Relationships Between Borderline Personality Disorder (BPD) and Bipolar II Disorder; A Comparison in the Scope of Affect, Self-Representation, Impulsivity and Defense Mechanisms[1]

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Abstract
In this study, the relationship between Bipolar Disorder II (BD II) and Borderline Personality Disorder (BPD) was examined in terms of affect, impulsivity, self-representation and defense mechanisms, and it was aimed to reveal the differences, similarities and unique features of each psychiatric diagnosis between these two groups. The general category of Bipolar Disorder (BD) overlaps with different diagnostic criteria, including BPD. BD II and BPD are two forms of psychological functioning that are difficult to distinguish from each other in terms of affective inconsistency, irritability and excess in impulsive behaviors, self-harm and suicidal behaviors. The aim of the study is to examine whether there are differences between the two psychopathologies in terms of affect, impulsivity, self-representation and defense mechanisms variables, through specific approaches and projective tests within psychoanalytic metapsychology. Within the scope of this research, a mixed methodology of quantitative and qualitative was adopted, and both statistics and content analysis were applied to the data obtained. Evaluation was made in two ways: qualitative and quantitative, using projective methods. Statistical analysis of Rorschach codes and content analysis of Rorschach and TAT responses were performed, aiming for a holistic evaluation.

In this study, where we intersect psychoanalytic psychopathology theories and psychiatric diagnostic criteria, it is thought that psychoanalytic theory will shed light on the field of psychiatric and clinical research. The

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hypothesis stating that there were differences between the two groups in terms of affect was not confirmed. The findings obtained in the study support the hypothesis that there is a difference in impulsivity between the two groups. There are findings that BPD and BD II can be confused and that the co-occurrence of the two diagnoses is common. For this reason, in addition to structured evaluations to predict the presence of comorbidity or differential diagnosis, it is recommended to look at self-representation and defense mechanisms with projective methods.

Keywords: *Borderline Personality Disorder, Bipolar Disorder II, Impulsivity*

Sınırda Kişilik Bozukluğu(SKB) ile İkiuçlu (Bipolar) II Bozukluğu Arasındaki İlişkiler; Duygulanım, Kendilik Temsili, Dürtüsellik ve Savunma Düzenekleri Kapsamında Bir Karşılaştırma

ÖZET

Bu çalışmada Bipolar Bozukluk II (BB II) ve Sınırda Kişilik Bozukluğu (SKB) arasındaki ilişkiye duygulanım, dürtüsellik, kendilik temsili, savunma düzenekleri açısından bakılmış olup, bu iki grup arasındaki farklılıkları, benzerlikleri ve her bir psikiyatrik tanıya özgü biricik özellikleri ortaya koymak hedeflenmiştir. Bipolar Bozukluk (BB) genel kategorisi, SKB da içinde olmak üzere farklı tanı kriterleriyle çakışmaktadır.

BB II'nin başlıca özelliği, en az bir hipomanik epizodun yanı sıra bir ya da birden çok majör depresif epizodun ortaya çıkması ile belirli bir klinik gidişin olmasıdır. Bu dönemlerin arasında duygudurumun normale döndüğü ötimik dönemler vardır. İşlevsellikte bozulma majör depresif epizodları ya da kronik gidişli öngörülemez duygudurum epizodları örüntüsünden ileri gelmektedir. SKB, gerçek ya da hayali terk edilme korkusu, gözünde aşırı büyütme ile yerin dibine sokma uçları arasında seyreden kişilerarası ilişkiler, tutarsız benlik algısı, dürtüsellik, duygudurumunda belirgin bir tepkiselliğin olmasına bağlı affektif instabilite, irritabilite, anksiyete belirtileri, boşluk hisleri, öfke, paranoid düşünce ve dissosiatif

semptomlarla belirgin bir kişilik bozukluğudur. BB II ve SKB, duygulanımda tutarsızlık, irritabilite ve dürtüsel davranışlarda fazlalık, kendine zarar verme ve intihar davranışları bakımından birbirlerinden ayırt edilmesi güç iki ruhsal işleyiş biçimidir. SKB'de dürtüsel davranışların varlığı hipomani olarak yanlış olarak değerlendirilip BB tanısı koymaya ya da irritable hipomanik dönemler SKB yanlış tanısına sebep olabilmektedir. Çalışmanın amacı iki psikopatoloji arasında duygulanım, dürtüsellik, kendilik temsili ve savunma düzenekleri değişkenleri açısından farklılık olup olmadığına psikanalitik metapsikolojinin içinde yer alan özgül yaklaşımlar ve projektif testler aracılığıyla bakmaktır. Bu araştırma kapsamında nicel ve nitel olmak üzere karma bir metodoloji benimsenmiş, elde edilen verilere hem istatistik hem de içerik analizi uygulanmıştır. Projektif yöntemlerden Rorschach ve TAT testleri kullanılarak nitel ve nicel olmak üzere iki şekilde değerlendirme yapılmıştır. Rorschach kodlarının istatistik analizleri ile Rorschach ve TAT yanıtlarının içerik analizi yapılmış, bütüncül bir değerlendirme hedeflenmiştir. Psikanalitik psikopatoloji kuramları ve psikiyatrik tanı kriterlerini kesiştirdiğimiz bu çalışmada psikanalitik kuramın, psikiyatrik ve klinik araştırma alanına ışık tutacağı düşünülmüştür. Elde edilen bulgular bazı hipotezleri desteklerken bazılarını desteklememektedir. Duygulanım bağlamında iki grup arasında farklılık olduğunu belirten hipotez doğrulanmamıştır. Araştırmada elde edilen bulgular, iki grup arasında dürtüsellikte farklılık olduğu hipotezini desteklemektedir. Dürtüsellikle ilgili bulgular ve bunların psikanalitik yorumu psikiyatrik araştırmaların SKB'deki alışılmadık saldırganlık betimlemesini destekler niteliktedir. Çalışmada elde edilen bulgular, kendilik temsilinde ve savunma düzeneklerinde iki grup arasında farklılık olduğu hipotezini desteklemektedir. SKB ile BB II'nin karışabildiğine ve iki tanının birlikte görülmesine sıklıkla rastlandığına dair bulgular mevcuttur. Bu sebeple eş tanının varlığını veya ayırt edici tanıyı yordamak için yapılandırılmış değerlendirmelerin yanısıra özellikle kendilik temsili ve savunma düzeneklerine projektif yöntemlerle bakılması önerilmektedir. SKB' deki dürtüselliğin yoğunluğu ve kontrolündeki zorluk dikkate alınarak inceleme yapılması önem arz etmektedir.

Anahtar kelimeler: *sınırda kişilik bozukluğu, bipolar bozukluk II, dürtüsellik.*

Introduction

In this study, the relationship between BD II and BPD is examined in terms of affect, impulsivity, self-representation and defense mechanisms, and it is aimed to reveal the differences, similarities and unique features of each psychiatric diagnosis between these two groups. The main feature of Bipolar II Disorder is a specific clinical course with the occurrence of one or more major depressive episodes in addition to at least one hypomanic episode. Between these periods, there are euthymia periods in which mood returns to normal. BPD includes real or imagined fear of abandonment, interpersonal relationships between extremes of overestimation and dismissal, inconsistent self-perception, impulsivity, affective instability due to a marked reactivity in mood, irritability, anxiety symptoms, feelings of emptiness, anger, paranoid thinking and dissociative behavior. It is a personality disorder marked by symptoms (DSM).

Many studies have been conducted on the relationship between BD and BPD. A high level of comorbidity rate and phenomenological similarities were found between them. While some suggest evaluating BPD within the BD spectrum, others state that the two disorders should be considered different from each other. Similar rates are given in terms of psychosocial and public health problems (Zimmerman et al., 2015).

In studies investigating the rate of BPD in BD II, the average rate found is 16.6%. In a study examining the relationship between cyclothymia and BPD, the rate of co-occurrence of both disorders was found to be quite high, at 62% (Belli et al.,2013).

In society, BD and BPD have been presented as two disorders with a lot of comorbidity, and although many explanations have been made about their relationship with each other, a model that provides an adequate explanation has not been put forward. In the study, it was stated that there is not only one determining factor in the relationship between BD and BPD (Parker et al., 2022). Paris et al. (2007) observed these two psychopathological disorders as comorbid disorders. They stated that the average prevalence of BD II comorbidity with BPD was 11%. The prevalence of comorbidity of BPD with BD II is stated as 16% (Cit., Parker, 2022). The relationship between BPD and BD has been controversial. The overlap of some symptoms in the two disorders has initiated discussions and led to the investigation of the boundaries between the two diagnoses. The existence of BPD has begun to

be questioned. However, although BPD and BD are two different entities, both disorders contain different heterogeneous subgroups and these need to be clarified (Magill, 2004). Advances in the field of neurobiology of borderline personality disorder report that many individuals with this diagnosis have common etiological features with those diagnosed with BD. Because people with BPD have such a difficult time seeking treatment, reframing the disorder as belonging to the broader spectrum of bipolar disorder may be more beneficial to patients and clinicians (Smith et al., 2004).

Although limited to a small sample and few variables, some studies yield similar findings in terms of differences in personality traits and symptoms that distinguish BPD from BD. Thus, these findings support the conceptualization of BPD and BD as valid and distinct diagnoses (Zimmerman, 2012).

BPD is largely on the border of dysthymic, cyclothymic and BD II. In studies based on family history, it has been found to be close to mood disorders and especially BD. Delito et al. (2001) stated that BPD; it is seen that it accompanies BD in 44% of cases (considering the classical BD definition), but this rate is 81% when a broader BD definition (cyclothymia, BD I, II, pharmacological hypomania) is made. Hypomania, positive euphoric states and behaviors constitute only one facet of the Bipolar spectrum. Another variant of BD II caused by cyclothymia is irritability. Cyclothymic sensitivity is a common denominator in complex syndromes related to anxiety, mood, and impulse control. This finding explains the common features of BPD and BD II. Manic episodes, depressive episodes, and BPD all involve irritability. Affective instability in the definition of BPD also refers to anger (Akiskal, 2004).

Impulsivity is an important aspect of both disorders and that it has a worsening effect in patients with comorbid BPD with a diagnosis of Bipolar II Disorder (Wilson et al., 2007).

In BPD and BD II, mood fluctuations are differentiated by the types of emotions. Although people diagnosed with BPD fluctuate from euthymia to anger, euthymia is not common. In BD II, the shift in affect is from euthymia to enthusiasm or exuberance. Shift in BPD is often characterized by rejection or abandonment and is triggered by interpersonal stressors.

These conditions are very rare in all bipolar disorders (Koenigsberg, et al., 2002).

As a common clinical dilemma; It is difficult to distinguish BPD from BD, especially from non-psychotic BD II. Both diagnoses are marked by emotional lability and impulsive behavior (including self-harming behavior). These include suicide attempts and psychosocial disruptions. This has led some authors to conclude that BPD is a form of BD and exists within the BD spectrum. As stated by Akiskal et al. (2006), it is a rapid-cycling form of BD or a sub-diagnosis of BD called BD II. (Cit: Bayes, et al.,2018).

Purpose and Method

The aim is to compare two diagnostic groups with the help of projective methods, to clarify the distinguishing elements and to shed light on the complexity of psychiatric definition through projective methods. It is assumed that projective tests are not subject to manipulation and that individuals in groups will easily reveal their primary process thoughts and distorted ways of thinking. The relationship between two psychopathologies was examined with the Rorschach test and TAT within the scope of affect, self-representation, impulsivity and defense mechanisms. While conducting content analysis, the French School system was taken as basis.

"Rorschach Test Adult Norms" was used in coding the protocols. The participants in the study consisted of a total of 60 people between the ages of 18-65 who were diagnosed with Borderline Personality Disorder (30 patients) and BD II (30 patients) according to the DSM-5 diagnostic criteria. In order to conduct the research, data were collected from adult cases diagnosed with BD II and BPD at the General Psychiatry Polyclinics of the Republic of Turkey Ministry of Health, Istanbul Provincial Health Directorate, Istanbul Erenköy Mental and Nerve Diseases Training and Research Hospital and Istanbul Sultan Abdülhamit Han Training and Research Hospital.

Written consent forms were obtained from the participants. 87% of the participants are women and 13% are men. The conditions for inclusion in the study are being a Turkish citizen, being able to understand and speak Turkish, being at least a primary school graduate, and not having a psychiatric co-morbidity. Possible neurological and dementia disorders that may accompany older participants were excluded under the supervision of

a specialist doctor. Participants aged 45+ constitute 25% of the sample. We aimed to conduct a study in which we intersect psychoanalytic psychopathology theories and psychiatric diagnostic criteria. It is thought that projective methods will shed light on the field of psychiatric and clinical research through psychoanalytic theory. A mixed methodology, both quantitative and qualitative, was adopted and some descriptive statistical analyzes were used in the research. Mixed methods include beneficial aspects of quantitative and qualitative methods (Johnson, et al., 2007).

Collection of Data:
Frequency percentages and cross-table analyzes are included to examine the sample of the research in detail. In the second stage, 60 different data groups obtained through Rorschach test protocols were examined based on the Rorschach research form. From descriptive statistical analyses; Arithmetic mean, standard deviation, minimum and maximum values, skewness and kurtosis were used. Finally, Bipolar Disorder II and Borderline BD. Non-parametric Mann-Whitney U Test was used to determine the differences between two non-normally distributed data groups consisting of people with a diagnosis, according to variables, and Kendall's tau_b and Spearman's Correlation Analyzes were applied to determine the relationships between variables. IBM SPSS Statistics v20.0 was used for statistical evaluations.

Data Collection Tools: Sociodemographic Information Form, Rorschach Test and Thematic Perception Test (TAT) were used as data collection tools. The entire test was examined for the concepts compared in the research. However, some cards have been specifically evaluated for each concept. The Sociodemographic Information Form was prepared by the researcher and consists of information on age, gender, educational status, and psychiatric treatment history.

Rorschach Test: Rorschach is a projective test used to assess personality. It is the structuring of one's own dream world, imagination, and the power of imagination based on the material at hand, in an area provided by the tester. While each individual reveals his or her unique spiritual activities, he or she does not lose his or her individuality; Both the emergence of the spiritual structure and the determination of the person's singular, subjective experience are provided. The test functions as a transition area between

the tester and the patient. The spiritual structure is tried to be understood by considering the latent and apparent content together. The Rorschach Test was developed by Swiss Psychiatrist Hermann Rorschach in 1921 and translated into Turkish by Yani Anastasiadis. The test, which consists of 10 cards containing inkblots, can be given to anyone between the ages of 7 and 70 who can speak; There is no time restriction (İkiz, 2017).

Thematic Apperception Test (TAT)

TAT, which was first developed by Morgan and Murray in 1935, was finalized by Murray in 1943. A total of 17 cards are used in the test, which includes 31 cards. Commonly, 1, 2, 3BM, 4, 5 are given first; then 6GF, 7GF, 9GF for women; 6BM, 7BM and 8BM are given to men, 10, 11, 13B, 13MF, 19 and 16 are again given as common. There is no time limit. All cards have visible and hidden contents. The person receiving the cards is expected to create a story by looking at the cards; The last card of the test is a blank card and the person is asked to tell a story on this card. Unlike the Rorschach Test, since there are pictures and elements that comply with the principle of reality, the person taking the test is asked to both look at this material carefully and imagine. The test provides information about personality structure, object relations, depression, oedipal conflict, competition, internal and external boundaries, castration anxiety, fear, anxiety and feelings of inadequacy, defense mechanisms and the capacity to remain on one's own (İkiz, 2011).

Tablo 1: Group Comparisons by Total Clob and Total DBL Responses

Variables	Group	n	X	Ss	Mean Rank	Sum of Ranks	U-Test	p (2-tailed)
DBL (TOTAL) ANSWERS	Bipolar II	30	1,50	1,635	30,45	913,50	448,5	0,98
	Borderline	30	1,43	1,478	30,55	916,50		
CLOB (TOTAL) ANSWERS	Bipolar II	30	,70	1,512	25,52	765,50	300,5	0,01
	Borderline	30	1,43	1,524	35,48	1064,50		

Mann-Whitney U Testi

It was determined that there was a significant difference between the groups in terms of Total Clob Responses in favor of the Borderline group. (U=300,5, p=0,01; p<0,01).

Tablo 2: Group Comparisons According to Variables G% D% F% F+% A% ve H%

Variables	Group	n	X	Ss	Mean Rank	Sum of Ranks	U-Test	p (2-tailed)
G%	Bipolar II	30	39,97	16,870	33,8	1014	351	0,143
	Borderline	30	34,33	17,643	27,2	816		
D%	Bipolar II	30	59,50	16,864	27,13	814	349	0,135
	Borderline	30	65,00	18,153	33,87	1016		
F%	Bipolar II	30	60,67	21,254	36,08	1082,5	282,5	0,013*
	Borderline	30	49,00	16,067	24,92	747,5		
F+%	Bipolar II	30	72,13	12,703	34,18	1025,5	339,5	0,102
	Borderline	30	66,07	15,313	26,82	804,5		
A%	Bipolar II	30	42,97	17,618	33,97	1019	346	0,124
	Borderline	30	35,73	12,833	27,03	811		
H%	Bipolar II	30	28,47	14,314	32,85	985,5	379,5	0,297
	Borderline	30	26,33	12,458	28,15	844,5		

Mann-Whitney U Testi

In terms of the F% variable, it was determined that there was a significant difference between the groups in favor of the Bipolar II group. (U=282.5, p=0.013; p<0.05).

Tablo 3: Group Comparisons by Localization Category

Variables	Group	n	X	Ss	Mean Rank	Sum of Ranks	U-Test	p (2-tailed)
G	Bipolar II	30	7,67	3,25	32,82	984,50	-1,04	0,301
	Borderline	30	6,90	2,25	28,18	845,50		
D	Bipolar II	30	12,23	7,82	25,52	765,50	-2,22	0,027*
	Borderline	30	16,33	8,08	35,48	1064,50		
Dbl	Bipolar II	15	1,80	0,78	18,00	270,00	-1,74	0,082
	Borderline	15	1,33	0,49	13,00	195,00		
Dd	Bipolar II	17	2,65	2,50	16,62	282,50	-1,07	0,287
	Borderline	19	4,37	5,45	20,18	383,50		

Mann-Whitney U Testi

It was determined that there was a statistically significant difference in favor of the Borderline group according to the D variable (U=-2.22, p=0.027; p<0.05).

Tablo 4: Comparison of groups based on response content

Variables	Group	n	X	Ss	Mean Rank	Sum of Ranks	U-Test	p (2-tailed)
H	BIPOLAR	28,00	3,93	2,46	29,98	839,50	-0,691	0,49
	BORDERLINE	28,00	3,43	2,01	27,02	756,50		
Hd	BIPOLAR	18,00	2,00	1,41	18,81	338,50	-0,645	0,52
	BORDERLINE	21,00	2,10	1,14	21,02	441,50		
(H)	BIPOLAR	20,00	2,45	1,99	17,10	342,00	-1,453	0,15
	BORDERLINE	18,00	3,11	1,94	22,17	399,00		
(Hd)	BIPOLAR	4,00	1,25	0,50	3,75	15,00	-0,707	0,48
	BORDERLINE	2,00	1,00	0,00	3,00	6,00		
A	BIPOLAR	30,00	8,07	3,72	28,08	842,50	-1,075	0,28
	BORDERLINE	30,00	9,17	4,53	32,92	987,50		
Ad	BIPOLAR	14,00	2,00	1,30	12,43	174,00	-0,463	0,64
	BORDERLINE	11,00	2,09	1,04	13,73	151,00		
Obj	BIPOLAR	21,00	2,57	1,89	24,29	510,00	-0,313	0,75
	BORDERLINE	28,00	2,54	1,67	25,54	715,00		
Anat	BIPOLAR	17,00	4,29	3,74	23,53	400,00	-0,898	0,37
	BORDERLINE	25,00	3,68	3,61	20,12	503,00		
Geo	BIPOLAR	5,00	1,80	1,30	5,60	28,00	-0,404	0,69
	BORDERLINE	6,00	2,17	1,47	6,33	38,00		
Nat.	BIPOLAR	8,00	1,63	1,06	8,38	67,00	-0,541	0,59
	BORDERLINE	9,00	2,11	1,54	9,56	86,00		
Bot	BIPOLAR	11,00	1,27	0,47	9,32	102,50	-2,407	0,02*
	BORDERLINE	14,00	2,50	1,29	15,89	222,50		
*Fire	BIPOLAR	0,00	0,00	0,00	0,00	0,00		
	BORDERLINE	1,00	1,00	0,00	1,00	1,00		
Abstr.	BIPOLAR	9,00	1,89	0,78	11,00	99,00	-0,364	0,72
	BORDERLINE	11,00	2,18	1,89	10,09	111,00		
Alim.	BIPOLAR	6,00	2,00	1,55	7,25	43,50	-1,748	0,08
	BORDERLINE	5,00	1,00	0,00	4,50	22,50		
Arch	BIPOLAR	3,00	1,00	0,00	3,00	9,00	-1,549	0,12
	BORDERLINE	5,00	1,80	0,84	5,40	27,00		
Frag	BIPOLAR	6,00	1,00	0,00	5,00	30,00	0,000	1,00
	BORDERLINE	3,00	1,00	0,00	5,00	15,00		
*Symb	BIPOLAR	1,00	1,00	0,00	3,50	3,50		
	BORDERLINE	6,00	1,17	0,41	4,08	24,50		
Sex	BIPOLAR	3,00	1,67	0,58	6,33	19,00	-0,226	0,82
	BORDERLINE	8,00	1,75	1,04	5,88	47,00		
Art	BIPOLAR	4,00	1,25	0,50	5,00	20,00	-1,000	0,32
	BORDERLINE	4,00	1,00	0,00	4,00	16,00		
Symm.	BIPOLAR	8,00	3,13	2,59	6,63	53,00	-1,057	0,29
	BORDERLINE	3,00	1,67	1,15	4,33	13,00		
BAN	BIPOLAR	20,00	2,45	1,28	25,95	519,00	-2,026	0,04*
	BORDERLINE	23,00	1,70	0,82	18,57	427,00		
Blood	BIPOLAR	6,00	1,50	0,84	8,25	49,50	-0,810	0,42
	BORDERLINE	8,00	1,25	0,71	6,94	55,50		

Mann-Whitney U Testi

** Analysis could not be performed because the variables Fire and Symbol did not meet the appropriate conditions for statistical comparison.*

In terms of sub-variables in the "Content of Responses" category, there is a statistically significant difference in favor of the Borderline group in the "Plant" variable (U=-2.41, p=0.02, p<0.05).

In terms of the BAN variable, it was determined that there was a significant difference between the groups in favor of the Bipolar II group. (U=151, p=0.043; p<0.05). There is no statistically significant difference between the groups in terms of other variables (p>0.05).

Results

What is primarily observed in the study is that personality organization is similar in both groups and borderline personality organization is in question. When looking at cards TAT 1,TAT 7gf, I.,VII., IX., which provide information about early maternal references, the nature of the first relationship with the object, object relations (with the maternal image) and symbiotic relationships;

It is observed that the responses given in the BPD group include negative, aggressive images that require distance, along with sensitivity to black; “black cloud”, “..man in a black cloak”, “disgusting cockroach”, “black masked”, “crow”, “two people standing back to back”, “fear when I first saw it”, “there is an insect”, “winged pigs” ..the negativity of maternal images such as "bridegroom", "dinosaur with its mouth open", and its inadequacy in comprehensiveness; It suggests the negativity in the relationship with the first object representations and the existence of object loss anxiety.

Looking at the responses in the BB II group; "He's overwhelmed, he's fed up, he can't do it right now", "Imposed", "He's damaged, he doesn't know how to repair it", "He's broken", "There's a wound on the corner of his mouth, there's blood", "Someone beat the child", "There's a problem with his eyes", "An apology for not being able to do it" ”, ”Crying child” etc.

In early object representations, there is a dominance of phallic elements, frightening object representations and bad object associations, which suggest the existence of an aggressive impulse. Threatening evil object representations create anxiety. Affect is of a nature that indicates a problem in being contained under the influence of early object relationship representations, arouses anxiety and makes it difficult to process a depressive position.

When considered BD II in the spectrum of manic disorders such as, Cyclothymic Disorder; It is observed that both BPD and BD II groups show similar personality organization when the cards related to early object relations in the Roschach protocols are interpreted.

This situation is parallel to Kernberg's view that there is a borderline personality organization underlying narcissistic, antisocial, schizoid disorder, paranoid, infantile and cyclothymic personality disorders (Gabbard, 2014).

Affect

On the affect axis, Rorschach I.,VII., VIII., IX. and X. Cards, TAT 1,7GF, 9GF and 3BM, 6BM, 8BM cards were particularly taken into consideration. These cards provide information about the first encounter with the psychologist, object relations of the archaic period, feminine and maternal designs, the concept of pregenital mother, mother-daughter rivalry, themes of envy and affect.

In terms of affect, when looking at object relations and symbiotic relationships with references to the early maternal; In both groups, negative and bad attributions suggest negativity in the relationship with the first object. Sensitivity to black has been thought to be related to depressive affect in object relations.

As a result of test findings early object designs are not sufficient and investment in the object is inadequate. There are a desire to integrate with the object and an investment in the relationship, as well as the existence of conflictual relationships where distance is desired, references to the narcissistic problem, and responses to aggressive object relationships. In general, frightening object representations lead to an ambivalent attitude that does not allow oedipal functioning and cause also narcissistic level of functioning and depressive affect.

BPD- Card I: "There is a bug. An insect that rolls very large balls, balls larger than its own height. It collects poop from the soil and turns into a ball. He collects dirt three times bigger than himself and takes it somewhere. There is a bug!".

BD II- Card I: "Oh my goodness.. It looks like a bat.. Like an insect!" Two people leaning their heads towards each other. There's a ghost like Casper. "They are silhouettes of people in black."

Experiencing traumatic deprivation, loss of objects, or disappointments caused by objects before or during the oedipal period seriously damages the basis of the construction of the psychic apparatus. The traumatic loss of the idealized parental imago before or during the oedipal period may cause disorders in certain narcissistic parts of the personality (Kohut, 2004).

In the schizoid-paranoid position, the child regulates his perceptions through introjection and projection. In this case, if anxiety, hostile impulses

and envy are intense, projective identification is also different (Segal, 1975).

Impulsivity
On the axis of impulsivity; Particular attention was paid to cards 2 and 3 of the Rorschach test and card 13MF of the TAT test.

These are cards that refer to the expression of sexual and aggressive impulses, where sexual and aggressive impulses can be given easily, which give information about the person's position in the relationship with the other, where love and hate relationships can be understood. In our study, it was determined that there was a statistically significant difference between the groups in favor of the BPD group in terms of the "D" variable.

It was observed that in the BPD group, "D" responses accompanied fantasy and emotional effects and carried suppressive and defensive meanings towards adaptation. The need for elaboration has been observed to serve to suppress affect and intense anxiety (they were used with affectively charged determiners rather than “F” responses).

In BPD group impulsive and raw responses are given; The "BLOOD" response is given in this group, especially in the II and III series “Blood” response was given more than the other group (BD II).

The “BLOOD” responses on Card II can sometimes be seen as part of a scene, with blood flowing from two people or animals fighting. In such cases, an evaluation can be made in terms of narcissistic losses and aggressive object relations. The “BLOOD” response may be the fear of dying (losing one's own blood) or it may be an element of an aggressive fantasy aimed at shedding someone else's blood (İkiz, 2016).

Examples from both groups are given below;

BPD- Card II: “Those red spots are blood. It resembles the human inner body. Lungs..Two praying hands. The heart-shaped part is the part below the waist. “Like a begging hand.”

BD II- Card II: “Two women with their backs turned to each other. Even though they are connected to each other from here as if they are offended, I see how separate they are from each other. That they are separate from each other.”

In the TAT test, 13MF is the most impulsive card. Raw stories are told in people whose impulses are experienced raw and uncontrolled (Ikiz, 2011).

In the BPD group, the themes of murder and harassment were frequently mentioned in the responses to 13MF in the TAT test, but after these expressions of raw impulsivity, emotions such as shame and guilt, which can be thought of as approaching a neurotic structure, were also observed.

For example; BPD-13MF: “the woman tried to commit suicide”, “the man is crying after his wife died”, “he killed the woman. "He killed him by mistake."

Raw scenes where impulses are experienced uncontrollably can also be presented. The presence of the aggressive impulse dominates the relationship with the other. This situation threatens the connection with reality and causes loss of boundaries.

When impulsivity in the BD II Group is examined in the light of the responses to 13MF in the TAT test; Aggressive impulse is dominant, but the desire to escape from the impulsive world is by leaning on the concrete. In addition to giving shape and meaning to the outside world. For example;

BD II-13MF: “The woman is both dead and her breasts are outside. He cannot intervene because her breasts are bare. (B3-2) He gave artificial respiration, he is very tired and wipes his sweat (B3-2).” In terms of the F% variable, it was determined that there was a statistically significant difference between the groups in favor of the BB II group. F% indicates the person's capacity to adapt to external reality thanks to the regulatory activity of mind and thought.

It indicates common thought, that is, the existence of social harmony and that it is not threatened by the intense imaginary world. In this sense, it is seen that impulsivity is better controlled and harmony is maintained in the BD II group.

When we look at the remarkable response examples within the scope of the research hypotheses and F%, it is observed that the external world designs of the BB II group refer to objective reality more than the other group. For example;

BPD- Card II: “Those red spots are blood. It resembles the human inner

body. Lungs. Two praying hands. The heart-shaped part is the part below the waist. “Like a begging hand.”

BD II- Card II: *“Two women with their backs turned to each other. Even though they are connected to each other from here as if they are offended, I see how separate they are from each other. That they are separate from each other.”* Psychoanalytic interpretation of findings regarding impulsivity supports psychiatric research's description of unusual aggression in BPD. The findings of the study overlap with psychiatric descriptive diagnostic features such as self-destructive impulsivity, repetitive self-killing behaviors and attempts, periodic dysphoria due to a certain reactivity in mood, irritability, and anxiety.

Self Representatıon

The findings obtained in our research support the hypothesis that there is a difference between the two groups in self-representation.

Although all cards were examined on the axis of self-representation, Rorschach IV, V, VI, VII and TAT 7 GF Cards were especially taken into consideration. These cards, chosen because they provide information about adaptation to reality, positive and negative self-representations and identification processes, were evaluated in both groups. Regarding adaptation to reality and self-representations and identifications, in the BPD group; compared to BB II, images that do not adapt and evoke inadequacy are given with sensitivity to black. In relation to authority, loss of boundaries and sadistic object images are frequently observed.

Phallic images that are sadistic and disruptive of affect suggest that the relationship with power is worrisome and that identity is under the influence of aggression; Designs such as "fiend from hell", "they cut the man in half", "beaten meat", "killing with a stake" were given.

There is a statistically significant difference in favor of the BPD group in the "Plant" code from the Rorschach content responses. Plant contents, some geography or landscape responses often carry regressive meanings (clothes, furs, etc.), similar to contents that refer to the spiritual membrane, container, sensory contact (Anzieu and Chabert, 2011). Regarding self-representation in the BD II group; It has been found that adaptation to external reality and social life is higher. It is seen that the depressive feeling in self-perception is given in a more controlled manner, and images can

be given without confusion and while preserving the integrity. Regarding this, it can be assumed that people diagnosed with BD II who participated in our study during the euthymic period had an increase in ego strength compared to manic and depressive periods. This finding contradicts what Freud stated in his work Group Psychology and Ego Analysis; Freud (2010) states that in the mania episode, the Ego and the Ego ideal are in a state of fusion, and that the person, far from being self-critical and inhibited, experiences a sense of victory and is satisfied with this.

Patients are more open to external influences in the euthymic period than in intense mania and depression periods; The self is relatively more open to external, that is, analytical influence (Etzersdorfer and Schell, 2006). It can be assumed that psychosocial functionality increases between episodes, people become aware of their own destructiveness, and they may feel remorse about the damage they may have caused during the manic phase, so they protect their ideal objects more. Self-representations in accordance with the norms suggest that projection has decreased, approaching the depressive position rather than the paranoid position.

The fact that there was a statistically significant difference between the groups in terms of the "BAN" variable in the Rorschach test in favor of the BD II group explains this control. BAN responses, which indicate social basic harmony, concern with seeing what everyone else sees, and competence in participating in objective reality, are thought to be related to the controlled attitude in self-perception (Anzieu and Chabert, 2011). BPD- Card V: “(Shock) I couldn't compare it to anything... When you look at it this way (zoomed out), its wings are so big and down. It is very difficult for him to fly like this. The big fell down. There is nothing else here!”.

BD II- Card V: “This is a bat or a butterfly. "Head, feet, wings". It is difficult to cope with depressive affect in both groups. However, in the BPD group, difficulty in processing the depressive position causes loss of boundaries. Borders are permeable.

Defense Mechanısms

The findings obtained in the study support the hypothesis that there are differences between the two groups in defense mechanisms. Defense mechanisms have been evaluated in general perspective without regard to a particular card. In the study, it is thought that the axis where BD II and

BPD are most clearly separated is the defense mechanisms.

Defense mechanisms seen in BPD: Splitting defense is used against impulsive conflicts, inadequate object representations and persecutory anxiety. It was thought that the compartment defense mechanism was used due to the difficulty in keeping the bad object out and the inability to process the depressive position. Another dominant defense mechanism used by people with borderline disorder is projective identification. In our research regarding the reflection mechanism; it was determined that there was a statistically significant difference between the groups in terms of total Clob responses in favor of the BPD group.

Clob is the transfer of the fear in the person's inner world to the card as a result of reflecting the answers. These are responses that show the person encountering stimuli from the outside world with a feeling of fear. Clob responses indicate one's simultaneous horror at the disintegration of one's personality and one's capacity to fight against this disintegration. It is the dynamic emergence of the affective core (Anzieu, Chabert, 2011). Manic defenses were used more frequently in BD II than in the other group. The fact that the splitting defense is not frequently used suggests that it is closer to the depressive position and that the self has a more solid structure.

BPD- Card VII “The emblem that tells the two faces of people. Showing the good and bad sides of theatre. The good ones are always aware of each other; The wicked do not see themselves. We humans are good; We are hypocrites. We are both good and bad. We only know our good deeds. The good guys look at each other. The villains turn their heads. "When two faces of a person come together, they become one."

BD II Card VII “Those two girls. That's what I see in the picture. There may be similarities, even twins. Isn't there anything more beautiful? “Something happy?” The organization of the psyche is carried out by the self and the object together. The self emerges as the membrane of the self. Autonomy depends on the capacity of the basic object to contain the infant's impulsive movements and total experience of excitement, fantasy, sensation and action (Anzieu, 2008).

Permeability of the envelope is frequently observed. There is a weakness in the functioning of the warning shield against stimuli from the outside world. It is thought that there is a remarkable intensity in transferring the

fear of the person's inner world to the card as a result of the projection. It can be thought that this form of psychological functioning, which can disrupt internal and external boundaries, approaches a more archaic level than the other group.

Discussion

BD II and BPD are two forms of psychological functioning that are difficult to distinguish from each other in terms of affective inconsistency, irritability, and impulsivity (Parker et al., 2022). Although classification systems present BD as a distinct diagnostic category from other mental disorders, the symptoms of this disorder show high overlap with other diagnostic categories including BPD (Komasi et al., 2022)

The frequent coexistence of these two disorders and the similarity of some diagnostic criteria have led to the questioning of the relationship between them. While some studies suggest that BPD should be conceptualized as a different diagnosis, others state that BPD is included in cyclical affective disorder. There are also studies suggesting that BPD should be conceptualized as a very rapidly cycling form of BD II. These debates arise from the overlap in the diagnostic criteria of BPD and BD II. Excessive impulsive behavior, emotional lability and irritability are common features of the two diagnoses. However, it has been stated that the only symptom that distinguishes BPD from BD II is impulsivity. Co-occurrence of two disorders increases the negative consequences (Wilson et al., 2007).

BPD and Bipolar disorder have several commonalities. BPD and BD II share clinical characteristics including impulsivity. In the study where their relationship is disputed the findings suggest that patients with BPD have elevated levels of traits that correspond to a broadly defined concept of impulsivity. This impulsivity is associated with the BPD diagnosis in itself regardless of concomitant bipolar spectrum or current mood state (Boen, et al. 2015).

In both groups personality organization is similar and borderline personality organization is in question. In BPD group; aggressive images suggest the negativity in the relationship with the first object representations and the existence of object loss anxiety.

In BD II group in early object representations, there is a dominance of phallic elements, frightening object representations and bad object associations,

which suggest the existence of an aggressive impulse. In both groups, the inability to process the depressive position, the functioning remaining at a narcissistic level due to the object's instability, and the presence of anxiety about object loss are observed.

Kernberg(2006) proposes that borderline structure is characterized by non specific manifestations of ego weakness reflecting poor anxiety tolerance, poor impulse control, absence of sublimatory channels (Kernberg, 2006). As we considered BD II, in the spectrum of manic disorders, the similarity of personality organization of the groups is parallel to Kernberg's view that there is a borderline personality organization underlying narcissistic, antisocial, schizoid disorder, paranoid, infantile and cyclothymic personality disorders (Gabbard, 2014).

The boundary functioning problem is linked to the loss of object affection. Beyond the different clinical symptoms, the "depressive" element forms a common core. We can compare this situation to the castration anxiety in neuroses. Processing the depressive position allows the preservation of object permanence and the integration of contrasts of emotions. Those with neurotic functioning tend to accept opposing emotions thanks to their distinctive impulsive bonding capacity. This bond is not solid when operating at the border (Chabert, 2013). It can be thought that the main concern underlying depression in both disorders is object loss anxiety. The personality organization underlying both psychopathologies can be explained by this way. This is related to Mahler's theoretical concept of separation-individuation which explains etiologically borderline psychopathology (Mahler, et al., 2003).

Kwawer’s scoring system for Rorschach based on Mahler’s (2003) theoretical notion separation-individuation and Rorschach percepts are engulfment, symbiotic merging, violent symbiosis etc. for borderline psychopatology (Kwawer, 1980). The hypothesis stating that there were differences between the two groups in terms of affect was not confirmed.

In addition to the existence of objects that cause negative anxiety about the affective world, an anxiety of harm is observed in which the bad cannot be excluded and one remains defenseless. Frightening and inadequate object designs provide information about the relationship style acquired in the pregenital period; It was observed that both groups had difficulty in coping with depressive affect and the depressive position could not be processed.

Similarly, in both groups, the cold and frightening feature in object relations negatively affects the identification capacity. The mother imago makes identification difficult with its controlling and penetrating feature. The presence of pervasive object representations is associated with persecutory anxiety, and difficulty in recognizing the rule-maker suggests narcissistic functioning. Inappropriateness in early object relationships, redundancy in the transfer of this relationship, and the presence of anxiety about object loss are observed.

The lack of difference between the two groups in terms of affect can be explained by the fact that depressive affect is a prominent element of the diagnosis in both groups.

In a study comparing BPD and BD groups, it was stated that BPD exhibited a general personality psychopathology characteristic compared to the other group. While elements of identity confusion are more inherent in BPD, mood lability can be seen in both groups (Bayes and Parker, 2020).

The findings obtained in the study support the hypothesis that there is a difference in impulsivity between the two groups. In our study, it was determined that there was a significant difference between the groups in favor of the BPD group in terms of the "D" variable. Rorschach (1921) constate that D responses reflect the degree to which a person perceives and reacts to the obvious aspects of a situation. A few studies have reported that mania patients have obtained significantly low on common Detail(D) in Rorschach findings as compared to normal population. It indicates that mania patients have problem in perceiving and reacting to the obvious aspect of situation (Mishra, et al.,2010).

We see that "D" answers accompany excitement in the BPD group and carry suppressive and defensive meanings towards harmony. They are used with affectively charged determiners rather than “F” responses. In the study that provides an overview of the use of the Roschach test for bipolar disorder, characteristic answers could not be found in the Roschach test for the diagnosis of this disorder. However, among the low responses in this group compared to the norms like F+%, H, Hd, A%, human movements and symmetry answers were found below the norms._In addition, more troubles have been identified in the thought processes of this group compared to the norm (Fouques, et Benony, 2010). According a study conducted with the Roschach test borderline subjects exhibit a lower level

of emotional maturity a decreased degree of organization of inner life, and an inclination towards impulsive behaviors in response to lack of adequate emotional resources(Izydorczyk et al., 2016).

In the Rorschach test, it was determined that there was a significant difference between the groups in terms of the "F%" variable in favor of the BD II group.

This finding shows a holistic perception, the ability to represent concrete and real objects according to the reality principle, and the existence of intellectual/social harmony. It indicates that BD II has fewer problems than BPD in processes such as judgment, self-evaluation, and thinking capacity. Efforts to control affect and anxiety are also associated with impulsivity. It is thought that the intensity of impulsivity in BPD damages the relationship between internal and external reality. Insufficient ego envelope causes the relationship between the lower self and the higher self to deteriorate. Difficulties in early object relations lead to feelings of anxiety and distress in relations with the outside world.

In the research looking at the relationship between BPD and Affective Disorders; The relationships between people diagnosed with BPD, people diagnosed with depression and treated in the outpatient clinic, and the control group were examined with the Rorschach Test. It was observed that those diagnosed with BPD had different object relations and related emotions than those diagnosed with Depression and the control group. According to Gunderson and Elliot (1985); Contrary to Akiskal's (1981) suggestion that BPD is a type of Mood Disorder, BPD is a unique clinical entity (sui generis) and the findings obtained in the study confirm this(cited in Stuart et al., 1990: 312).

"H" responses, which are Rorschach content responses related to object representation capacity, are higher in the BD II group than in BPD; This indicates that emotional investments attributed to humans are better in BD II. The fact that "(H)" responses, which indicate that the quality of the objects were made by deteriorating, was higher in BPD, suggests the existence of damaged object relations in this last group, although it was not found to be statistically significant.

The object relations of borderline personalities are marked by weak boundaries. Others are experienced from only one side. For example, if a person is angry, that person is perceived as such. In the Rorschach test, it is

expected that detail responses of object relations (Hd, (Hd) etc.) of people with border disorders will be dominant (Smith,2010). Andre Green (1990) mentions two main concerns in borderline pathologies; object loss and penetration anxiety. The object is perceived as either very close/penetrating or distant/removing. This situation leads to the division of identifications and object representations (cited: Erbahar & Atik, 2019).

In the research, neurotics, those diagnosed with SCH and those diagnosed with BPD were compared with the Rorschach test and their "H" answers were examined; It is known that damage to object representation is decisive in the diagnosis of SCH. This was found to be related to the fact that those diagnosed with SCH gave significantly fewer "H" answers. In the study, while neurotics had the most relationship with the object, the BPD group receiving outpatient treatment gave more "H" answers than the inpatients. It has been observed that those diagnosed with inpatient BPD have weak defenses, problematic perception of reality, and difficulty in keeping distance from bad objects. In the said study, which was conducted based on the Rorschach literature in the light of object relations theory, it was also observed that the same group had great difficulty in controlling aggression in interpersonal relationships (Lerner and Peter, 1984).

The findings obtained in the study support the hypothesis that there is a difference between the two groups in self-representation. In the Rorschach test, it was determined that there was a statistically significant difference between the groups in terms of the "BAN" variable in favor of the BD II group. These responses (BAN), which are about basic social harmony, seeing what everyone else sees, and showing the competence in participating in collective thought, are thought to be related to the controlled attitude in self-perception (Anzieu and Chabert, 2011).

Although images that evoke worthlessness are given regarding self-representation in the BD II group, it is seen that these are not dominant. In addition, it has been found that adaptation to external reality and social life (adaptation in functionality) is higher. It is seen that the depressive feeling in self-perception is given in a more controlled manner, and images can be given without confusion and while preserving the integrity.

Kernberg’s object relations model postulates that excessive splitting compromises the integration of the positive and negative poles of the representations of self and other as well as their arrangment into more complex and hierarchically ordered structures such as the individual’s

identity, resulting in identity diffusion. In adult functioning spiliting and diffuse identity are conceived as 2 closed constructs(Gagnon, et al., 2016).

There is a statistically significant difference in favor of the BPD group in the "Plant" code from the Rorschach content responses. Plant contents, some geography or landscape responses often carry regressive meanings (clothes, furs, etc.), similar to contents that refer to the spiritual membrane, container, sensory contact (Anzieu and Chabert, 2011). It is difficult to cope with depressive affect in both groups. However, in the BPD group, difficulty in processing the depressive position causes loss of boundaries. Borders are permeable. Permeability of the envelope is frequently observed. There is a weakness in the functioning of the warning shield against stimuli from the outside world.

As a result of the study examining the object relations fonction on borderline patients, it was determined that there was a significant relationship between BPD and ERD (Emotion Regulation Difficulties), and this relationship could be determined through the Rorschach test. It was determined that BPD constituted 55% of the variance of ERD. ERD, which can have significant disruptive effects on the lives of borderline patients, was associated with the patients' lack of satisfaction and inclusion in their relations with their first object (Faraji, et al.,2023).

Borderline organization and psychotic personality organizations are situations in which splitting and primitive defenses, which are its derivatives, are dominant, identity integrity is not formed, and the libidinal and aggressive parts of the self and the object remain separated (Izdebska, 2015).

The findings obtained in the study support the hypothesis that there are differences between the two groups in defense mechanisms. In the study, it is thought that the axis where BD II and BPD are most clearly separated is the defense mechanisms. The most common defense in BPD is the "splitting" defense mechanism. Splitting defense is used against impulsive conflicts, inadequate object representations and persecutory anxiety.

BPD was found to be strongly associated with conflict over separation-autonomy, expression of emotional needs, and anger. The biggest problem of BPD is the inability to integrate positive and negative identification and introjections, and the intense use of the splitting defense mechanism. BD II has been found to be associated with obsessive defenses. This is consistent

with the observation that BD II is generally healthier than personality disorders in the entire impulsive spectrum (Perry and Cooper, 1986).

In the study examining different levels of the "splitting" defense mechanism in BPD using the Rorschach test; It is stated that the defense mechanisms of those diagnosed with BPD differ according to the severity of this disorder. It has been suggested that some BPD cases use the "splitting" defense mechanism to alleviate intense ambivalent conflicts, as stated by Kernberg (2006) (cited in: Cooper and Arnow, 1984).

Kernberg's delineation of borderline organization is based on structural variables. Identity integration, level of difensive operation are important variables. Borderline and psychotic personality organizations show a predominace of primitive defensive operations centering on the mecanism of splitting (Carr, Goldstein,1981). It was determined that there was a statistically significant difference between the groups in terms of total Clob responses in favor of the BPD group. Another dominant defense mechanism used by people with borderline disorder is projective identification. In our research regarding the reflection mechanism; Clob is the transfer of the fear in the person's inner world to the card as a result of reflecting the answers.

In the study where individuals with Borderline Personality Disorder and the control group were compared using the Rorschach Test; A statistically significant difference was found in favor of BPD in terms of Clobf and FClob responses (Faraji, 2022). These are responses that show the person encountering stimuli from the outside world with a feeling of fear. Due to the sensitive ego structure, the fear effect cannot be countered with a strong enough warning shield (İkiz,2017).

Manic defenses were used more frequently in BD II than in the other group. The fact that the splitting defense is not frequently used suggests that BD II is closer to the depressive position and that the self has a more solid structure. This situation is also related to the high perception of reality in self-representation.

Denial as a mecanism that comes into play if disappointment or failure occurs and depression arises. Mania is a state where the self participates in fantasies about the love object omnipotence (Etzersdorfer and Schell, 2006). Manic defences are a normal aspect of development however the manic-depressive patient has particular difficulties in negotiating the

separetness of the object and the pregenital Oedipal triangle (Urwin, 2001). The inability to integrate the good object and the bad object due to the splitting defense mechanism suggests the existence of the paranoid position and the dominance of primary processes. In addition, the inability to control destructiveness has an impact on emotional organization.

In BPD, identity confusion, loss of boundaries, and difficulty in achieving identity integrity are observed. This finding coincides with the identity disorganization in the descriptive diagnosis of BPD.

In cases where there is confusion between two psychiatric diagnoses and the possibility of comorbidity is being investigated; It is thought that difficulties in controlling aggressive impulses in BPD, intense and non-periodic impulsivity severity that can be raw, can be considered as a distinguishing feature, and confusion in self-representation with projective methods and dominant defense mechanisms will contribute to predicting comorbidity.

There are findings that BPD and BD II can be confused and that the co-occurrence of the two diagnoses is common. For this reason, in addition to structured evaluations to predict the presence of comorbidity or differential diagnosis, it is recommended to look at self-representation and defense mechanisms with projective methods. It is considered important to conduct an examination considering the intensity of impulsivity and difficulty in control in BPD.

Since a clear and significant difference was observed in our study in terms of the intensity of impulsivity, self-representation and defense mechanisms, it is thought that the two diagnoses should be conceptualized as different diagnoses, not on the same spectrum. The limitations of the study are that the number of female participants was high, the number of women and men was not included in equal numbers, and the study was conducted with clinical cases stabilized in the euthymic period in the BD II group. It is recommended that similar studies be conducted by reviewing these conditions.

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