

**DEVELOPMENT OF BORDERLINE PERSONALITY TENDENCIES
SCALE IN A SAMPLE OF UNIVERSITY STUDENTS**

Rakia Ashraf*

Lady Willingdon Hospital, Lahore-Pakistan

&

Muhammad Asad Javed

Riphah Institute of Clinical and Professional Psychology,
Riphah International University, Lahore Campus-Pakistan

ABSTRACT

The current research aimed at developing a scale to measure Borderline Personality Tendencies (BPT) in university students. 24 post graduate university students (12 men & 12 women) with the age range of 18-24 years were selected through stratified random sampling. Selected participants were interviewed using phenomenological approach. Generated list of 56 items was presented to 10 experts (5 psychiatrists & 5 clinical psychologists). Final selected list of 54 items was piloted on 15 university students as a self-report measure (BPT). No difficulty related to the instructions, content and comprehension of the items was reported. A sample of 396 post graduate students selected through stratified sampling with the age range of 18-24 years ($M = 20.03$, $SD = 1.40$) was given the self-report measure and Depression Anxiety Stress Scale Short Form (Lovibond & Lovibond, 1995). Factor analysis yielded a two factor solution namely Lack of Sensitivity for Others and Lack of Emotional Control. The results indicate that BPTS shows high internal consistency, test-retest and split-half reliability and good construct validity. It is concluded that the developed scale is a reliable and valid measure to assess borderline personality tendencies.

Keywords: Borderline Tendencies, Personality, University Students, Scale Development

* Correspondence Address: Rakia Ashraf; Clinical Psychologist, Lady Willingdon Hospital, Lahore-Pakistan. Email: rakiaashraf@gmail.com

INTRODUCTION

Personality is defined as a combination of significant and relatively stable characteristics in a person which explain consistent patterns of behavior (Ewen, 2003). Personality disorders, on the other hand, are associated with the ways of thinking and feeling about the self and other people that significantly and adversely affect individual's functioning (American Psychiatric Association, 2013). In other words, when individual's personality traits become rigid, get poorly adjusted and make the individual to suffer, constitutes a personality disorder (Soares, 2009).

Borderline Personality Disorder (BPD) is a pervasive pattern of instability of interpersonal relationships, self-image, dysregulation of emotions and marked impulsivity (Cozolino, 2014). BPD begins in early adulthood (APA, 2013) marked by a significant impairment in psychosocial functioning and high degree of self-destructive behaviors (APA, 2013). BPD has been understood through personality trait approach in which being unstable, unpredictable and manipulative are the key features (Millon et al., 2012). BPD results in higher suicidal attempts, other psychiatric conditions such as substance abuse, mood disorder, marked decline in job performance and poor interpersonal relationships. Such individual's functioning is largely impaired as compared to depression and other personality disorders (Zanarini et al., 2020).

Borderline Personality Disorder (BPD) since its origin has always been a controversial diagnosis and is not properly understood for the general public (Schmaling, et al., 2020). BPD has been ignored in the scientific literature as compared to other illnesses like bipolar disorder and schizophrenia (Putrino et al., 2020). People suffering from BPD were described as manipulative, dangerous and treatment resistant (Putrino et al., 2020). Literature review shows that adults with BPD got more attention as compared to adolescents (Babinski, et al., 2020). Some clinical studies indicate that prevalence of BPD is higher among women as compared to men (Keefe et al., 2020). Among general population, the prevalence of BPD ranges from 2%-6% (Lang et al., 2012).

Symptoms of Borderline Personality Disorder (BPD) are divided into 4 major categories comprising affective symptoms, impulsive behaviors, interpersonal problems and a cognitive symptom (APA, 2013). There is also another symptom which is identity disturbance that means markedly and persistently unstable self-image or sense of self (APA, 2013). Paris (2010) argues that the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) uses

Pakistan Journal of Psychology

categorical approach in which any five of the symptoms required for the diagnosis of BPD.

Literature review reveals that BPD has always been understood in terms of fix and rigid traits (structural approach) rather than functional approach. As far as assessment of BPD is concerned, there is a self-report 53-item true-false instrument called Borderline Personality Inventory (Leichsenring, 1999) and Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD; Zanarini et al., 2020) which is a nine-item clinician-based diagnostic interview. Both measures are used extensively in clinical settings to diagnose BPD in clinical settings and largely ignore general population and cross-cultural application.

Habibie (2020) postulated that personality is formed by both, genetic and environmental factors. Among environmental factors the most important are cultural factors. Unarguably, biological factors have their own distinct influence in shaping of the personality but they are not responsible for the variance. Specifically highlighting environmental factors, ecology determines a particular culture, which further determines the patterns of socialization that resulted into the variation in the personality. Therefore, cultural factors significantly influence personality like the shape of personality is different in individualistic societies as compared to collectivistic societies (Mio, 2020).

The study of personality and personality disorders has become important over the past several decades and currently personality disorders have a diagnostic prominence (Millon et al., 2012). According to Sheldar and Westen (2007), the validity of the classification system of the personality disorders are always objected over the time because personality disorders overlap with each other and due to the rigid categorical approach. Widiger (2017) argues that personality disorders are purely Western in nature. They are the rigid entities that attempt to treat the social behaviors as a medical problem across the cultures by ignoring cultural differences. West consists of individualistic societies where deviation from the norms requires clinical attention whereas in non-Western societies that consist of collectivistic societies such deviations are thought to be resolved through civil or familial interactions (Fabrega, 1994). It is important to understand personality disorders with respect to culture as for example in India avoidant personality disorder has never been reported and in Kenya, Borderline Personality Disorder (BPD) has never been reported (Chanen, & Thompson, 2018). Specifically highlighting symptoms of BPD, they have different presentation in different cultures like among Western societies parasuicide and substance abuse is prevalent

Ashraf & Javed

along with BPD and are frequently reported whereas among non-Western societies these are not reported at all (Millon et al., 2012). Thus, personality disorders are not culturally bound and/or fixed entities they manifest differently in different cultures.

To sum up the above literature, Borderline Personality Disorder (BPD) has always been understood in terms of traits and rigid diagnostic categories with clinical samples, therefore, the assessment of BPD is primarily based on DSM criteria. The current research is focused on identifying cultural-specific experience and expression of borderline personality in university students. The current study also aimed to look at the tendencies of borderline personality rather as a diagnostic entity. The rational of selecting university students is because university years are said to be a time of challenges and stressors ranging from personal, social, and academic areas (Ioannou, et al., 2019). University students might face new troubles and challenges that may require new ways of adapting or learning of some new skills in order to establish and maintain relationships (Benlahcene et al., 2020). BPD symptoms arise when certain traits are exposed to stressors (APA, 2013; Southward & Cheavens, 2020) and it is interpersonal context in which the symptoms manifest (Hughes, et al., 2012). Since personality is far above than biology and it resides in psychosocial environment (Millon et al., 2012) and BPD symptoms manifest in interpersonal context and university students is one of the stressful populations. Therefore, the current research will address cultural-specific pattern of borderline personality tendencies in university students.

METHOD

The development of Borderline Personality Tendencies scale was executed in following phases:

Phase I: Items Generation

Participants and Procedure

In order to explore the different patterns and expressions of Borderline Personality Tendencies (BPT) that are experienced and expressed by the university students, a qualitative study with phenomenological approach was conducted. For this purpose, 24 post graduate university students (12 men and 12 women) with the age range of 18-24 years were selected through stratified random sampling. BPT was operationally defined in terms of DSM-5 criteria as *a pervasive pattern of*

Pakistan Journal of Psychology

instability of interpersonal relationships and marked impulsivity Individual interviews were carried out and open-ended questions were asked to get clearer expression and a list of 56 items was compiled after excluding repetitions.

Phase II: Expert Validation

Participants and Procedure

The final list of 56 was presented to 10 experts with five years of minimum experience (5 psychiatrists and 5 clinical psychologists). Experts were asked to rate each item to the extent to which it depicts borderline personality tendencies (BPT). "0" means "not at all" and "5" means "very much so". On the basis of the ratings, a league table was made. All those items which yielded 50% agreement from the experts were retained. In this way two items were discarded. A list of 54 items was retained and converted into as self-report measure (Borderline Personality Tendencies Scale, BPTS).

Phase III: Pilot Study

Participants and Procedure

The aim of this phase was to test the layout and user-friendliness of Borderline Personality Tendencies Scale (BPTS). 15 post graduate students (8 men and 7 women) were randomly selected. No difficulty related to the instructions, content and comprehension of the items was reported.

Phase IV: Main Study

Participants

A sample of 396 post graduate students (53% men and 46% women) was selected through stratified sampling with the age range of 18-24 years ($M = 20.03$, $SD = 1.40$).

Ashraf & Javed

Measures

Demographic Performa

Demographic Performa was used to extract personal information of the participants which may fluctuate their responses. Main demographic characteristics including age, gender, year of study, major subjects, program of study and area of belonging were asked using demographic Performa.

Borderline Personality Tendencies Scale

The newly developed Borderline Personality Tendencies Scale (BPTS) was used to assess borderline personality tendencies among university students. It has 54 items along with four-point rating scale (0) *not at all*, (1) *rarely*, (2) *sometimes* and (3) *often*.

Depression Anxiety Stress Scale-Short Form

Depression Anxiety Stress Scales (DASS-SF; Lovibond & Lovibond, 1995) was used in Urdu language to establish construct validity of BPTS. This measure assesses three related negative affective states of depression, anxiety and stress. It is a self-report measure which consists of 21 items. The response options of this measure are; (0) *not at all*, (1) *occasionally*, (2) *often* and (3) *always*.

Procedure

First Institute Ethical committee approved the current research. After obtaining formal permission from the authorities, the participants were briefed about the research and they were assured about the anonymity, confidentiality and privacy. After this, they were given the research protocol which consisted of BPTS and DASS. The participants took 20 minutes to complete the research protocol. The testing was carried out in group setting averaging 20 students. After data collection, a debriefing session was carried out for quarries.

Pakistan Journal of Psychology

RESULTS

Factor Analysis

Principal Component Factor Analysis with Varimax Rotation was carried out on 54 items of BPTS. The factors that are obtained through Varimax rotation are distinct from each other (Kahn, 2006; Kim & Mueller, 1978). The number of factors was determined on the basis of a standardized criterion (Cureton & D'Agostino, 1983; Kaiser, 1974; Kim & Mueller, 1978; Kline, 1994) that included: Eigen value should be greater than 1.

Items for Borderline Personality Tendencies Scale (BPTS) were chosen according to the criterion that was given by Kline (1994) of total explained variance and that factor loading of the item should be of .30 or greater than this. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy value is .86 and Bartlett's Test of Sphericity is significant ($p < 0.001$) (Table 1). Finally, two factor solution was retained. The details of the factor loadings are given in Table 2.

Factor 1: Lack of Sensitivity for Others. It is the first factor of the scale that consists of 24 items that denotes to unsteadiness in commitments, behavior or warmthness. The sample items are, for example, "not caring about any relationship"; "not caring about the desires and/or wishes of other people"; "unable to forgive others even on minor mistakes"; "inability to maintain relationship", "being selfish" and so on.

Factor 2: Lack of Emotional Control. The last which is the third factor of the scale consists of 24 items. This factor consists of those items which depict lack of emotional control. The sample items are, for example, "impulsivity"; "inability to tolerate"; "sudden outburst of anger"; "intense anger"; and so on.

Table 1
Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) Borderline Personality Tendencies Scale (N=1200)

	<i>KMO</i>	<i>Sig.</i>
Borderline Personality Tendencies Scale	.86	.000*

* $p < .001$

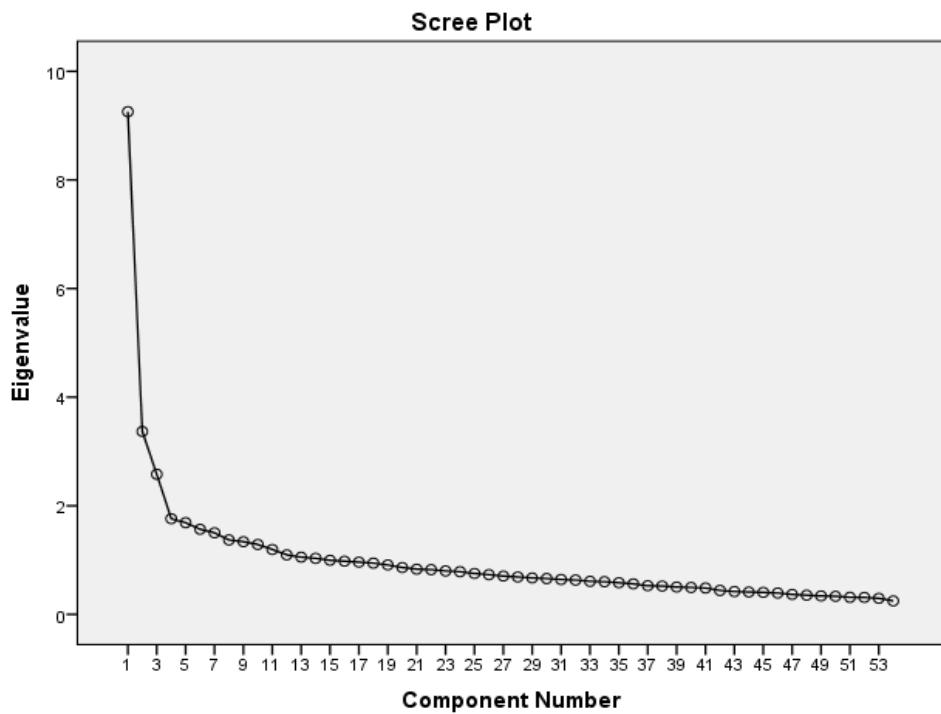


Figure 1.Scree Plot Showing Extraction of Factors of Borderline Personality Tendencies Scale

Pakistan Journal of Psychology

Table 2
The Factor Structure of 48 items of Borderline Personality Tendencies Scale with Varimax Rotation with Eigen Values

Items	<i>F1(6.79)</i>	<i>F2(5.02)</i>	Items	<i>F1(6.79)</i>	<i>F2(5.02)</i>
6	.41	.02	1	.28	.56
9	.53	-.04	2	.17	.44
10	.47	.14	3	.19	.35
13	.50	-.08	4	.25	.38
15	.39	.01	5	.16	.37
16	.42	.11	8	.26	.39
18	.54	.29	11	.13	.53
19	.52	.16	12	.20	.46
22	.43	.34	14	.01	.45
23	.65	.12	17	-.02	.54
24	.34	.27	20	.141	.50
27	.56	.09	21	.06	.33
29	.54	.29	25	.17	.50
32	.32	.05	28	.25	.38
36	.55	.08	30	-.04	.41
37	.62	.05	31	.33	.38
38	.61	.21	33	.32	.41
40	.49	.26	34	.08	.44
42	.51	-.03	35	.00	.42
45	.50	.12	43	.03	.39
46	.53	.24	44	-.27	.43
50	.52	.20	47	.26	.39
52	.41	-.00	49	-.17	.33
53	.34	-.01	51	.05	.59

Note. Factor loadings > .30 are boldfaced

Construct Validity

Table 3 presents the correlation between Borderline Personality Tendencies Scales (BPT) and Depression, Anxiety and Stress Scale. All the correlation values are statistically significant.

Table 3
Intercorrelation between Borderline Personality Tendencies Scale and its Two Factors and Depression, Anxiety and Stress Scale (N=396)

Scales	1	2	3	4
1. Lack of Sensitivity for Others	1	.46***	.83***	.46***
2. Lack of Emotional Control		1	.85***	.66***
3. Borderline Personality Tendencies Scale (Total)			1	.67***
4. Depression, Anxiety, Stress Scale				1

*** $p < .001$

Reliability Analyses

Table 4 presents the, internal consistency, test-retest and split-half reliabilities of the BPTS. Internal consistency for BPTS and its two factors is computed using Cronbach's alpha value. To establish, test-retest of BPTS, BS students were randomly selected ($n = 54$) and BPTS was administered. After a week they were retested. The results showed the high test-retest reliability of BPTS.

Further, through odd and even method, split-half reliability of BPTS was found. The BPTS was divided into two halves comprising of 24 items each. The results showed high split-half reliability of BPTS. The internal consistency of Form A was .83 whereas Form B was .81

Pakistan Journal of Psychology

Table 4
Reliability Analysis of Borderline Personality Tendencies Scale (N=396)

Scales	α	<i>Split-Half r</i>	<i>Test-Retest r</i>
Lack of Sensitivity for Others	.87		
Lack of Emotional Control	.81		
Borderline Personality Tendencies Scale (Total)	.90	.82	.83

*** $p < .001$

DISCUSSION

In the past Borderline Personality Disorder (BPD) was not understood in the general population (Aviram et al., 2006). Therefore, BPD was completely ignored in the scientific literature (Markham, 2003; McGrath & Dowling, 2012). For centuries BPD was considered as a wastebasket diagnosis and it was believed that individuals suffering from BPD will never respond to the treatment (Friedel, 2006). Despite holding a diagnostic prominence, BPD is still a disputable diagnosis because of its overlapping with other clinical disorders (Hersh, 2008; Millon et al., 2012). Paris (2010) argues that BPD traits are not clear because nobody understands them as that how these traits persist and cause dysfunction even in the absence of the enough symptoms that are required to meet the diagnostic criteria. The trait explanation of BPD fails to explain the symptoms of BPD like the presence of significant identity and relational problems that prevail in BPD (Jackson & Trull, 2001; Sanislow et al., 2002). Thus, there is an ample evidence that reveals that BPD has only been understood in terms of traits.

In the current study, an indigenous tool was developed that focused at the tendencies of borderline rather than traits and diagnosis. Factor analysis (Table 2) yielded two factors namely Lack of Sensitivity for Others and Lack of Emotional Control. The first factor which denotes to lack of sensitivity for other people, included problematic interpersonal relationships, selfishness and permanently terminating the relationships. These tendencies are found to be consistent with the literature (Arntz, 2005). In Borderline Personality Disorder (BPD) individuals have significant problems related to the lack of concern for others and paying more attention to their own comforts. When it comes to university students, one of the

Ashraf & Javed

important tasks is to handle and manage expanding social world. Moreover, in collectivistic cultures, like Pakistan, group conformity and cohesion is more valued, the students are unable to abide by the collectivistic norms, tend to undergo more stressful living hence, sometimes triggering offensiveness for norms and turning cold towards others whose expectations cannot be fulfilled by them. This not only makes them insensitive but also prone to rejection and isolation.

The second factor of BPTS named Lack of Emotional Control denotes to instability in mood, sudden and intense anger, intolerance of the criticism from others and stubbornness. These tendencies are consistent with literature (Cozolino, 2014; Millon, et al., 2012). Individual with BPD consistently spins between extreme highs and lows and experiences troubles in engaging and maintaining of the relationships with others. The impulsivity as seen in the items of the scale drives the person to take untimely decisions and unintended reactions towards others which results in breakup of bonds and friendships. Such individual experiences anger and frustration as a result of it and in order to compensate with it the individual engages in self-harming behavior which on persistence could end with suicide. All this happens because the life of the individual is driven solely by emotions rather than logic. Other than this, the other tendencies are novel which most probably are generated as a result of cultural difference and they emerged out of general population which was university population. So, by keeping in view all this it could be concluded that BPT serve to be the base, the initiation for developing mental health problems.

Lack of Sensitivity for Others may lead to Lack of Emotional Control that the individuals had developed their own specific perspective about themselves and others that they lacked skills necessary for healthy interactions and this was adding weight to the third factor which was Lack of Emotional Control that they were governed by their emotions rather than rational thoughts. Thus, the individuals were having mental health problems as well which is related to the literature (APA, 2013; Harned & Valenstein, 2013; Sansone & Sansone, 2011) that Borderline Personality Disorder (BPD) co-occurs with depressive or bipolar disorders, substance use disorders and anxiety disorders.

Results regarding construct validity of BPTS show significant positive association of Lack of Sensitivity for Others and Lack of Emotional Control subscales and overall BPTS with Depression, Anxiety and Stress Scale (Table 3). Hence, suggesting good construct validity. Reliability analysis of BPTS (Table 4) reveal excellent internal consistency of BPTS and its two subscales. Further, high

Pakistan Journal of Psychology

test-retest reliability and split-half reliability of BPTS is also evident. These results suggest that BPTS is a valid and reliable measure to assess borderline personality tendencies.

The present study has many limitations. Firstly, the sample comprised only university students; future research may use broader age range perhaps by taking adolescents. Secondly, findings pertaining to validity are limited to DASS only, more measures are needed. Thirdly, the current research was that only urbanized population was taken for the current research and thus the divergence of the patterns of BPT were not identified. The BPTS can be used for further clinical and research purposes like relationships and the patterns of BPT with mental disorders like depression, bipolar disorder, anxiety, adjustment disorder and even Posttraumatic Stress Disorder (PTSD).

Despite these limitations, the current study has pioneered in nature to explore cultural-specific expression of BPT in university students in Pakistan comprising social and emotional component of BPT.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Arntz, A. (2005). Introduction to special issue: Cognition and emotion in borderline personality disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, 36(3), 167-172. doi:10.1016/j.jbtep.2005.06.001

Aviram, R. B., Brodsky, B. S., & Stanley, B. (2006). Borderline personality disorder, stigma, and treatment implications. *Harvard review of psychiatry*, 14(5), 249-256.

Babinski, D. E., Castagna, P. J., & Waschbusch, D. A. (2020). Preliminary Investigation of the Psychometric Properties of the Parent Version of the Borderline Personality Features Scale for Children (BPFS-P). *Journal of Personality Assessment*, 1-11.

Benlahcene, A., Lashari, S. A., Lashari, T. A., Shehzad, M. W., & Deli, W. (2020). Exploring the Perception of Students Using Student-Centered Learning Approach in a Malaysian Public University. *International Journal of Higher Education*, 9(1), 204-217.

Ashraf & Javed

Chanen, A. M., & Thompson, K. N. (2018). The development of personality disorders. In D. McAdams, R. Shiner & J. Tacket (red.), *Handbook of Personality Development*. New York: Guilford

Cozolino, L. (2014). *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain* (2nded.). New York, NY: W. W. Norton & Company.

Cureton, E. E., & D'Agostino, R. B. (1983). *Factor analysis: An applied approach*. London: Lawrence Erlbaum Associates.

Ewen, R. B. (2003). *An Introduction to Theories of Personality* (6thed.). New Jersey: Psychology Press.

Fabrega, H. (1994). International systems of diagnosis in psychiatry. *Journal of Nervous and Mental Disease*, 182, 256-259.

Friedel, R. O. (2006). Early sea changes in borderline personality disorder. *Current Psychiatry Reports*, 8 (1), 1-4. doi:10.1007/s11920-006-0071-6

Habibie, A. (2020). The Effect of Personality over Student Insights on the Environment. *International Journal of Multicultural and Multireligious Understanding*, 7(2), 74-81.

Harned, M. S., & Valenstein, H. R. (2013). Treatment of borderline personality disorder and co-occurring anxiety disorders. *F1000 Prime Reports*, 5, 15. doi: 10.12703/P5-15

Hersh, R. (2008). Confronting myths and stereotypes about borderline personality disorder. *Social Work in Mental Health*, 6(1-2), 13-32.

Hughes, A. E., Crowell, S. E., Uyeji, L., & Coan, J. A. (2012). A developmental neuroscience of borderline pathology: Emotion dysregulation and social baseline theory. *Journal of Abnormal Child Psychology*, 40(1), 21-33. doi:10.1007/s10802-011-9555-x

Ioannou, M., Kassianos, A. P., & Symeou, M. (2019). Coping with depressive symptoms in young adults: Perceived social support protects against depressive symptoms only under moderate levels of stress. *Frontiers in Psychology*, 9, 2780-2791.

Pakistan Journal of Psychology

Jackson, K. M., & Trull, T. J. (2001). The factor structure of the personality assessment inventory-borderline features (PAI-BOR) scale in a nonclinical sample. *Journal of Personality Disorders, 15*(6), 536-545.

Kahn, J. H. (2006). Factor analysis in counseling psychology research, training, and practice: Principles, advances, and applications. *The counseling psychologist, 34*(5), 684-718.

Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika, 39*, 31-36.

Keefe, J. R., Kim, T. T., DeRubeis, R. J., Streiner, D. L., Links, P. S., & McMain, S. F. (2020). Treatment selection in borderline personality disorder between dialectical behavior therapy and psychodynamic psychiatric management. *Psychological Medicine, 24*, 1-9.

Kim, J., & Mueller, C. W. (1978). *Factor analysis statistical methods and practical issues*. London: Sage University Paper.

Kline, P. (1994). *An easy guide to factor analysis*. London: Routledge.

Lang, S., Kotchoubey, B., Frick, C., Spitzer, C., Grabe, H. J., & Barnow, S. (2012). Cognitive reappraisal in trauma-exposed women with borderline personality disorder. *NeuroImage, 59*(2), 1727-1734

Leichsenring, F. (1999). Development and first results of the Borderline Personality Inventory: A self-report instrument for assessing borderline personality organization. *Journal of Personality Assessment, 73*(1), 45-63.

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.

Markham, D. (2003). Attitudes towards patients with a diagnosis of 'borderline personality disorder': Social rejection and dangerousness. *Journal of Mental Health, 12*(6), 595-612.

McGrath, B., & Dowling, M. (2012). Exploring registered psychiatric nurses' responses towards service users with a diagnosis of borderline personality disorder. *Nursing Research and Practice, 1*-10. doi:10.1155/2012/601918

Millon, T., Millon, C. M., Meagher, S. E., Grossman, S. D., & Ramnath, R. (2012). *Personality disorders in modern life*. John Wiley & Sons.

Ashraf & Javed

Mio, J. S. (2020). Allocentrism vs. Idiocentrism. *The Wiley Encyclopedia of Personality and Individual Differences: Clinical, Applied, and Cross-Cultural Research*, 205-208.

Paris, J. (2010). *Treatment of borderline personality disorder: A guide to evidence based practice* (1st ed.). New York, NY: Guilford Press.

Putrino, N., Casari, L., Mesurado, B., & Etchevers, M. (2020). Psychotherapists' emotional and physiological reactions toward patients with either borderline personality disorder or depression. *Psychotherapy Research*, 30(7), 912-919.

Sanislow, C. A., Grilo, C.M., Morey, L. C., Bender, D. S., Skodol, A. E., Gunderson, J. G., ... McGlashan, T. H. (2002). Confirmatory factor analysis of DSM-IV criteria for borderline personality disorder: Findings from the collaborative longitudinal personality disorders study. *American Journal of Psychiatry*, 159(2), 284-290.

Sansone, R. A., & Sansone, L. A. (2011). Substance use disorders and borderline personality: Common bedfellows. *Innovations in Clinical Neuroscience*, 8(9), 10-13.

Schmalming, K. B., Fales, J. L., & Linehan, M. M. (2020). Treatment for Borderline Personality Disorder and Secondary Effects on Somatization. *Journal of personality disorders*, 1-9.

Sheldar, J., & Westen, D. (2007). The Sheldar-Westen Assessment Procedure (SWAP): Making personality diagnosis clinically meaningful. *Journal of Personality Assessment*, 89(1), 41-55.

Soares, M. C. (2009). Studies of personality disorders antisocial and borderline. *Acta Paulista de Enfermagem*, 23(6). 852-858. doi:10.1590/S0103-21002010000600021

Southward, M. W., & Cheavens, J. S. (2020). Quality or quantity? A multistudy analysis of emotion regulation skills deficits associated with borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment*, 11(1), 24-35.

Widiger, T. A. (Ed.). (2017). *The Oxford handbook of the five factor model*. Oxford University Press.

Pakistan Journal of Psychology

Zanarini, M. C., Temes, C. M., Frankenburg, F. R., Reich, D. B., & Fitzmaurice, G. M. (2020). Levels of acceptance and forgiveness reported by patients with bpd and personality-disordered comparison subjects over 20 years of prospective follow-up. *Journal of Personality Disorders*, 34(2), 262-272