Original Article

The Relationship of Coping Mechanisms to Depression Score and Suicide Risk in People with Borderline Personality Disorder

Natalia Dewi Wardani,[*] Alifiati Fitrikasari,[*] Innawati Jusup,[*] Titis Hadiati,[*] Widodo Sarjana AS,[*] Hang Gunawan Asikin,[*] Tanjung Ayu Sumekar,[*] Kezia Natalia Daniast Susilo,[**] Diana Atmaja[**]

[*]Psychiatry Department Medical Faculty Diponegoro University
[**]Psychiatry Residency Program, Medical Faculty Diponegoro University

Abstract

Introduction: *Borderline Personality Disorder (BPD) is associated with a high prevalence of depressive symptoms and an increased risk of suicidal behavior. Approximately 75% of individuals with BPD have attempted suicide, while self-injurious behavior occurs in 17% of young adults and 6% of the general adult population. Psychological stress and coping mechanisms play important roles in these outcomes.*
Methods*: This cross-sectional quantitative study included 80 patients diagnosed with BPD. Coping strategies were assessed using the Brief COPE questionnaire and categorized into problem-focused or emotion-focused coping. Depression severity was measured using the GRID Hamilton Depression Rating Scale (GRID HAM-D), and suicide risk was assessed using the Columbia-Suicide Severity Rating Scale (C-SSRS). Coping strategies were subsequently categorized into problem-focused coping or emotion-focused coping based on the participant's predominant response patterns.*
Results*: Problem-focused coping showed a significant positive correlation with suicide risk ($p = 0.002$; $r = 0.386$). In contrast, emotion-focused coping demonstrated a significant negative correlation with suicide risk ($p = 0.044$; $r = -0.479$). Neither coping strategy was significantly associated with depression scores ($p = 0.786$ and $p = 0.121$, respectively).*
Conclusion*: Problem-Focused Coping is associated with increased suicide risk behavior, while Emotion-Focused Coping is associated with lower levels of suicide risk behavior.*

Keywords*: Borderline Personality Disorder, Community Psychiatry, Coping Mechanisms, Depression, Psychotherapy, Psychosocial Factors, Suicide Risk*

Korespondensi: **Natalia Dewi Wardani**
E-mail: *anatdew@gmail.com*

Hubungan Mekanisme Koping dengan Skor Depresi dan Risiko Bunuh Diri pada Orang dengan Gangguan Kepribadian Ambang

Natalia Dewi Wardani,[*] Alifiati Fitrikasari,[*] Innawati Jusup,[*] Titis Hadiati,[*] Widodo Sarjana AS,[*] Hang Gunawan Asikin,[*] Tanjung Ayu Sumekar,[*] Kezia Natalia Daniast Susilo,[**] Diana Atmaja[**]

[*]Departemen Psikiatri, Fakultas Kedokteran Universitas Diponegoro
[**]Program Residensi Psikiatri, Fakultas Kedokteran Universitas Diponegoro

Abstrak

Pendahuluan: *Gangguan kepribadian ambang (GKA) berhubungan dengan tingginya prevalensi gejala depresi dan peningkatan risiko perilaku bunuh diri. Sekitar 75% individu dengan BPD pernah melakukan percobaan bunuh diri, sementara perilaku melukai diri ditemukan pada 17% dewasa muda dan 6% populasi dewasa umum. Stres psikologis dan mekanisme koping berperan penting dalam kondisi ini.*
Metode *: Penelitian kuantitatif dengan desain potong lintang ini melibatkan 80 pasien dengan diagnosis BPD. Strategi koping diukur menggunakan kuesioner Brief COPE dan dikategorikan menjadi problem-focused coping dan emotion-focused coping. Tingkat depresi dinilai menggunakan GRID Hamilton Depression Rating Scale (GRID HAM-D), dan risiko bunuh diri diukur dengan Columbia-Suicide Severity Rating Scale (C-SSRS).*
Hasil *: Problem-focused coping menunjukkan korelasi positif yang signifikan dengan risiko bunuh diri ($p = 0.002$; $r = 0.386$). Sebaliknya, emotion-focused coping menunjukkan korelasi negatif yang signifikan dengan risiko bunuh diri ($p = 0.044$; $r = -0.479$). Tidak ditemukan hubungan yang signifikan antara kedua strategi koping dengan skor depresi ($p = 0.786$ dan $p = 0.121$).*
Kesimpulan *: Problem-focused coping berhubungan dengan peningkatan Risiko bunuh diri, sementara emotion-focused coping berhubungan dengan penurunan risiko bunuh diri.*

Kata kunci *: Depresi, Gangguan Kepribadian Ambang, Mekanisme Koping, Psikoterapi, Psikiatri Komunitas, Faktor Psikososial, Risiko Bunuh Diri*

Introduction

Borderline personality disorder (BPD) is a personality disorder strongly associated with comorbid psychiatric conditions, including mood disorders, anxiety disorders, post-traumatic stress disorder (PTSD), eating disorders, and substance use disorders. Depressive disorders, in particular, constitute a significant risk factor for suicidal behavior, with approximately 40% of individuals with depression also meeting diagnostic criteria for BPD.[1]

Stress is often perceived as a negative stimulus that can be harmful when its intensity or duration exceeds an individual's adaptive capacity. Chronic stress increases the risk of developing mental disorders, particularly depression and anxiety. The ability to identify stressors is essential for effective management and prevention of adverse outcomes. Coping with stress involves cognitive and behavioral efforts, commonly referred to as coping mechanisms.[2]

Depression is a chronic and recurrent psychiatric disorder characterized by heterogeneous symptoms, including persistent low mood, recurrent suicidal ideation, feelings of worthlessness, social withdrawal, and anhedonia, all of which contribute to a decline in quality of life.[3-5] Impaired coping with daily stressors is closely associated with the development of depression. Epidemiological data indicate a higher prevalence in women compared to men. In Indonesia, the 2018 Basic Health Research (Riskesdas) reported that

approximately 6.5% of individuals aged ≥15 years (over 12 million people) experience depression.[6]

Suicide is a major global public health issue and represents the second leading cause of death among young individuals worldwide.[7] It imposes substantial health, social, and economic burdens.[8] In Indonesia, data from the 2016 Sample Registration System indicate approximately 1,800 suicide cases annually, or an average of five deaths per day.[9] Self-harm and suicidal behaviors are highly prevalent among individuals with BPD, largely due to deficits in emotional regulation, impulse control, and interpersonal functioning. It is estimated that up to 75% of individuals with BPD have attempted suicide, while self-harm behaviors occur in approximately 17% of young adults and 6% of adults.[5] Suicidal behavior typically progresses along a continuum, beginning with ideation, advancing to attempts, and potentially resulting in death. The Columbia Suicide Severity Rating Scale (C-SSRS) is a validated instrument used to assess the severity and intensity of suicidal ideation, as well as past and present suicidal behaviors.[10,7]

Given the elevated risk of suicidal behavior in individuals with BPD, management strategies include both pharmacological and psychotherapeutic interventions. Psychotherapy plays a crucial role in improving emotional regulation and reducing impulsivity, thereby decreasing the risk of self-harm and suicide.[8]

Methods

This study was a quantitative research design with a cross-sectional approach. A purposive sampling technique was utilized, resulting in a total sample of 80 respondents. The study population consisted of patients diagnosed Borderline Personality Disorder (BPD), who were subsequently administered several standardized instrument : the BRIEF COPE questionnaire to assess coping mechanism, the GRID Hamilton Depression Rating Scale (GRID HAM-D) to measure depression severity and the Columbia- Suicide Severity Rating Scale (C-SSRS) to evaluate suicide risk behavior.

The Brief COPE questionnaire responses were categorized into two primary coping styles : emotion-focused coping and problem-focused coping. A total of 28 items were used for classification, comprising 14 item measuring problem-focused coping and 14 items measuring emotion-focused coping. Each participants' predominant coping strategy was determined based on the category with the highest cumulative score. Scores from predominant coping strategy were presented as total score. Scores from both GRID HAM-D and C-SSRS were presented as total scores. Inclusion criteria for this study were as follows : individual diagnosed with BPD based on the Structured Clinical Interview for DSM-V Axis II Disorder (SCID-II), aged between 18 and 60 years with minimum education level of senior high school or equivalent, and who proved written informed consent to participate. Exclusion criteria included patients with severe or chronic physical illnesses, those diagnosed with psychotic disorder and individuals currently receiving immunosuppressive therapy.

The data obtained were then processed using SPSS Statistics. Ethical approval was obtained from the Health Research Ethic Comission (KEPK) Faculty of Medicine, Diponegoro University No. 367/EC/KEPK/FK-UNDIP/VII/2024 before the study was conducted.

Research Results

Respondents of this research were 80% dominated by female, average age 26 years, single, majority were college students, most of them are Javanese, no psychiatric genetic history, status normal nutrition. Analysis of each coping mechanism variables scores (BRIEF COPE) on depression scores (GRID HAM-D) and suicide risk behavior score (CSSRS).

Table 1 summarize the results of the correlation analysis examining the associa-

Table 1. Correlation of Coping Mechanism Score (BRIEF COPE) to Depression Score (GRID HAM-D)

	Coping Mechanism	p	r
Depression	Emotion-Focused Coping (n=18)	0.121β	-0.379
	Problem-Focused Coping (n=62)	0.786 β	0.035

*Information: β : Spearman Test ; *: Significant p<0,05*

tions between coping mechanisms and depression score as measured by the GRID HAM-D. The analysis revealed that Emotion-Focused Coping was not significantly correlated with depression scores ($p = 0.121$; $n = 18$). Similarly, Problem-Focused Coping demonstrated no statistically significant correlation with depression scores ($p = 0.786$; $n = 62$). Overall, these findings indicate that neither Emotion-Focused Coping nor Problem-Focused Coping showed a significant linear relationship with depression severity in this study population.

Table 2. Correlation of Coping Mechanism Score (BRIEF COPE) to Suicide Risk Behavior (C-SSRS)

	Coping Mechanism	p	r
Suicide Risk	Emotion-Focused Coping (n=18)	$0.044^{\beta*}$	- 0.479
	Problem-Focused Coping (n=62)	$0.002^{\beta*}$	0.386

Information: β *: Spearman Test ; *: Significant* $p<0,05$

Table 2 presents the results of the correlational analysis examining the associations between coping mechanisms and suicide risk as measured by the C-SSRS. The findings demonstrate contrasting relationship between the two coping strategies. Emotion-Focused Coping was significantly associated with suicide risk ($p = 0.044$), showing a moderate negative correlation ($r = -0.479$). This indicates the greater utilization of emotion-focused coping strategies is associated with lower levels of suicide risk; higher emotion-focused coping scores correspond to lower C-SSRS scores, and vice versa. In contrast, Problem-Focused Coping showed a statistically significant positive correlation with suicide risk ($p = 0.002$, $r = 0.386$). This suggest that increased use of problem-focused coping strategies is associated with higher suicide risk among the 62 respondents.

Discussion

Understanding the relationship between coping mechanisms, depressions core and suicide risk in individuals with BPD is essential in the context of managing this complex psychiatric condition. BPD is commonly have comorbidity with other psychiatric disorder, including mood disorder and substance use disorder. Key of features of BPD include emotional instability, impulsivity and difficulty in establishing healthy interpersonal relationship. The inability of individuals with BPD to regulate emotions effectively has been associated with self harm and suicidal behavior, often accompanied by persistent depressive symptoms and chronic stress.[11]

One of the major challenges for individuals with BPD involves coping with daily stressors poorly managed stress is often associated with increased severity of psychiatric symptoms, particularly depression. Depression is characterized by persistent low mood, suicidal ideation, and social withdrawal. Patients with both depression and BPD are frequently observed to use maladaptive coping strategies, such as avoidance or emotional suppression, which have been associated with worsening psychological outcomes. According to the 2018 Indonesian Basic Health Research (Riskesdas), over 12 million Indonesians (approximately 6,5% of the population aged 15 and above) experience depression, highlighting to the public health importance of addressing depressive symptoms. Among individuals with BPD, ineffective coping has been associated with more severe depressive symptoms and increased suicide risk. Thus, understanding coping mechanisms used by PD patients may be useful in identifying potential factors associated with depression and suicidal risk.[12]

Coping mechanisms refer to the cognitive and behavioral strategies individuals use to manage stress. Broadly, these strategies are categorized into problem-focused coping (which aims to resolve or alter the source of stress) and emotion- focused coping (which aims to regulate emotional responses to stress without addressing the stressor directly). In the context of BPD, emotion-focused coping is often more frequently used, although it has been associated with less favorable long term psychological outcomes.[13]

This study used questionnaires the Brief COPE to assess each coping mechanism scores, the GRID HAM-D to measure depression and C-SSRS to evaluate suicide risk behavior. Findings indicated that the type of coping mechanism of patients was significantly associated with suicide risk behavior. Patients who more frequently used problem-focused coping mechanism tended to have higher suicide risk behavior score. BPD patients who

predominantly used emotion-focused coping mechanism have lower suicide risk behavior score. These associations my reflect how different coping styles correspond to the patients' subjective emotional states.[14]

Problem-Focused Coping exhibits a significant positive correlation with suicide risk scores ($p = 0.002$, $r = 0.386$). This association shows that a higher score of Problem-Focused Coping is related to elevated suicide risk behavior score. This positive correlation might reflect a pattern where in high-risk individuals, an intense focus on unresolved problems is associated with increased distress or ruminations.

Emotion-Focused Coping demonstrated a statistically significant association with suicide risk scores ($p = 0.044$; $r = -0.479$), indicating a moderate negative correlation. This finding suggests that increased utilization of emotion-focused coping strategies is associated with lower levels of suicidal risk behavior. Clinically, patients with borderline personality disorder (BPD) commonly exhibit emotional dysregulation; therefore, emotion-focused coping strategies—such as relaxation techniques and meditation—may be beneficial in helping individuals manage maladaptive emotional responses. In this context, emotion-focused coping, which emphasizes responses to distressing situations, appears to provide greater benefit among patients with BPD in this study.

These findings differ from those reported by Hafferty et al.[15] who found that emotion-oriented coping was associated with increased suicidal ideation and higher levels of neuroticism. This discrepancy may be attributed to differences in study populations, as their study included hospitalized patients with self-harm behaviors who were not necessarily diagnosed with BPD, whereas the present study specifically focused on individuals with BPD.

In contrast, neither Problem-Focused Coping nor Emotion-Focused Coping showed a statistically significant relationship with depression scores ($p = 0.786$ and $p = 0.121$, respectively). Overall, these findings suggest that the relationship between coping strategies and mental health outcomes may be context-dependent and influenced by statistical power limitations. In this study, Problem-Focused Coping was associated with increased suicide risk but not with depression severity.

This pattern differs from the findings of Ho et al.[16] who reported a negative association between problem-focused coping and depression severity. Conversely, emotion-focused coping in their study was positively associated with higher depression scores and was considered a maladaptive coping strategy. These differences may be explained by variations in the study populations: Ho et al. examined personality traits, which tend to be relatively stable and adaptive, whereas the present study involved individuals with personality disorders, which are typically more rigid, inflexible, and associated with significant distress. Such characteristics may influence the effectiveness of coping mechanisms, resulting in the absence of a significant association with depression among patients with BPD.

Impulsivity remains one of the central challenges in treating BPD, often exacerbating symptoms including depression and suicidal behaviors. Estimates suggest that 46–92% of individuals with BPD have attempted suicide, with approximately 10% of these cases resulting in death. According to Linehan, the emotional, behavioral, and cognitive dysregulation characteristic of BPD—especially emotional hyperactivity and impulsivity—has been linked to increased vulnerability to suicidal tendencies. Isaeva et al. also found that individuals with BPD demonstrated higher suicide risk than those with mood disorders, potentially due to reduced social orientation, increased self-centeredness, and affective preoccupation.[17]

Individuals with borderline personality disorder (BPD) often experience difficulties in problem-solving, which may be attributed to heightened emotional reactivity, executive dysfunction (such as impaired inhibitory control), and underlying neurobiological factors. Intense emotional states can overwhelm cognitive processes, limiting the individual's ability to think clearly and effectively apply previously learned coping strategies. In addition, dysfunction in brain regions such as the dorsolateral prefrontal cortex—an area implicated in planning, cognitive flexibility, and self-regulation—may further impair the capacity to organize behavior and control impulses.[18] These mechanisms may help explain why higher levels of problem-focused coping are associated with increased suicide risk in this population. Although problem-focused coping is generally considered adaptive, its effectiveness may be limited in individuals with BPD due to impairments in cognitive control and emotional regulation.

Conversely, higher utilization of emotion-focused coping strategies appears to be associated with lower suicide risk. Emo-

tion-focused coping may facilitate emotional stabilization and enhance the ability to regulate distress, thereby reducing impulsivity and maladaptive behavior related to suicide risk. In this context, strategies that promote emotional regulation may be particularly beneficial for individuals with BPD.

Several factors have been associated with elevated suicide risk among individuals with BPD, including comorbid major depressive disorder (MDD), substance use disorders, a history of childhood trauma (e.g., sexual abuse), minority status, previous psychiatric hospitalizations, and greater disorder severity.[19] Younger age and higher BPD severity have also been independently associated with increased risk of suicide attempts. Additionally, suicidal behavior has been linked with lower self-esteem and emotional intelligence, as well as with greater depression severity, higher addiction risk, and more intense BPD symptoms. Among these factors, depression has shown a strong association with suicidal behavior.[20]

Psychotherapeutic interventions that focus on managing impulsivity may contribute to improved emotional regulation in BPD patients. Such interventions often aim to help patients identify emotionally triggering situations and implement strategies to delay or prevent impulsive reactions.[21] In this context, problem-focused coping may support more adaptive responses by encouraging objective problem-solving and reducing reliance on maladaptive stress responses.[22] Psychotherapy that teaches emotion-focused coping skills such as relaxation and meditation in this study is proven to be associated with a lower suicide risk score.

In conclusion, the observed associations between coping mechanisms, depression severity, and suicide risk in patients with BPD provide insight into potentially important psychosocial factors. While the findings highlight the relevance of coping styles in the clinical presentation of BPD, the cross-sectional nature of the study precludes any causal interpretations. Future longitudinal or interventional studies in Community Psychiatry are needed to determine the directionality of these relationships and evaluate whether promoting adaptive coping strategies contributes to improved outcomes in BPD.

This study has several limitations, including its cross-sectional design, which does not allow for the assessment of changes over time and precludes any determination of cause-and-effect relationships.

Conclusion

This study found that among patients with BPD, the type of coping mechanism was associated with variations in depression severity and suicide risk. The main findings indicate a significant positive association between Problem-Focused Coping and suicide risk, a significant negative association between Emotion-Focused Coping and suicide risk This result suggests that increased utilization of Problem-Focused Coping correlates with a higher reported suicide risk. Conversely, Emotion-Focused Coping demonstrated a strong negative association with suicide risk, suggesting a potential role of Emotion-Focused Coping in the context of reduced psychological factor distress levels.

Limitations

While providing important insights, this study has limitations. The use of a cross-sectional study design restricts the ability to establish causality; all findings represent associations only. Furthermore, the specific sample characteristics (e.g., a majority of female participants, students, or a specific age range and background) may affect the generalizability of these results to broader populations. Therefore, future research is recommended to employ longitudinal designs to understand the direction of causality and to expand the sample to more heterogeneous populations.

Conflict of Interest

We have no conflicts of interest to disclose.

Author Contributions

NDW, AF, TH, IJ: conception of the study. NDW, WSAS, HGS: design, statistics. NDW, AF, TH, IJ, WSAS, HGS, KDS, DA: FGD and data collecting. NDW, KDS, DA Manuscript writing. NDW, AF, TH final approval.

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