

Impact of Personality Disorders on Academic Performance among University Students in Kenya

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Abstract: The study sought to examine the impact of personality disorders on academic performance among university students in Kenya. The study adopted the ex-post facto cross-sectional survey design. The target population was all undergraduate students, Deans of Students, Medical Officers, and Student Counsellors in all universities in Kenya. Using simple random sampling, 4 universities were randomly selected from which a sample population of 384 students, 4 deans of students, 4 medical officers and 12 student counsellors were drawn from each university. A pilot study was conducted to ascertain validity and reliability of the research instruments. Data was collected using questionnaires, interview schedules, observation schedules, and an evaluation form. Data collected from respondents was analyzed using descriptive statistics together with the computer Statistical Package for Social Sciences (SPSS). Results indicated that there was a high prevalence (94.8%) of personality disorders among university students, with the highest PDs being: paranoid (33.6%), obsessive-compulsive (16.4%), schizoid (13.5%), anti-social (6.5%) and narcissistic (5.2%). Only 16% of students had attended counselling while 84% had never and that university counselling services were effective. The study recommended (i) screening of undergraduates upon entry into university and upon exit. ii Strengthening counselling departments.

Keywords: Academic performance, impact, personality disorders, antisocial, avoidant, borderline, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid and schizotypal.

I. INTRODUCTION

Mental health has continued to be an issue of concern to nations in the recent past. The World Health Organization (WHO) estimates 450 million people live with mental disorders worldwide (World Health Report, 2002). Studies indicate that 14 out of 26 countries surveyed by WHO show prevalence of most common personality disorders (PDs) as: anxiety disorders (18.2%), mood disorders (9.6%), substance disorders (6.4%) and, impulse control disorders (6.8%) (Alonso *et al.*, 2013). The Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV, 2000) defines personality disorders as psychiatric disorders characterized by chronic patterns of inner experience of behaviour that are inflexible and present across a broad range of situations. The personality disorders are said to have a marked impact on individuals' interpersonal relationships, social and occupational functioning. WHO supports this opinion and further asserts that personality disorders, more than any other clinical variables are most likely to bring about persistently impaired social functioning

According to Nigerian Journal of Guidance and Counselling (TNGCJ), mental health of students on university campus is critical since it enables students to succeed socially, psychologically and academically (Olabisi, 2000). The presence of personality disorders among university students may hinder them from achieving their goals, particularly in academic performance. Njiri (2015) corroborates with Olabisi (2000). She asserts that if students are not in an optimum mental state, they will not perform at their best potential. Personality disorders affect not only students' self-concept, social relationships, but can also affect their academic performance. Many researchers stress the importance of students' mental health and well-being on campus as these directly affect learning (Olabisi, 2000; Versaveel, 2015).

Prevalence of mental disorders among university students seems to be a common phenomenon and affects students in various ways. Surveys carried out have shown that large numbers of college/university students with mental health problems have increased (Hernandez, 2006) and these are mainly due to academic pressure and the transitional stage to adulthood (Saleem *et al.*, 2011). College students have difficulty adapting to college with minimal adult supervision. As they transition from high school to university, anxiety increases and all these place them at risk for personal, social and academic difficulties (Hernandez, 2006).

Universities aim at preparing students for successful careers after training (Njiri, 2015). The government heavily invests in universities to prepare students well to participate adequately in nation building. Nevertheless if the emotional health is impaired by the personality disorders, neither the students nor the government can achieve their academic/career nor the national development targeted goals respectively. Yet through the relatively new concept of emotional intelligence, it is now emerging that it is not only the intellectual prowess (IQ), but also emotional intelligence (EI or EQ) matters. According to Goleman (1995), emotional intelligence is the ability to recognize your emotions, understand what they tell you and realize how your emotions affect people around you. It also involves your perception of other people and how you deal with their emotions. Above all, EQ is an important element in regulating, controlling and using emotions, especially in personality development. In the view of the author, therefore, EQ and mental health are both necessary for development of any nation.

The Diagnostic and Statistical Manual for Mental Disorders-IV has classified the ten personality disorders in 3 clusters: A, B and C (Coid, J., Yang, M. Tyrer, P., Roberts, A. and Ullrich, S. (2006). Cluster A (odd or eccentric) comprises personality disorders such as the paranoid, schizoid and schizotypal. Cluster B (dramatic, erratic or emotional) has the borderline, narcissistic, histrionic and anti-social personality disorders. Cluster C (anxious or fearful) consists of avoidant, dependent and obsessive-compulsive personality disorders.

All the three personality disorder clusters are associated with anxiety, mood and impulse control and substance (Lezenweger, 2007). Cluster A personality disorders affect people in different ways. A student with paranoid personality disorder (PPD) being highly suspicious, will develop strained relations with others. They are likely to experience a depressive disorder, agoraphobia, obsessive-compulsive disorder or alcohol and substance related disorders. All these situations point to eventual interruption to studies of students with such conditions. Schizoid personality disorder (SPD) is characterized by a lack of interest in social relationships. According to Masterson and Klein (1995), withdrawal and or detachment is a characteristic feature of schizoid pathology. University students with this condition may not only have problems with interpersonal relationships but may not be free to interact freely in academic activities. Similarly, schizotypal personality disorder (STPD) characterizes individuals as socially isolated and anxious beings who may choose to be silent, talk in odd ways or talk to themselves (Matsui, 2004). Evidently, people with STPD find communication difficult. This would therefore bring a challenge to students in learning situations.

The Cluster B personality types include persons with the anti-social PD and who disregard other people and violate their rights (APA, 2000). Students with such a PD are capable of disrupting university programmes. Zanarin *et al* (1998) assert that people with borderline personality disorders (BPD) portray intensive negative emotional reactions and cannot regulate them. The rapid mood swings occur between anger and anxiety and obsessive-compulsive and between depression and anxiety. Any student with this condition would be highly disadvantaged in terms of emotional functioning as they may not settle down to their studies properly. According to Fancher and Rutherford (2012), a student with the histrionic personality disorder (HPD) is likely to withdraw from frustration by pulling out of their studies prematurely. Persons with the narcissistic personality disorder (NPD) are solely concerned about their personal adequacy, personal success, power, prestige and vanity (Freeman *et al*, 2000). Table 1 gives a summary of the ten personality disorders:

Table 1: Summary Descriptions of Personality Disorders

Cluster A—Odd or eccentric	Cluster B—dramatic, emotional, or erratic Antisocial	Cluster C—anxious or fearful
<p>Paranoid Pervasive pattern of mistrust and suspiciousness Begins in early adulthood Presents in a variety of contexts</p> <p>Schizoid Detachment from social relationships Restricted range of emotional expressions</p> <p>Schizotypal Social and interpersonal deficits Cognitive or perceptual distortions and eccentricities</p>	<p>Disregard for rights of others Violation of rights of others Lack of remorse for wrongdoing Lack of empathy</p> <p>Borderline Instability of interpersonal relationships, self-image, and affects Marked impulsivity</p> <p>Histrionic Excessive emotionality Attention-seeking behavior</p> <p>Narcissistic Grandiosity Need for admiration</p>	<p>Avoidant Social inhibition Feelings of inadequacy Hypersensitivity to criticism</p> <p>Dependent Excessive need to be taken care of Submissive behavior Fear of separation</p> <p>Obsessive-compulsive Preoccupation with orderliness and perfectionism Mental and interpersonal control</p>

Source: American Psychiatric Association. *Dysfunctional personality traits. In: Diagnostic and statistical manual of mental disorders, 4th ed., primary care version. Washington, D.C.: American Psychiatric Association, 1995:169–74.*

In the Cluster C personality types are the avoidant (AvPD), dependent (DPD) and obsessive-compulsive (OCPD). While individuals with AvPD are socially inhibited (APA, 2000), those with DPD are too dependent on others for emotional and physical needs (Millon *et al*, 2004). Persons with OCPD portray excessive orderliness and perfection in themselves and other people (Pinto *et al*, 2008). This is worrying as students affected by OCPD are likely to be affected academically through slowness, indecision, and procrastination (Kalafat *et al*, 2010).

Personality disorders are disruptive and all lead to poor academic performance. Alcohol consumption on campus is common among students and unfortunately, is closely associated with PDs especially AvPD, HPD (Trull *et al*, 2010). Most personality disorders will lead to suicide and impulsivity (Brady *et al*, 2010). It is imperative that quality and proactive counselling is provided by universities for personal, social and academic related problems. Despite the continued provision of counselling services in all universities, there is persistence in behavioural problems among students leading to poor academic performance. This study sought to examine the impact of personality disorders on academic performance among university students in Kenya. The main objectives of this study, therefore, were to: (i) Examine the nature and extent of personality disorders among university students in Kenya, (ii) Investigate the effectiveness of counselling services in addressing personality disorders

II. RESEARCH METHODOLOGY

An ex-post facto cross-sectional survey research design was used since information on the current status of the students was required. This helped in studying students' attitudes about intervention therapies used in universities in dealing with personality disorders. A pilot study was conducted on undergraduate university students from one university to ascertain validity and reliability of the research instruments. The universities and the students who were considered in piloting phase were not included in the main study. Students from first year through to fourth year were used to collect information which was analyzed. The target population of the study was over 10,000 students in all public and private universities in Kenya; all Deans of Students, Medical Officers and counsellors. Using a lottery method which is a type simple random technique, four universities were sampled out of the 39 public and private universities in Kenya. Out of each of the 4 universities, a sample population comprising 384 students, 4 deans, 4 medical officers and twelve counsellors was picked to participate in the study. To obtain a sample size, the formula by Fisher *et al*. (1991) was used. Here the estimated population was 384 students. The formula used was:

$$n = \frac{z^2 pq}{d^2}$$

Where the sample size, n is the population size (10,000) and z is standard normal deviate as the required confidence level i.e. 1.96, p is the proportion in the target population estimated to have the characteristic being measured that is 0.5 (50%) and d is the level of statistical significance. The sample was 384 (100%) where 206(54%) were males and 178(46%) were females. The 4 universities selected represented 10% of the total number (39) of chartered universities in Kenya, which is adequate representation of the parent population (Mugenda & Mungenda, 2008). To identify actual respondents at each university, simple random sampling was used on students found available at the time of study. For deans of students, medical officers and student counsellors, one of each category for deans and medical officers and 3 counsellors from each university were selected.

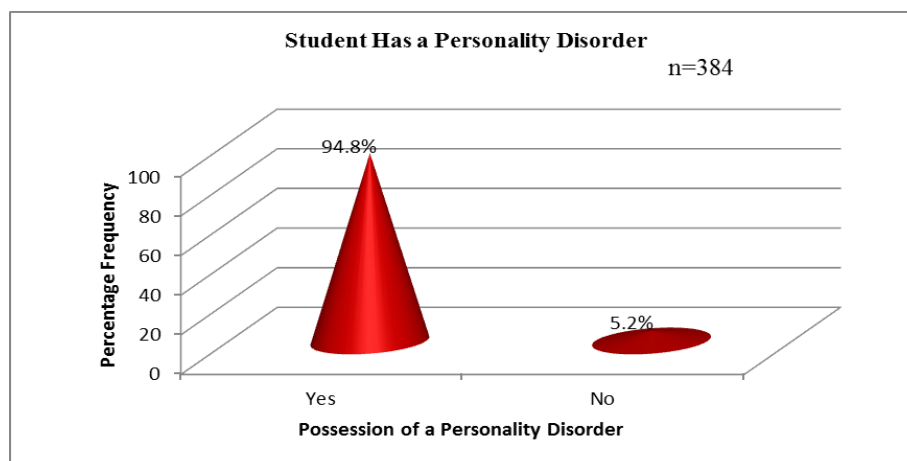
Data was collected using a questionnaire for students, interview schedules for deans of students, medical officers and counsellors as key informants, focus group discussions for peers of students, an observation schedule and a student evaluation form. Questionnaires (online self assessment) were administered to student respondents soliciting for information on PDs, counselling therapies used by counsellors and opinions on effectiveness of counsellors. Interviews were for key informants who included deans of students, medical officers and student counsellors. Key informants were people who knew students well (deans of students, medical officers and student counsellors), particularly about behaviour and mental status of the students. The observation schedule was used to collect information by the chief researcher and research assistants on counselling environment specifically the location, furniture, lighting, ventilation, among other factors. The student evaluation form was used to evaluate counselling services. Analysis of the data collected from respondents was done using an online site (4degreez.com) and the Statistical Package for Social Sciences (SPSS).

III. RESULTS AND DISCUSSION

Objective one of the study was to examine the nature and extent of personality disorders among undergraduate students in Kenyan universities. The research looked at the prevalence of personality disorders, perceptions on effectiveness of counselling services and the role of Emotional Intelligence (EQ).

(i) Prevalence of Personality Disorders:

Findings on the prevalence of personality disorders among undergraduate students, based on self-assessment online tests revealed that 364 (94.8%) do have a personality disorder, while only 20 (5.2%) don't have. This implies that majority of students are afflicted by personality disorders, the highest of which were: paranoid (33.6%); obsessive-compulsive (16.4%); schizoid (13.5%); anti-social (6.5%) and narcissistic (5.2%). It was surprising that despite availability of counselling services, only 16% of students took advantage to use the services, yet majority of them had PDs. Generally students are faced with various challenges on campus which lead to stress and anxiety. These include relationships and decision making, among others. Some students may not be comfortable seeking for assistance. Others gave reasons of there being no need to attend counselling when they were asked. Hence they may live with problems. Others fear stigma. Others still may not be aware that help can be accessed on campus. Results on the distribution of PDs are displayed in Figure 1.



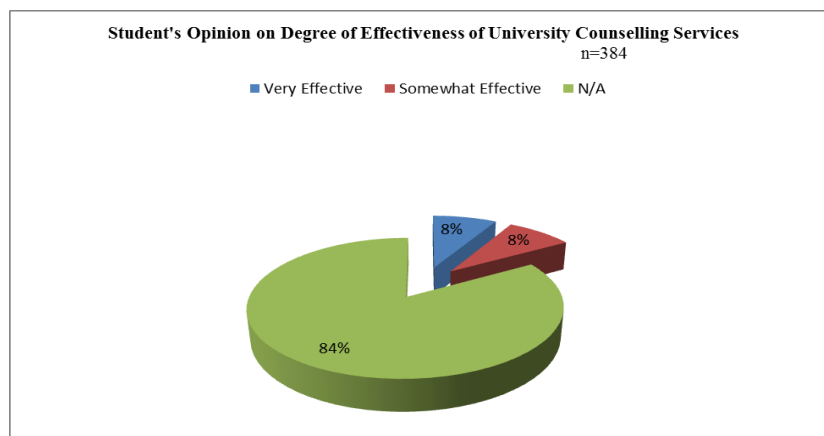
Source: Field Data, 2015

Figure 1: Distribution of Students with a Personality Disorder

This finding is supported by medical officers' opinions during interviews on the prevalence of personality disorders in the university which averaged at 1(20%). This figure is close to the one cited in literature, where studies using research diagnostic instruments have found that 20–40% of psychiatric out-patients fulfill criteria for a personality disorder (Reich & Green, 1991). Australian based studies were carried out by the Australian Medical Students Association (AMSA) which concluded that psychiatric issues amongst youths, particularly university students are worldwide (Wahid, 2013). According to the report, at least 83% Australian university students were a high risk population who suffered anxiety disorders such as mood and conduct disorders of depression, anxiety and suicidal behavior. Similarly, WHO (2000) maintains that mental disorders have been found to be common, with over a third of people in most countries reporting sufficient criteria to be diagnosed at some point in their life.

Deans of Students, when asked to give from their experience, the proportion of students likely to have personality disorders, mostly gave a figure ranging from 2-3%. One of the deans admitted that personality disorders disrupt students' lives. Deans also reported that the proportion of those attending the counselling services and who are diagnosed with personality disorders were just under 2%. Medical officers' opinions on the prevalence of personality disorders in the university averaged at 20%. The deans hastened to clarify that the 2% is only of students that show up for counselling. Nevertheless, this implies almost all the counselling cases that present themselves invariably possess a personality disorder.

For students affected by personality disorders to go through their academic studies successfully, there must be intervention for these disorders. Various counselling therapies and techniques have been used. Studies show that those who attend counselling usually benefit through behaviour change, improved interpersonal relationships, better emotional status or improved academic performance (Wallace, 2013). Students were asked to give their opinion on the overall effectiveness of counselling services. Results are displayed in Figure 2.



Source: Field Data, 2015

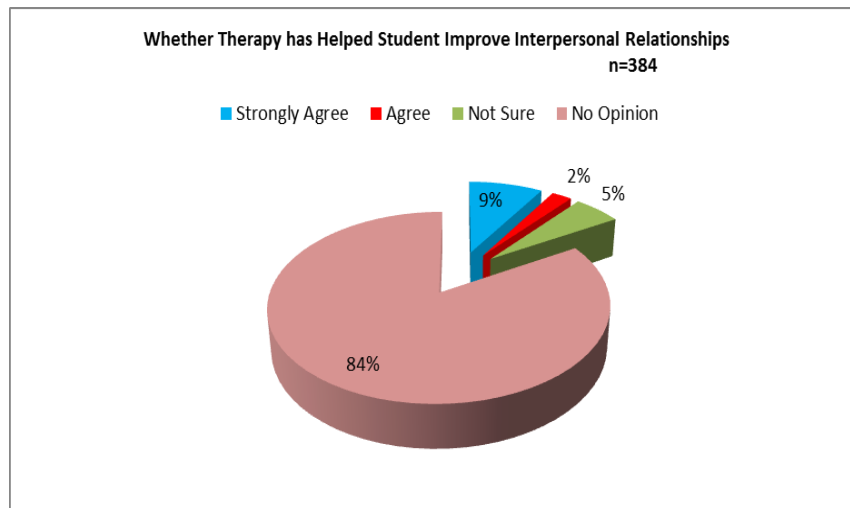
Figure 2: Student's Opinion on Effectiveness of University Counselling Services

Majority 324(84%) students had no answer most probably because they did not attend counselling. Of those who attended, 30(8%) said the services were somewhat effective while a similar percentage 30(8%) said the services were very effective. These findings imply that the services were effective.

Being the end users and beneficiaries of the counselling services, the students were the ones best placed to give an overall opinion on the degree to which the therapy had been effective in addressing Personality disorders. All those that attended the services across all the universities surveyed reported that the services had indeed been effective. These findings imply that irrespective of the approaches and techniques employed by the various counsellors across the universities, the results were positive.

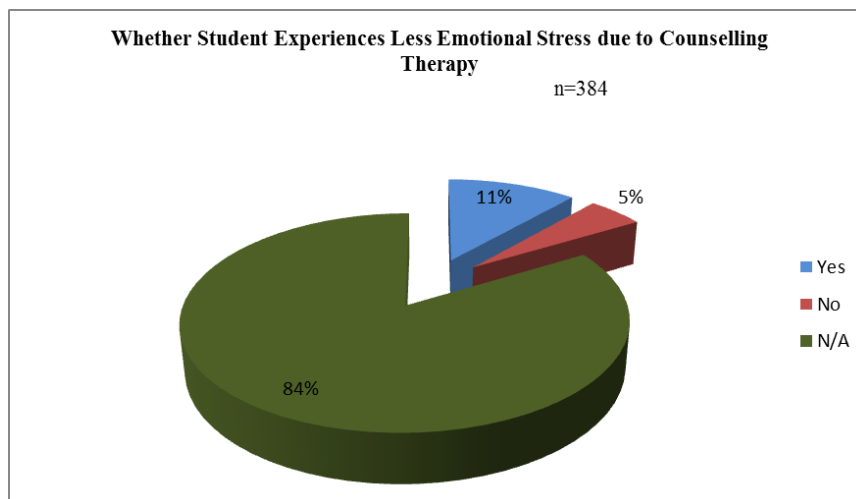
(ii) Perceptions on Effectiveness of Counselling Therapy:

The effectiveness of counselling therapy was portrayed by students in different ways. They reported that it helped them to: i) improve interpersonal relationships, ii) reduce emotional stress and, iii) increase capacity to regulate emotions. The study, therefore, sought to find out whether counselling therapy had assisted students improve interpersonal relationships, reduce emotional stress or increase capacity to regulate emotions. The results are displayed in Figures 3, 4 and 5.



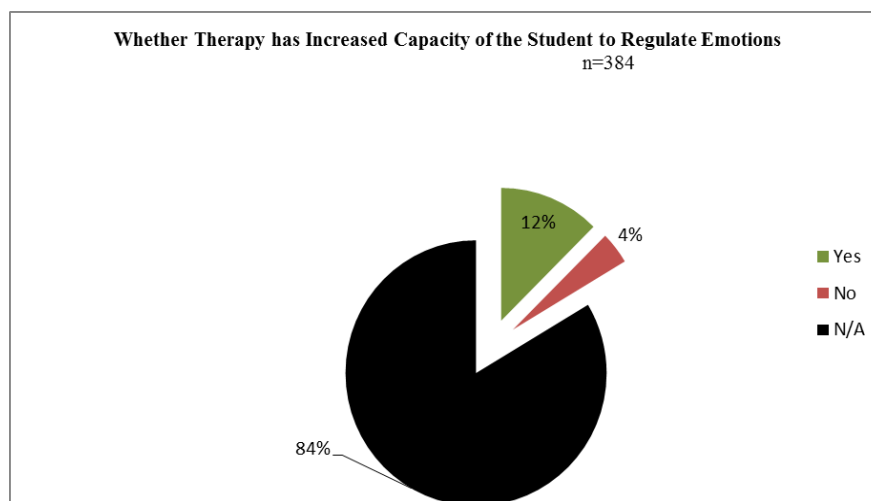
Source: Field Data, 2015

Figure 3: Whether Therapy has Helped Students Improve Interpersonal Relationships



Source: Field data, 2015

Figure 4: Whether Therapy Outcome is Less Emotional Stress



Source: Field data, 2015

Figure 5: Whether Therapy Outcome is Increased Ability to Regulate Emotions Among students

From Figure 3, 35 (9%) students strongly agreed, while 8(2%) agreed that their interpersonal relationships had indeed improved; 19(5%) were not sure whether or not. Majority of respondents (84%) said the question was not applicable (N/A). Respondents who were 'not sure' had probably not taken stock of what had happened. The N/A group had definitely not attended counselling. The study by ACCORD had similar results, where six out of ten (60%) of the clients who had attended counselling reported that it was beneficial to their relationship (McKeown *et al* (2002). In both studies respondents were able to communicate freely and satisfactorily.

Results in Figure 4 indicate that 42(11%) students confirmed that counselling had helped them experience less emotional stress while 19(5%) said it had not. Although the total number of students 61(16%) who attended counselling is small compared to the majority 323(84%) that didn't, majority of those who attended (11% out of 16%) reported positively about counselling services. The findings, therefore, demonstrate that counselling helped the students that underwent it. The ACCORD study by McKeown *et al* (2002) supports these findings where dramatic reductions in stress levels at the end of counselling were reported. The need for and impact of counselling has also been reported by many other sources. For instance, research carried out by Wallace (2012) on the impact of counselling on academic outcomes had two key findings namely: (i) Seventy-five percent of clients either 'improved' or 'recovered'; (ii) Seventy-five percent of students who completed counselling were helped to stay at university, to improve their academic achievement' to improve their overall experience of being student and to develop employability skills. Wallace (2012) concludes that the main impact of counselling is that through counselling, students develop increased understanding and increased ability to cope with problems and to become more optimistic and more hopeful. When there is less emotional stress, individuals can think better, reason better and therefore, engage in cognitive activities productively (Olabisi, 2000). In the opinion of the author, counselling makes a marked difference to individuals experiencing one problem or another.

(iii) The Role of Emotional Quotient:

The ability to control emotions is a sign of emotional maturity. Goleman (1995) asserts that for one to attain success be it in personal, social or in business, one critical factor is self-awareness through which one is able to control their emotions.

Figure 5 gives results to the question on whether counselling therapy increased ability to regulate emotions or not.. Of the total 16% students who attended counselling, 12% reported that counselling had helped them regulate their emotions. The other 4% reported in the negative. However, 84% said N/A, implying they did not attend counselling. The findings are in line with those of Bondi *et al* (2006) whose evaluative study among students in Scotland gave results which showed that of those who attended at least two counselling sessions, a great majority reported improvements in self-rated well-being and in their capacity to regulate their emotions. People who are self-controlled and who are emotionally mature are more productive in any situation, unlike those with disorganized emotions. They can think clearly and respond to situations correctly. According to Goleman (1995), awareness of one's own emotions leads to understanding of other people's emotions and how to deal with them. This leads to success especially in the world of academia.

IV. CONCLUSION AND RECOMMENDATIONS

Based on the findings and discussion on whether university students have personality disorders, it has been established that there is a high prevalence of personality disorders among university students. These include: paranoid, schizoid, schizotypal, obsessive-compulsive and anti-social personality disorders. These personality disorders disrupt the lives of students when they miss lectures, engage in activities like assaults and demonstrations. To mitigate the unwanted behaviour, counselling services have been used. These services were rated effective through positive outcomes in behavior modification and reduction in emotional distress in students. Unfortunately not many students attend counselling. It is recommended that upon entrance into university, students are assessed for personality disorders to establish the intervention strategies from the onset. Students should also be given sufficient information on PDs so that those who may suffer from them are aware and cooperate with counselling departments in seeking the required intervention. Deans of students' and Counselling departments should be strengthened through special training of the deans and counsellors in the area of personality disorders. Emotional Intelligence though a new concept, should be taught to all university students as a way of preparing them to meet challenges in their school life and work life.

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