event. Schmidt et al. (2002) have found an association between insecure attachments and ineffective coping strategies whereby anxiously attached people were more likely to use emotion-focused coping strategies, while avoidantly attached people used negative emotion-focused coping and redirection strategies. Secure attachment style is associated with problem-focused coping (Walsh et al. 2009, Brennan & Shaver 1995) by adapting emotions to life requirements more effectively, while people with insecure attachment often use ineffective strategies such as suppression to avoid negative emotions (Caspers et al. 2005). In summary, the above mentioned empirical studies confirmed well-established association between insecure attachment and emotional intelligence in people suffering from personality disorders, including BPD. However, in the available literature, no research has been found to investigate the impact of insecure attachment on the ability to apply emotional intelligence in different life situations (i.e. emotional competence) and coping strategies used by women with BPD. Therefore, the main purpose of this study was to investigate the importance of insecure attachment to emotional competence and stress-coping strategies, as important self-regulating mechanisms that moderate successful functioning. Accordingly, the aims were to examine the differences in the attachment styles, emotional competence and coping strategies among women with BPD and a control group, and to determine predictor importance of attachment styles to emotional competence and stress coping strategies.

SUBJECTS AND METHODS

Subjects

The subjects in this study were divided into two groups. The clinical group was composed of women treated at the Regional Centre for psychotrauma at Clinical Hospital Split. The diagnosis of Borderline personality disorder was established according to ICD-10 criteria (2012). The participation in the study were offered to 41 women intended for participation in group therapy. Since the 10 of them refused to participate in the survey, and one was excluded from the study because of incompletely filled out questionnaire, the final clinical sample consisted of 30 women with BPD. The average age of subjects was 45 ± 5.8 years, ranged from 35 to 59 years. 19 subjects were married (63.3%), while the others were not ($n=11$). Two subjects completed primary school, 27 of them completed high school, and one subject had a university degree. About half of them were employed, ten of them were unemployed and six

were retired. The control group was composed of healthy female hospital employees who voluntarily agreed to participate in this study. It consisted of 47 women with an average age of 44.6 ± 7.6 , ranged from 30-60 years. About 95.7% were married, 43 had completed high school (91.5%) and two of them had a university degree. All women in the control group were employed. The inclusion criteria was absence of psychiatric diagnosis as well as history of any psychiatric treatment (pharmacological and/or psychotherapeutic). Before applying research instruments, SCID-II (First et al. 2000) diagnostic interview was conducted with subjects in the control group to eliminate the diagnosis of personality disorder. There was no statistically significant difference in age ($t=0.25$; $p>0.05$) or educational level between two groups ($\chi^2=0.27$; $p>0.05$). The survey was conducted in the premises of the Regional Centre for psychotrauma in Split and in accordance with the principles of Code of Ethics for Psychologists and Code of Medical Ethics.

Methods

Friendship Attachment Questionnaire

The study used a modified and shortened version of the Inventory of Experiences in Close Relationships - IIBV (Brennan et al. 1998) examining the attachment in friendship relations (Friendship Attachment Questionnaire) (Kamenov & Jelić 2003, Marušić et al. 2011). An abbreviated version of the questionnaire contains the anxiety scale (9 items), and the avoidance scale (9 items). These are self-evaluation scales showing subjects' results in each of the two dimensions, in the way that anxiety dimension is determined by the sum of the items labelled by an even number, and avoidance dimension is determined by the sum of items labelled by an odd number. Anxiety (e.g., "I'm concerned that I will end up alone.") refers to the fear of rejection or abandonment, while avoidance (e.g., "I do not feel comfortable when I open up.") relates to discomfort with closeness and dependency on others. Based on a combination of results in both dimensions, it is possible to distinguish four types of attachment: secure, preoccupied, dismissing and fearful attachment. The subjects responded on a 7 point scale for each item ranging from 1 (strongly disagree) to 7 (strongly agree). The result is determined by adding evaluations for the corresponding items of each scale with previous item recoding under numbers 9, 13 and 17. The possible number of points on both scales ranges from 9 to 63. According to the results, subjects can be divided into two basic attachment styles: Anxiety and Avoidance. The subjects who achieve low scores on both scales (≤ 36) have secure attachment while all the others are classified as insecure attachment. Within the insecure attachment, subjects can be divided into preoccupied/anxious, who achieve high scores on the anxiety scale (≥ 36), dismissing/avoidant, who achieve high scores on the avoidance scale (≥ 36), and finally the fearful, who achieve high scores on both scales (≥ 36)

(21). Reliability Cronbach's alpha coefficient is 0.89 for the Avoidance scale and 0.88 for the Anxiety scale (Kamenov & Jelić 2003).

Emotional Competence Questionnaire (UEK - 45)

Emotional Competence Questionnaire UEK - 45 (Takšić 2002) is a measure of emotional competence. It includes 45 claims divided in three subscales: Ability of perceiving/understanding emotions, containing 15 items (item example: "I am able to tell the difference if my friend is sad or disappointed."), Ability of expressing/labeling emotions, containing 14 items (item example: "I can name my feelings and emotions almost always."), Ability of managing/regulating emotions, containing 16 items (item example: "I am able to maintain a good mood even if something bad happens to me."). The subjects assess the extent to which individual claim relates to them on a five-point Likert scale ranging from 1 (not at all) to 5 (always). The potential range of points on the scale of perceiving emotions is from 15 to 75, on the scale of expressing emotions from 14 to 70, and on the scale of managing emotions from 16 to 80. Reliability of subscale Ability to perceive/understand emotions is Cronbach $\alpha=0.87$, Ability to express/label emotions is Cronbach $\alpha=0.89$ and Ability to manage emotions is Cronbach $\alpha=0.88$ (Takšić 2002).

Coping Inventory for Stressful Situations (CISS)

For the measurement of coping with stress the Coping Inventory for Stressful Situations (Endler & Parker 1999) was used. It was adapted by Sorić & Proroković (2002) for use with Croatian subjects. The measure consists of 48 items containing three subscales of 16 items and relating to three coping strategies: problem-focused coping (item example: "I focus on the problem to see how to solve it."), emotion-oriented coping (item example: "I think about the good things that have happened.") and avoidant coping (item example: "I try to be with other people."). The coefficients of internal reliability Cronbach α are, starting from above, 0.80, 0.82 and 0.75. The task of the subjects was to assess to what extent they use a particular type of behaviour when coping with a stressful situation on a scale ranging from 1 (not at all) to 5 (always). The potential range of points on each scale is from 16 to 80. The coefficients of reliability are: Cronbach $\alpha=0.86$ for problem-focused coping; Cronbach $\alpha=0.85$ for emotion-focused coping; Cronbach $\alpha=0.85$ for avoidant coping.

Statistical analysis

Descriptive statistics parameters were summarised by arithmetic means and standard deviations for continuous data. T-test was used to determine statistical significance between continuous variables, while Pearson correlation was applied to establish relationships between variables investigated. The linear univariate regression analysis was used to examine the predictive importance of attachment dimensions to emotional competence and coping strategies. The level of significance was set at 5%.

RESULTS

To determine the difference in proportions of secure and insecure attachment a chi - square test was used. The calculation was made by previous categorizing preoccupied, dismissing and fearful attachment styles into the insecure attachment style.

There were 3.3 times more women with insecure attachment style in the group of women with BPD than in the control group, while there were almost 2 times more women with secure attachment style in the control group than among women with a personality disorder, so there was a statistically significant difference between the groups ($\chi^2=11.4$; $p<0.001$).

The differences in the attachment dimensions, emotional competence and coping strategies between subjects with BPD and the control group were shown in Table 2.

The subjects with BPD showed higher levels of anxious ($p<0.001$) and avoidant attachment ($p<0.001$) (Table 2) compared to subjects in the control group. The results pointed to the statistically significantly lower ability to perceive/understand emotions ($p<0.001$), express/label emotions ($p<0.001$), and manage/regulate emotions ($p<0.001$) in women with GPD than women in the control group. They also had lower scores on problem-focused coping scale ($p<0.001$) and avoidant

coping scale ($p<0.001$) and they used emotion-focused coping to a greater extent ($p<0.001$) (Table 2) compared to women in the control group.

Anxious attachment was negatively related to ability to understand and express emotions, emotion regulation, and problem-focused coping and it was related positively to emotion-focused coping. Avoidant attachment was negatively associated with all aspects of emotional competence, problem-focused coping and avoidant coping. Coping strategies were positively related with abilities to understand and regulate emotions, but negatively with ability to express emotions (Table 3).

The linear univariate regression analysis was used to investigate whether emotional competence and coping with stress can be predicted on the basis of attachment styles. As it could be seen in Table 4, higher anxious attachment predicted lower ability to understand ($p<0.001$), to express ($p<0.05$) and to regulate emotions ($p<0.05$) and also lower levels of problem-focused coping ($p<0.05$), and emotion-focused coping ($p<0.001$). Higher avoidant attachment predicted poorer understanding emotions ($p<0.001$), poorer expressing emotions ($p<0.001$), and poorer emotion regulation ($p<0.001$). The subjects with higher avoidant attachment used less problem-focused coping strategies ($p<0.001$), and avoidant coping ($p<0.05$) (Table 4).

Table 2. Differences in the attachment dimensions, emotional competence and coping strategies between women with borderline personality disorder (N=30) and the control group (n=47)

Scale	Group		t	p
	Women with borderline personality disorder M±SD	Control M±SD		
Anxious attachment	31.3±9.3	22.9±8.9	3.90	<0.001**
Avoidant attachment	34.2±11.8	22.9±9.6	4.60	<0.001**
Perceiving/Understanding emotions	45.8±9.3	55.9±6.2	5.80	<0.001**
Expressing/labelling emotions	41.8±8.0	53.2±6.5	6.80	<0.001**
Managing/regulating emotions	50.3±8.4	61.4±6.3	6.60	<0.001**
Problem-focused coping	49.8±7.8	60.2±6.8	6.10	<0.001**
Emotion-focused coping	57.0±7.3	46.4±7.8	5.80	<0.001**
Avoidant coping	40.8±9.8	49.7±9.0	3.37	<0.001**

Legend: M - means; SD -standard deviation; ** - $p<0.01$

Table 3. Relationship between attachment styles, emotional competence and coping strategies in women with personality disorders

	2	3	4	5	6	7	8
Anxious attachment	0.51**	-0.45**	-0.30**	-0.32**	-0.40**	0.50**	-0.05
Avoidant attachment		-0.41**	-0.49**	-0.39**	-0.44**	-0.10	-0.23*
Understanding emotions			0.75**	0.67**	0.62**	-0.33**	0.22
Expressing emotions				0.75**	0.66**	-0.28*	0.52**
Emotion regulation					0.75**	-0.4**	0.6**
Problem-focused coping						-0.31**	0.53**
Emotion-focused coping							-0.10
Avoidant coping							

Legend: * $p<0.05$; ** $p<0.01$

Table 4. Role of attachment styles (predictors) in emotional competence and coping with stress in subjects with personality disorders

	Anxious attachment	Avoidant attachment
Perceiving/understanding emotions		
R ²	21%	16.7%
β	-0.5	-0.4
t	-4.4	-3.8
p	<0.001**	<0.001**
Expressing/labelling emotions		
R ²	9%	24%
β	-0.3	-0.5
t	-2.7	-4.8
p	<0.05*	<0.001**
Managing/regulating emotions		
R ²	10.2%	15.4%
β	-0.3	-0.4
t	-2.9	-3.7
p	<0.05*	<0.001**
Problem-focused coping		
R ²	16.3%	19.1%
β	-0.4	-0.4
t	-3.8	-4.2
p	<0.05*	<0.001**
Emotion-focused coping		
R ²	24.3%	5%
β	0.5	-0.2
t	4.8	-2.1
p	<0.001**	>0.05
Avoidant coping		
R ²	0.3%	5%
β	-0.05	-0.2
t	-0.4	-2.1
p	>0.05	<0.05*

Legend: β – regression coefficients; R² - coefficient of determination; * p<0.05, ** p<0.01

DISCUSSION

The results of this research indicated higher levels of insecure attachment, poorer emotional competence, and less effective coping strategies in women with borderline personality disorder compared to subjects in the control group. Anxious attachment predicts lower emotion competence and problem-focused coping, and pronounced emotion-focused coping in stressful situations. Avoidant attachment predicts poorer emotional competence and problem-focused coping, and lower levels of avoidant coping in stressful situations. The finding of higher prevalence of insecure attachment in subjects with BPD is consistent with results of previous studies in which the positive association between these disorders and insecure attachment was found (Fossati et al. 2003, Crawford et al. 2007, Meyer & Pilkonis 2005, Agrawal et al. 2004, Lyons-Ruth & Jacobvitz 2008). This study showed that about a third of subjects in the clinical group had high scores on both insecure attachment scales, anxious and avoidant, which place

them in the fearful attachment style. This in line with previous finding indicated high incidence of fearful attachment among BPD (Black 2010). However, almost half of the subjects in clinical group in this study also expressed a secure attachment style, indicating that insecure attachment was not the only determinant of BPD. Although dyadic parent–child interactions and subsequent modulation of emotion in the child and future adult are closely related, other factors, such as genetic predisposition and traumatic experiences also play an important role in the development of BPD (Mosquera et al. 2014, Mikulincer & Shaver 2012).

This study found lower ability to perceive/understand, express/label and manage/regulate emotions in subjects with BPD compared to control subjects which was consistent with the results of meta-analytic studies (Martins et al. 2010, Schutte et al. 2007) showing lower levels of emotional intelligence in people suffering of personality disorders. The finding of poorer emotional competence is expected considering the fact that emotion dysregulation is the key symptom of BPD, and that one of the diagnostic criteria in the DSM V (APA 2013) defines the disorder as a reduced ability to recognize emotions and needs of others associated with interpersonal hypersensitivity and selective perception of others. One explanation for emotional regulation difficulties in people with BPD is their limited ability of mentalization i.e. understanding of subjective states and mental processes of self and others. Due to lack of this ability, they are unable to correctly identify their own feelings and feelings of others, and deal successfully with intense emotions. This limited capacity of mentalization contributes to maintaining impulsivity, fragmented and inconsistent sense of self and poor regulation of intense emotions (Fonagy & Bateman 2008). These maladaptive patterns can consequently result in relationship difficulties and poorer functionality for people with BPD.

In this study, it was also found that both insecure attachment dimensions predicted poorer emotional competence. More specifically, anxious attachment to a greater extent predicted poorer ability to perceive/understand emotions (21% of the variance), while avoidant attachment predicted lower ability to express/label feelings (24% of the variance). According to Mikulincer & Shaver (2012), lack of understanding of emotions in people with anxious attachment style and emotional inhibition in people with avoidant attachment style (resulting in difficulties in emotional expression) contributes to difficulties in emotional regulation. Due to the higher incidence of insecure attachment in subjects with BPD, this finding suggests that a lower emotional competence of subjects with BPD may be partly the result of their insecurity in close relationships. Finally, similar to previous studies (Schmidt et al. 2002), the results of this study showed that insecure attachment styles also compromised the ability to stay calm in stressful situations, particularly in situations that require problem focused coping and use of external sources of support. Furthermore, higher levels of anxious attachment

predicted predominantly use of emotion-focused coping strategy in terms of excessive expression of negative emotions (anger, fear, anxiety). Emotional coping along with less use of problem solving strategies may additionally compromise an effective dealing with problem situations in people with BPD. On the other hand, the results of this study showed that higher avoidant attachment predicted lower ability of problem-focused coping, but also lower use of avoidant strategies in stressful conditions. From the perspective of the attachment theory, the absence of anxiety in avoidantly-attached people, makes them possible not to avoid stressful situations, unlike anxiously-attached people. In summary, the results of this study suggest that anxious and avoidant attachment contribute to a lower emotional competence and ineffective coping strategies in women with BPD. Consequently, reduced abilities to understand their own and other emotional states and ineffective problem solving strategies, along with other symptoms, contribute to difficulties in adaptation and functionality across different life circumstances. The results of this study improve scientific knowledge about the impact of early relationships quality to the emotional development and the development of cognitive-behavioural strategies necessary for successful adaptation. The practical implications show the importance for assessment of attachment and improving emotional competence and coping strategies in the therapeutic work with BPD.

The main limitation of this study is related to the use of self-evaluation measures that show a subjective assessment of the current state of subjects. Since the research was conducted on a convenience sample, the results cannot be generalized, but they can be used for further research. It is recommended that future research includes a larger number of subjects of both sexes, and explore possible moderating and mediating effects of aspects of emotional intelligence between the attachment dimensions and coping strategies.

CONCLUSIONS

The women with BPD had higher levels of anxious and avoidant attachment, lower levels of emotional competence and less effective coping strategies compared to women in control group. The main findings of this study indicated the importance of insecure attachment to the maintaining of emotional dysregulation and stress intolerance in women with BPD. By improving emotional competence and developing more effective stress coping strategies during therapy, it is possible to contribute to better functionality across different life situations in women with BPD.

Acknowledgements: None.

Conflict of interest: None to declare.

Contribution of individual authors:

Vesna Antičević contributed to all parts of manuscript preparations: design of the study, data collection, literature searches and analyses, statistical analyses, interpretation of data, first draft, approval of the final version

Sara Šošić significantly contributed to the following parts of manuscript: data collection, literature searches and analyses, interpretation of data, approval of the final version

Dolores Britvić actively participated in the following activities: design of the study, interpretation of data, first draft, approval of the final version.

References

1. Agrawal HR, Gunderson J, Holmes BM & Lyons-Ruth, K: *Attachment Studies with Borderline Patients: A Review*. *Harv Rev Psychiatry* 2004; 12:94–104
2. *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (Fifth ed.)*. American Psychiatric Publishing, Arlington, 2013
3. Bartholomew K: *Avoidance of Intimacy: An Attachment Perspective*. *J Soc Pers Relat* 1990; 7:147–78
4. Black KK: *Unstable sense of self in borderline personality disorder: a problem of role absorption and lack of integration?* (Unpublished Doctoral Thesis). University of Glasgow, 2010
5. Bowlby J: *Attachment and loss: Retrospect and prospect*. *Am J Orthopsych* 1982; 52:664–78
6. Brennan KA & Shaver PR: *Dimensions of Adult Attachment, Affect Regulation, and Romantic Relationship Functioning*. *Pers Soc Psychol Bull* 1995; 21:267–83
7. Brennan K, Clark CA & Shaver PR: *Self – Report Measurement of Adult Attachment: An integrative overview, Attachment theory and close relationships*. Guilford Press, New York, 1998
8. Caspers KM, Cadoret RJ, Langbehn D, Yucuis & Troutman B: *Contributions of attachment style and perceived social support to lifetime use of illicit substances*. *Addict Behav* 2005; 30:1007–11
9. Cherniss C & Goleman D: *The Emotionally Intelligent Workplace*. In Goleman D (ed): *An EI – Based Theory of Performance*, 27-44. Jossey-Bass, San Francisco, 2001
10. Crawford TN, Livesley WJ, Jang KL, Shaver PR, Cohen P & Ganiban J: *Insecure attachment and personality disorder: a twin study of adults*. *Eur J Pers* 2007; 21:191–208
11. Daros AR, Zakzanis KK & Ruocco AC: *Facial emotion recognition in BPD*. *Psychol Med* 2012; 43:1953–63
12. Domes G, Cziesschnek D, Weidler F, Berger C, Fast K & Herpertz SC: *Recognition of Facial Affect in BPD*. *J Pers Disord* 2008; 22:135–47
13. Endler NS & Parker JDA: *Multidimensional assessment of coping: A critical evaluation*. *J Pers Soc Psychol* 1990; 58:844–54
14. Endler NS & Parker JDA: *Coping Inventory for Stressful Situations (CISS): Manual*. Multi Health Systems, Toronto, 1999
15. First MB, Spitzer RL, Gibbon M & Williams JBV: *Structured clinical interview for Personality Disorders-*

- SCID II/Strukturirani klinički intervju za poremećaje ličnosti- SKID-II. Naklada Slap, Jastrebarsko, 2000
16. Fonagy P & Bateman A: The Development of BPD - A Mentalizing Model. *J Pers Disord* 2008; 22:4-21
 17. Fosatti A, Feeney JA, Donati D, Donini M, Novella L, Bagnato M et al.: Personality disorders and adult attachment dimensions in a mixed psychiatric sample: a multivariate study. *J Nerv Ment Dis* 2003; 191:30-7
 18. Gardner K & Qualter P: Emotional intelligence and BPD. *Pers Ind Diff* 2009; 47:94-8
 19. Hazan C & Shaver P: Romantic love conceptualized as an attachment process. *J Pers Soc Psychol* 1987; 52:511-24
 20. Hertel J, Schütz A & Lammers CH: Emotional intelligence and mental disorder. *J Clin Psychol* 2009; 65:942-54
 21. Kamenov Ž & Jelić M: Validation of instrument for measuring of attachment in different kinds of relationships. Modification of Brennan Inventory of experiences in close relationships/ Validacija instrumenta za mjerenje privrženosti u različitim vrstama bliskih odnosa. Modifikacija Brennanova inventara iskustva u bliskim vezama, *Suv psihol* 2003; 6:73-91
 22. Lazarus RS: Coping theory and research: past, present, and future. *Psychosom Med* 1993; 55:234-47
 23. Lyons-Ruth K & Jacobvitz D: Disorganized Attachment: Genetic factors, parenting contexts, and developmental transformation from infancy to adulthood. In Cassidy J & Shaver PR (eds): *Handbook of attachment: Theory, research, and clinical applications*, 666-97. Guilford Press, New York, 2008
 24. Martins A, Ramalho N & Morin E: A comprehensive meta-analysis of the relationship between Emotional Intelligence and health. *Pers Individ Dif* 2010; 49:554-64
 25. Marušić I, Kamenov Ž & Jelić M: Personality and Attachment to friends. *Drus Istraz* 2011; 20:1119-37
 26. Matthews G, Zeidner M & Roberts RD: Emotional Intelligence: Consensus, Controversies, and Questions. In Matthews G, Zeidner M & Roberts RD (eds): *Emotional intelligence: Knowns and unknowns*, 3-46. Oxford University Press, Cambridge, 2008
 27. Matthews G, Zeidner M & Roberts RD: Emotional intelligence: science and myth. MIT Press, Cambridge, 2002
 28. Meyer B & Pilkonis PA: An attachment model of personality disorders. In Lenzenweger MF & Clarkin JF (eds): *Major theories of personality disorder*, 231-81. Guilford Press, New York, 2005
 29. Mosquera D, Gonzalez A & Leeds AM: Early experience, structural dissociation, and emotional dysregulation in borderline personality disorder: The role of insecure and disorganized attachment. *Borderline Personal Disord Emot Dysregul* 2014; 1:15
 30. Mikulincer M & Shaver PR: An attachment perspective on psychopathology. *World Psychiatry* 2012; 11:11-5
 31. Millon T, Grossman S, Millon C, Meagher S & Ramnath R. *Personality Disorders in Modern Life* (2nd ed.), John Wiley and Sons, Inc., New Jersey, 2004
 32. Mimica N & Gregurek R: Personality Disorders/Poremećaji ličnosti. In Hotujac Lj (ed), *Psychiatry/Psijijatrija*, 244-51. Medicinska naklada, Zagreb, 2006
 33. Nickell AD, Waudby CJ & Trull TJ: Attachment, Parental Bonding and Borderline Personality Disorder Features in Young Adults. *J Pers Disord* 2002; 16:148-59
 34. Schmidt S, Nachtigall C, Wuethrich-Martone O & Strauss B: Attachment and coping with chronic disease. *J Psychosom Res* 2002; 53:763-73
 35. Schutte NS, Malouff JM, Thorsteinsson EB, Bhullar N & Rooke SE: A meta-analytic investigation of the relationship between emotional intelligence and health. *Pers Individ Dif* 2007; 42:921-33
 36. Scott LN, Levy KN & Pincus AL: Adult attachment, personality traits, and BPD features in young adults. *J Pers Disord* 2009; 23:258-80
 37. Sorić I & Proroković A: Stress coping questionnaire Endler & Parker (CISS)/Upitnik suočavanja sa stresnim situacijama Endlera i Parkera. In Lacković-Grgin K, Bautović A, Čubela V & Penezić Z. (eds): *Collection of psychological scales and questionnaires / Zbirka psiholoških skala i upitnika*, 147-51. Filozofski fakultet, Zadar, 2002
 38. Takšić V: Emotional Competence Questionnaire UEQ – 45/Upitnik emocionalne kompetentnosti UEK-45. In Lacković-Grgin K, Bautović A, Čubela V & Penezić Z. (eds): *Collection of psychological scales and questionnaires/ Zbirka psiholoških skala i upitnika*, 27-45. Filozofski fakultet, Zadar, 2002
 39. Walsh J, Schofield G, Harris G, Vostanis P, Oyebode F & Coulthard H: Attachment and Coping Strategies in Middle Childhood Children whose Mothers Have a Mental Health Problem: Implications for Social Work Practice. *Brit J Soc Work* 2009; 39:81-98
 40. World Health Organization/Svjetska zdravstvena organizacija. ICD-10 – International classification of diseases and other health problems/Međunarodna klasifikacija bolesti i srodnih zdravstvenih problema. Medicinska naklada, Zagreb, 2012

Correspondence:

Assistant Professor Vesna Antičević, MD
University of Split, University Department of Health Studies
Ruđera Boškovića 31, 21 000 Split, Croatia
E-mail: vesna.anticivic@ozs.unist.hr