

Original Article

Assessment of Borderline Personality Disorder Symptoms among Students: A Cross-Sectional Study

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Abstract

Borderline personality disorder is a chronic and debilitating psychological disorder that is associated with a significant impairment in psychosocial functioning. The present study was conducted to determine the epidemiology of borderline personality disorder symptoms among female students. This was a descriptive-cross-sectional study. The statistical population included all female secondary school students in Karaj city in 2018. With the multi-stage cluster sampling method, 340 people were selected and completed questionnaires of demographic variables and borderline personality disorder. The obtained data were analyzed with SPSS-22 statistical software and descriptive statistics, Chi-Square and logistic regression methods. The significance level was considered ($P < 0.05$). The prevalence of borderline personality disorder in the whole sample is 18 people (1.8%). Specific symptoms included despair (0.4%, $P = 0.001$), impulsivity (0.8%, $P = 0.004$), and dissociative/paranoid symptoms related to tension (0.6%, $P = 0.002$). Demographic factors such as parents' education, parents' occupation, familial relationship between parents, a family history of psychological disorders, and smoking/addiction in parents were significantly associated with the prevalence of BPD in students ($P < 0.05$). The study showed a notable prevalence of borderline personality disorder symptoms among female high school students. Therefore, planning to prevent and treat this disorder is a priority.

Keywords

Epidemiology
Borderline personality disorder
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Introduction

Personality disorders are characterized by persistent, pervasive, and inflexible behaviors that deviate from the acceptable norms of different cultures (Ross, et al., 2014). Abnormal ways of interpreting events, unpredictable mood swings or inconsistent behaviors are seen in personality disorders (Ross, et al., 2014; Miller, et al., 2017). Unlike many mental disorders where people are healthy at first but later develop mental illness and that are treatable (Fossati, 2016), borderline personality disorder (BPD) is recognized as one of the primary forms in the international classification of mental disorders. The main characteristics of this disorder are instability in personal relationships, lack of self-confidence, frequent changes in self-ideology and self-perception, unpredictable mood changes, thoughtless and reckless behavior and extreme fear of rejection (Stone, 2017). In

the other words, Risky, self-destructive impulsivity and emotion dysregulation are core features of borderline personality disorder (waite, et al., 2024).

Some researchers have found that people with borderline personality disorder, compared to those who do not have this disorder, show more dysfunctional moods, have more problems in their interpersonal relationships, are weaker in coping skills, and have more and more intense cognitive distortions (Kramer, 2014; Winsper, et al., 2016). Despite the extensive literature that exists on borderline personality disorder, its prevalence among children and adolescents has not yet been determined correctly, and no consensus has been reached on this issue (Mohammadi, et al., 2014; Stepp, et al., 2013). Recent studies suggest that borderline personality disorder presents a behavioral style that may put a person at risk for a wide variety of other mental disorders (Miller, et al., 2017); and according to the reports of the

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international classification of mental disorders, its prevalence rate in the society is estimated at 1.6%, but it may increase up to 5.9%. The prevalence rate of this disorder in primary healthcare services is about 6% of people who refer to outpatient mental health clinics, about 10%, and about 20% of patients admitted to mental hospitals (Ross, et al., 2014). The prevalence rate of this disorder is different in different countries, because due to cultural and societal differences, as well as variations in research methodologies (De Genna & Feske, 2013). De-Genna and Feske's (2013) study showed that there is a difference in the prevalence of borderline personality disorder between American girls and African-American girls (Heidarizadeh & Behrouz, 2017).

According to what was mentioned earlier, Borderline Personality Disorder Symptoms is a serious disorder in the field of psychology but unfortunately there was no accurate and reliable data about its frequency in the society and specially its frequency between adolescents. On the other hand, in the context of Iran, this lack of data is even more pronounced, and previous studies have largely overlooked this issue. The study of research related to personality disorders shows that research has been done on the prevalence of these disorders in general. A review of the available evidence reveals a significant research gap regarding BPD in adolescents, especially among female students in Iran. To address this gap, the present study was conducted to investigate the epidemiology of BPD among adolescents. Therefore, the current research was conducted to investigate the epidemiology of this disorder by focusing on adolescents, because as stated, this disorder has been with people since childhood, and therefore obtaining this information will show an estimate of the future exposure of the society to the disorder.

Method

Participants

The present study is a descriptive-cross-sectional study. The statistical population included all female high school students in Karaj city in 2018 (N=2730). The number of sample size was determined based on the Krejcie and Morgan table (with a confidence level of 95% and a sampling error of 5%), and the difference of the mean and the corresponding variance in similar studies (at least three relevant studies) and with the multi-stage cluster sampling method, 340 people were obtained. To obtain the sample, 10 schools were randomly selected from the educational districts of Karaj city, and all students from these schools were included in the study.

Procedure

The inclusion criteria of the study include the student's willingness to participate in the study, absence of certain physical diseases (acute or chronic), residence in Karaj city, and obtaining consent to participate in the study. The exclusion criteria included receiving psychotherapy and drug therapy before entering the

study. Participants were selected from those who provided informed consent to participate in the research. Ethical considerations were maintained, and participants were assured that all information collected would remain confidential and not be shared with others. Data were collected using the following questionnaires.

Instrument

Demographic Characteristics Questionnaire:

This questionnaire is designed to determine the demographic characteristics of the subjects, including; Age (in years), parents' education (mother and father), parents' occupation, head trauma in early childhood, type of birth (Vaginal /premature), having a twin brother or sister, parents' family relationship, history of axis I and II psychological disorders in the family, and parental smoking or addiction. The questionnaire was developed by the researchers.

Borderline Personality Questionnaire:

This scale was developed by Spitzer et al (1979) to measure borderline personality patterns and consists of 22 questions, each answered with "yes" (score 1) or "no" (score 0). This scale has three factors: hopelessness, impulsivity, and dissociative and paranoid stress-related symptoms. Jackson & Claridge (1991) reported a test-retest reliability coefficient of 0.61 for STB. Similarly, Rawlings, et al (2001) reported an alpha coefficient of 0.80 for this scale. In Iran, the retest reliability coefficient after 4 weeks for the whole scale is 0.84 and its sub-scales are favorable and between 0.67 and 0.72. The alpha coefficient for the whole scale is 0.77 and for its subscales in the range of 0.64 to 0.78. In the study by Mohammadzadeh et al. (2005), the test-retest reliability coefficient for the entire scale over a four-week interval was confirmed to be 0.84. In the present study, the Cronbach's alpha coefficient of this questionnaire was calculated as 0.87.

Results

The demographic data showed that the average age of the female students was 16.51 years (SD = 2.73). Among them, 23 students (2.3%) scored higher than the cut-off point (score ≥ 12) on the borderline personality disorder scale. These students, along with their parents, were referred to a psychiatric center in the province—prearranged and funded by the researchers. Following clinical interviews conducted by a child and adolescent psychiatry specialist based on DSM-V diagnostic criteria, 18 students (1.8%) were confirmed to have borderline personality disorder. The remaining 5 students (0.5%) did not meet the diagnostic criteria according to the clinical interviews. Thus, 982 students (98.2%) were considered healthy, while 18 students (1.8%) were diagnosed with borderline personality disorder. The results of Table No. 1 show the frequency and percentage of relative frequency of borderline personality disorder, its three dimensions separately.

The results of Table 2 showed that there is no statistically significant relationship between the prevalence of borderline personality disorder and head trauma ($P < 0.05$). The prevalence of this disorder was significantly related to parents' lower education and

their type of employment ($P < 0.05$). Other information from the frequency distribution of students' demographic characteristics is given in Table 2 separately for each variable.

Table 1. Prevalence and percentage of the population with borderline personality disorder in female high school students

Research variable	Percentage (number)	Standard deviation	P-Value
disappointment	0.4% (4 individuals)	(8/0) 6/1	0.001
impulsiveness	0.8% (8 individuals)	(1/1) 0/2	0.004
Dissociative/paranoid symptoms	0.6% (6 individuals)	(1/1) 7/2	0.002
Borderline personality disorder	1.8% (18 individuals)	(4/2) 5/3	0.001

Table 2. Frequency distribution of features

Variable	Diagnosed with BPD			Significance level	
	Normal	Disordered	Total		
Head trauma	Negative	961 (6/98%)	13 (3/1%)	974	0.596
	Positive	21 (7/80%)	5 (23/19%)	26	
Mother's education	Under diploma	128 (1/90%)	14 (85/9%)	142	0.007
	Diploma – Associate Degree	769 (48/99%)	4 (51/0%)	772	
	Bachelor's degree and higher	85 (100%)	0	85	
Father's education	Under diploma	66 (88%)	9 (12%)	75	0.018
	Diploma – Associate Degree	843 (99%)	8 (1%)	851	
	Bachelor's degree and higher	73 (6/98%)	1(4/1%)	74	
Father's job	Marketer (freelance)	767 (2/98%)	14 (8/1%)	781	0.012
	Unemployed	5 (100%)	0	5	
	Employee	210 (1/87%)	4 (8/1%)	214	
mother's job	housewife	896 (98%)	18 (2%)	914	0.009
	Employed	86 (100%)	0	86	
History of Axis I and II disorders in the family	Negative	896 (6/99%)	3 (4/0%)	899	0.027
	Positive	957 (7/98%)	15 (9/14%)	101	
Type of birth	Natural	25 (6/80%)	12 (3/1%)	969	0.714
	Unnatural (abortive/premature)	25 (6/80%)	6 (4/19%)	31	
Having a twin brother or sister	Positive	19 (1/79)	5 (9/20%)	24	0.560
	Negative	963 (6/98%)	13 (4/1%)	976	
Family relationship of parents	Yes	46 (7/80%)	11 (3/19%)	57	0.024
	No	936 (2/99%)	7 (8/0%)	943	
Smoking/parental addiction	Positive	65 (2/80%)	16 (8/19%)	81	0.019
	Negative	917 (8/99%)	2 (2/0%)	919	

Table 3. Analysis indices of the final variables entered into the logistic regression equation

Variable	B	Wald	Odd Ratio (*OR)	Confidence Interval (CI)	
				Minimum	Maximum
Father's education	1.061	1.631	423/1	325/1	507/2
Mother's education	1.795	2.165	165/2	960/1	725/4
Father's job	1.903	2.456	456/2	211/1	319/2
mother's job	0.764	2.399	399/2	452/0	675/2
Family history	0.09	2.366	366/2	985/0	155/1
Family relationship of parents	1.236	4.045	4.045	1.025	2.744
Smoking or parental addiction	0.021	2.272	2.272	0.843	1.160

Borderline personality disorder had the highest number (71 people) and schizoid personality disorder and obsessive compulsive disorder had the least diagnosis (2 people each). Evidence from recent studies indicates that the diagnosis of borderline personality disorder in adolescents is not rare. In fact, its prevalence in adolescents is comparable to that in adults and is more common than previously believed (Kaess, et al., 2017).

Discussion and Conclusion

Borderline personality disorder is a chronic and debilitating psychological disorder associated with a significant impairment in psychosocial functioning. The present study was conducted to determine the epidemiology of borderline personality disorder symptoms among female students. Finding of the current study, consistent with the results of previous

studies (Hochadel, et al., 2014; Alugo, et al., 2017), showed that the parents of children with psychological disorders had lower educational levels compared to parents of children without such disorders. In the current study, a significant relationship was observed between parents' education level and the prevalence of borderline personality disorder ($P < 0.05$). Parenting methods play a crucial role in shaping a child's resilience to adversity, potentially increasing or decreasing their vulnerability to psychological disorders.

The high level of parents' education and the security and stable job position make parents more familiar with the correct methods and principles of parenting and make more efforts to raise their children correctly (Rajendran, et al., 2016); This will have a significant effect on the behavior of their children, and less emotional disorders, including borderline personality disorder, will be observed in their actions. On the other hand, the results of study showed a negative and significant relationship between the personality traits of children influenced by their parents and the presence of borderline personality disorder (Ghaderi, et al., 2016).

Also, the present study, consistent with the findings of Khemakhem et al. (2015), as well as Sengupta et al.'s (2015) and Thakur et al.'s (2013) studies, showed a statistically significant relationship between parental smoking addiction and borderline personality disorder ($P < 0.05$). In explaining this finding, it can be said that children with behavioral problems and parents not only have a mutual effect on each other, but also affect other family members, i.e. other children. Research has shown that children's psychological disorders are closely related to parents' psychological problems and inconsistencies. The greater the severity of parents' behavioral problems, the more quickly behavioral disorders are likely to manifest in their children (Kaess, et al., 2017). There was no significant relationship between the prevalence of borderline personality disorder in twins ($P < 0.05$). Due to the lack of investigation of these variables in other studies, it was not possible to compare and draw logical conclusions in this regard.

In this study, like other research in the fields of behavioral sciences and health psychology, faced limitations, such as reliance on a questionnaire for data collection. Additionally, due to the high overlap of borderline personality disorder with other psychological disorders, the findings need careful interpretation. For instance, Pirkhaefi et al. (2015) reported a prevalence of borderline personality disorder in adolescents of 0.09%, with 0.45% in boys and 0.55% in girls. During the last 100 years, many explanations have been provided to describe the problematic behaviors of people with personality disorders. Since the views about this disorder and its causes are still evolving, therefore experts have not been able to determine specific and unique biological-medical causes, but the findings indicate that this disorder is multi-factorial and there are several risk factors in creating and its aggravation plays

a role and requires efforts based on the biological psychosocial model to manage the disorder and reduce its social, health and family burden (Ross, et al., 2014). Although descriptive data is useful in the context of the natural history of any type of disorder, and such data about the diagnostic class of personality disorders can also be seen in foreign researches, such data should be mentioned and interpreted with caution. These data are often imprecise, revisionary, and incomplete, frequently lacking proper sampling methods, disregarding the relationship between racial and cultural factors, and yielding confusing and contradictory results. The common occurrence of symptoms of personality disorders in childhood and adolescence requires us to examine the role of such symptoms in natural development, acknowledging the role of culture and any society. On the other hand, treating children and adolescents with psychological disorders is one of the most challenging clinical and mental health issues. Today, less than 10% of children with mental health problems benefit from optimal services in the field of disorders caused by personal, family or situational factors (Pirkhaefi et al., 2015). If children's problems continue for months and years without identification and treatment, their mental health problems will become more acute in the long run. Developmental tasks are difficult enough, let alone add to them the pressures of emotional turmoil with behavior that disrupts the growth process in various ways. Psychological disorders co-occurring with borderline personality disorder, repeated ineffective referrals to a psychiatrist, followed by a feeling of hopelessness, excessive dependence on family members and caregivers, or vice versa, withdrawal from family and society leading to introversion, absenteeism from school and academic problems, etc. all cause a person to overestimate his illness and discomfort and not see the possibility of dealing with it in himself. In terms of economic and human damage, such long-term consequences and child psychopathology are very costly. In this regard, although secondary prevention (therapeutic interventions) has not always been efficient, the evidence shows that primary prevention can significantly reduce future psycho-social, economic and health problems. Therefore, the present study was conducted with the aim of determining the epidemiology of symptoms of borderline personality disorder among female high school students.

Dysfunction in key aspects of personality, such as an underdeveloped self, highlights the need to include these cases in future studies. Since expressing and suppressing many behavioral and emotional discomforts is related to social and cultural values, caution is advised when generalizing the findings to other cultures and age groups. It is also recommended to conduct this study on a broader scale and in various cities across the country.

The study showed that the prevalence of personality disorder in female students as a non-clinical population is significant. The prevalence rate of borderline

personality disorder in female students of Karaj city is 1.8%, which shows that the prevalence rate of borderline personality disorder in Karaj city is generally in the medium range compared to other research conducted inside and outside the country. The results obtained in this study) are consistent with the results of previous researches, including; Ghadri et al. (2016), Sinha & Watson (2001), Gawda et al. (2017). Fatehizadeh et al. (2007) showed that the overall prevalence of borderline personality disorder in female students of Isfahan city is 1.9 using Milon-2 multi-axis clinical questionnaire. Sinha & Watson (2001) also reported the prevalence of personality disorders among adolescents in their study, with 86 individuals (61% of 142 adolescent patients) being diagnosed with at least one personality disorder. As a conclusion, considering the relatively high prevalence of borderline personality disorder in female students in Given the findings in Karaj city and the importance of students' mental health as future contributors to the country's development, the need for the identification, treatment, and prevention of at-risk groups by relevant and responsible institutions becomes evident.

One of the limitations of this study was that the statistical population was confined to the city of Karaj included only female students. For future research, it is recommended to conduct similar studies in other cities and include male students as part of the sample to enhance the generalizability of the findings. Another limitation of this study was the reliance on a self-report questionnaire. Therefore, it is suggested to use other research tools such as interview and observation in future research to increase the validity of the obtained data.

Disclosure Statement

Informed consent was obtained from all individual participants included in the study. The authors declare that they have no conflict of interest.

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