

IMPACT OF EMOTIONAL DYSREGULATION IN BORDERLINE PERSONALITY DISORDER: FEASIBILITY STUDY OF EIDETIC IMAGERY APPROACH

Maliha Zaheer*, Uzma Masroor **, and Semra Salik ***

Malihazaheer015@outlook.com

Air university Islamabad*, Shifa Tameer e milat University, ** Fazaia Medical college, Air University***.

ABSTRACT

Objectives: The study aimed to investigate the therapeutic potential of Eidetic Psychotherapy for individuals with Borderline Personality Disorder (BPD), focusing on emotional instability.

Design of the Study: Quasi Experimental Design

Place and Duration of Study: Jan to June, 2022 Air University, Islamabad

Sample and method: For this study ten female participants were recruited, they were antecedently diagnosed with BPD. The assessment of BPD was carried out using two assessment tools: The Borderline Symptom List (BSL-23) and the Strengths and Difficulties Questionnaire (SDQ 18+).

Results and Conclusion: The results of our study revealed the effectiveness of the intervention, as evidenced by a decrease in scores after the application of the intervention, indicating a reduction in symptoms. Scores were relatively high but they were significantly decreased. The Wilcoxon signed-rank test further supported the potential efficacy of Eidetic psychotherapy, showing a significant reduction in scores after the intervention. This study highlights the potential of Eidetic Psychotherapy as a valuable tool for treating individuals with BPD.

Keywords: Borderline Personality Disorder; Emotional dysregulation; Eidetic Psychotherapy; Eidetic Parent Test

INTRODUCTION

According to the National Alliance on Mental Illness (2022), borderline personality disorder is defined as a condition in which people have trouble controlling their emotions. Von Klipstein, et al. (2021) argued that the BPD condition is characterized by complicated characteristics such as emotion management, mood swings or uncertainty, negative self-perceptions, imprudent control, and complex social contacts. The prevalence rate of borderline personality disorder is estimated to be about 1-2% (Paris, 2010). More specifically, point prevalence stands at 1.6%, while lifetime prevalence reaches 5.9% (Grant et al., 2008). Additionally, BPD is notably prevalent in clinical settings, being diagnosed in 9.3% of psychiatric outpatients and approximately 20% of inpatients (Lenzenweger et al., 2007). Females are more vulnerable in exhibiting the condition than males in clinical settings as compared to the general population (Tyrer, 2009). A study suggests an 18% prevalence rate of BPD in Pakistan (Hussain, 2018). BPD patients are more prone to attempt suicide and it is indicated that up to 10% of patients commit suicide.

According to the biosocial theory (Linehan, 2018; Crowell et al., 2009), individuals with BPD are emotionally sensitive in nature by birth. They experience negative effects as a consequence of sensitivity which leads to inappropriate emotion regulation strategies (Carpenter & Trull, 2012). Hence, the provision of proper treatment for symptom management becomes inevitable (APA, 2001). Although the complexity of BPD makes its treatment difficult and maintaining a positive working alliance with a therapist can be a tough endeavor (Benjamin & Karpiak, 2002). Over time, different psychotherapies such as dialectical behaviours therapy and schema-focused therapy have been shown to be effective treatments for BPD (Stoffers et al., 2012) in addition to some others such as CBT (Davidson et al., 2006).

Individuals with BPD regulate their emotions by coping strategies which are impulsive in nature, which might lead to more complex problems, like self-injurious behaviour, unstable relationships and maladaptive behaviours (Matthies & Philipsen, 2014). Emotion dysregulation is conceptualized as an inability to modulate an emotional state. Vulnerability with respect to emotions is greater which induces high sensitivity and reactivity levels (Glenn & Klonsky, 2009). BPD individuals undergo multifarious emotional pain that makes them distinguished from other groups of disorders (Lieb et al., 2004). Experimental techniques incorporating some imagery re-scripting have been said to be effective for emotional dysregulation in personality disorders (Dadomo, 2018).

Imagery is based on recalling a specific situation from the past, with one's feelings along with thoughts. It assists in altering the parts of some specific situation and changing one's experience with meaning attached to it (Arntz & Genderen, 2009). Images are agents for helping people access emotions and their unresolved core needs (Dadomo, 2018).

Along with these psychotherapies, Eidetic psychotherapy (Syed et al., 2020) has received conspicuous attention in treating different mental disorders (Kamran & Rowland, 2020). There are some tools of Eidetic psychotherapy, known as the Age Projection Test and Eidetic Parent Test (Ahsen, 1984). Eidetic parent test (EPT) was used in the current study, developed by Akhtar Ahsen (1974), as a diagnostic and therapeutic instrument designed to demonstrate the nature of the individual's emotional connection with their parents. It is based on imagery techniques for the analysis and treatment of developmental themes and symptoms (Ahsen, 1989). The images that emerge during the EPT, are literal depictions of the interaction of parent-child, and parent-parent involvement and are brought to the consciousness, highlighting the emotions and meaning attached to them. In the therapeutic situation, as the process implies, the eidetic image reveals three aspects of the elicited situation, its imagery or visual depiction, its somatic or affective and physiological components and its meaning which interpreted the event at the time it happened known as ISM code (Akhtar, 2020). The Eidetic parent test (EPT) scans for those images of parents which are stable vehicles of internal developmental movements as carriers of conflict and possible agents of cure. Furthermore, the most intimate details of mental terrain are easily accessed by working through these images (Ahsen, 1989).

Eidetic parent test (EPT) is one of the components of Eidetic psychotherapy pertaining to parental images. As it attempts to resolve long-term negative emotional states by experiencing several events in the form of images, it fills the gap in consciousness and helps in recognizing the emotional and somatic reactions by giving insight and self-resilience (Twente et al., 1978). By keeping all the key points in mind, the current study focused on identifying the conflict dwelled in different images and by using EPT, those embedded images will be brought to the light of consciousness and resolution. However, it does not change unless the individual has emotionally overcome the situation represented in them, thereby bringing about a change in his own personality.

The study is intended to bring change in, conflicting images of childhood and parents which are manoeuvred by being exposed to complicated experiences,

since they exert powerful control over the mind for as long as not conscious of them and do not successfully grow out of developmental influence. Since the identity is strongly attached to the core experiences with the parents, therefore, images impart a feeling of unity or disunity which affects the current state of wholeness. The upbringing of an individual is crucial in terms of developing any disorder, as the persistence or emergence of borderline personality disorder has been predicted by the inconsistency of the mother in fostering the child (Cooper et al., 2018). The current study is aimed to investigate the efficacy of eidetic psychotherapy, as a useful treatment approach for managing the unbalanced emotional states of ten female BPD patients. It is hypothesized that the implication of eidetic psychotherapy will enhance emotional regulation and alleviate the manifestation of borderline features.

Emotional instability in borderline personality disorder is one of its core symptoms. The aim is to generate deterioration in overall symptoms of emotional instability as it is associated to other issues, such as conduct problems, hyperactivity and peer problems. There are several treatments available which are effective for Borderline Personality Disorder, but due to long treatment regimes, most of the patients drop out and do not profit from the treatment (Stoffers, 2012). For these reasons, research on effective shorter-term treatments for BPD is warranted, as they are also considered effective in nature (Arnzt, 2011). The need to research this particular topic is to generate evidence on managing symptoms of personality disorder. The blend of psychotherapies will help in treating its diverse symptoms. Eidetic psychotherapy proposes images which are central to psychological resolution as well as personal growth with new learning and enlightenment. It offers the potential for healing and illumination of the mind.

H₁: Eidetic psychotherapy will be effective in treating the emotional instability and overall symptoms in Borderline personality disorder as per measurement by pre and post assessment.

METHOD

Sample

Ten female participants, aged 18 to 22 years, were recruited from clinical facilities in the major cities of Rawalpindi and Islamabad, Pakistan. The Patients were antecedently diagnosed with Borderline personality disorder and were excluded from any comorbidity of other psychiatric disorders, by a concerned clinician.

Measures

The diagnosis of Borderline personality disorder was confirmed by the psychiatrist and psychologists from different hospitals and clinics, from where they were referred for the study. The certificates were taken to ensure the diagnosis.

Demographic Information Form

A demographic information form was established for acquiring particular age, education, occupation, marital status, family system, seeking help for how much time and duration of problems. A standard intake history from, a semi-structured interview format was used to collect the data about presenting complaints, prior treatments and relevant history.

The Borderline Symptom List 23 (Bohus et al., 2007)

The Borderline Symptom List 23 was used in this study, to rule out BPD symptoms and their severity levels. It is a self-report measure, participants evaluate their symptoms for the past week in a series of 23 questions. It provides a way to quantify the symptoms experienced by diagnosed Borderline personality disorder individuals in a quick and efficient manner (Bohus et al., 2009). It includes the Likert scale rating (0= not at all, 1= a little, 2= rather, 3= much, 4= very strong). The coefficient of 0.97 for the BSL-23 is similar to the BSL-95 (0.97) (Bohus et al., 2007). High internal consistency was apparent and test re-test reliability for 1 week period was also high ($r=0.82$).

Zaheer, Masroor and Salik

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)

The Strengths and Difficulties Questionnaire (SDQ) self-rated version for youth aged 18 and over (Goodman, 1997). It was employed for emotional instability. It is a 25-item measure designed to evaluate emotions, behaviours and relationships. It incorporates five subscales which target conduct problems, emotional symptoms, hyperactivity, peer problems and pro-social behaviour. It has good internal consistency, range of Cronbach alpha is 0.63 to 0.85 (Deighton et al., 2014). SDQ subscales possess high test-retest reliability and validity (Achenbach et al., 2008).

Procedure

Eidetic parent test was used as a tool of Eidetic psychotherapy which is an intervention for controlling the symptoms of emotional instability. A quasi-experimental design was used in which there were no control groups, the study was based on pre and post-assessment phases. The design was selected to evaluate the efficacy of the treatment. The study was approved by the Air University Ethics Committee, Pakistan.

In the duration of five months, ten participants were recruited. The EPT was applied on them, to figure out which images were mostly emotionally chargeable for BPD patients. Since, BPD symptoms mostly revolve around emotional dysregulation, therefore, certain images were more activated than others. To avoid ongoing treatment effects, it was ensured participants were not taking any other medical/ therapeutic care or if any, the permit was taken for the stay in treatment. The clinical assessment was immediately done in the last session, to increase the objectivity of measures. To secure the protocol of treatment, a trained and experienced clinical psychologist supervised the therapist throughout the sessions. Materials and analysis code for this study are available by emailing the corresponding author.

The eidetic parent test was taken as a preliminary assessment as well as an intervention for the patients. The module is based on a number of sessions which were not fixed. Eidetic parent test sessions were being tailored as per the following format. There were 10 items in total which were administered.

The study was based on three phases; pre-assessment was done in the first phase for an initial clinical semi-structured interview. Two scales were used

to obtain the baseline assessment scores. In phase two, the following images were administered; they were 10 items in total.

Table 1

Sessions	Images	Items
Session 1	Ep-1	House
	Ep-2	Left-right position of parents
	Ep-3	Parents separated or united
	Ep-4	Active-passive parents
	Ep-5	Running faster
	Ep-6	Pattern of Running
	Ep-7	Freedom of limbs
	Ep-8	Brilliance of parent's eyes
	Ep-9	Object orientation
	Ep-10	Story in the eyes
Session 3	Maneuvering of images which were progressive in nature and had physical symptoms	
Session 4	Resolution of disturbed images	

In phase three, post-assessment was done to calculate the change in scores by applying the same scales.

Application of Intervention

In the first session, Eidetic psychotherapy, EPT and its method were introduced and briefed to the participants. In the pre-assessment phase, the history of the patient was the measure filled out to screen out the severity levels of symptomatology. Initial information regarding symptoms was composed together with special emphasis on the instability of emotions. Along with that, Eidetic parent images 1 to 3 were administered in the first session.

Zaheer, Masroor and Salik

In the next sessions, Eidetic parent test images- 4 to 8 were administered to the participants, its technique enabled them to work through presented experimental structures in a spontaneous, self-analytic fashion. The EPT comprises thirty basic situation images. During the process, different emotional states and reactions were explored to specific images. When the patients concentrated on the primary picture and feelings associated with it, their consciousness tended to produce associated memories which expanded the main theme, revealing significant incidents and their reactions towards them. Later it was revealed that those emotionally charged images were mostly negative in nature. However, those images were more progressive and detailed, which brought out the conflict on the baseline and at a conscious level. Having said that, those images were available to get manoeuvred. The therapist's work is to join the connections and fill the gaps of ISM, and the mind finds its way towards resolution. At the end of the session, all participants were at the point where they could focus on primary images.

Last session:

The therapist had feedback about the last session. The session commenced with images 9 - 10, and those images were asked to be seen, which were progressive in nature. For example, one of the patients had the image of her parents in which they were having a disagreement on something while she was in need of them and she could not get their attention, the image was evoking sensation in her body. This specific image was experienced during the parent's interaction. Subsequently, the next image was generated, then next. As the primary picture is repeated, it gives rise to feelings and memories.

The primary response became isolated, repeated and focused upon in a piecemeal fashion. The therapist asked for the deepening of the primary response. It involved repeated exposure to the image and progressive involvement with the mental processes, elucidating the problems projected in the image through the evolvement of details. Eventually, the intensity of negative emotions became low upon repeated attempts of re-experiencing. During the process, cognitive imagery gaps were identified, in which patients were unable to see the facts in the image which were pretty much obvious to others. Sensation was causing the hindrance between image and meaning which was convicting cognitive imagery gap. Later, the gap was filled by the realization when experiences came to the conscious level.

Until the next session, patients were instructed to repeat the advised images and prescribed directions along with that, prepare a written report on the progression or regression of the symptom.

In the last sessions, reports were taken from the participants regarding their symptoms. Patients reported verbally, the betterment of their emotions when they realized from where those unstable emotions were coming. The therapist taught the different techniques of maneuvering so that the patient was able to resolve the issue. It was important to record the scores of measures after the completion of sessions, referred as a post-assessment phase.

RESULT

Table 1
Demographic information of study participants

Sample Characteristics	N	%
Age		
Under 20 years	5	50
Above 20 years	5	50
Educational level		
Intermediate	5	50
Undergraduate	5	50
Marital Status		
Single	8	80
Divorced	2	20

Note: Demographic table of participants (N=10)

Table 2

Paired sample t-test analysis between pre and post-assessment on two measures (N=10)

Measures	Pre		Post		<i>t</i> (9)	<i>p</i>	95% CI		<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i> - <i>UL</i>		
BSL	76.3	16.6	71.3	16.2	4.52	.001	2.49 - 7.50		0.20
TD	28.6	3.65	20.5	4.90	9.53	.000	6.17 - 10.02		

Note: BSL= Borderline Symptom List, TD= Total Difficulties, PRE= Pre-Assessment Phase; POST= Post Assessment Phase; M= Mean; SD= Standard Deviation; CI= confidence interval; LL= lower limit; UL= upper limit.

The result indicates the differences in terms of scores on BSL-23 and SDQ measures in the pre and post-assessment phases. Borderline Symptoms were high ($M=76.3$) ($SD=16.6$) in the Pre-assessment, however, the scores significantly decreased after the implication of an intervention ($M=71.3$) ($SD=16.2$). Similarly, in pre pre-assessment phase, total difficulties ($M=28.6$) ($SD=3.65$) were high in all the participants of BPD, but in post post-assessment phase, scores deteriorated over time ($M=20.5$) ($SD=4.90$).

Table 3

Paired sample t-test analysis between pre-test and post-test assessment phase on SDQ's subscales (N=10)

Measures	PRE		POST		<i>t</i> (9)	<i>p</i>	95% CI	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i> - <i>UL</i>	
EP	8.7	1.15	6.5	1.08	8.80	.000	1.89 - 2.50	
CP	5.7	1.56	4.1	1.37	5.23	.001	.89 - 1.50	
H	8.6	1.5	5.9	1.59	8.06	.000	1.76 - 3.43	
PP	5.6	1.9	4.3	2.31	2.41	.039	.26 - 3.13	
PS	7.7	1.7	8.6	.96	-1.58	.147	-1.8 - 1.24	

Note: EP= Emotional problems, CP= conduct problems, H= hyperactivity, PP= peer problems, PS= prosocial, PRE= Pre-Assessment Phase; POST= Post Assessment Phase; M= Mean; SD= Standard Deviation; CL= confidence interval; LL= lower limit; UL= upper limit.

The results show, the scores on emotional problems ($M=8.7$) ($SD=1.15$), conduct problems ($M=6.5$) ($SD=1.56$), hyperactivity ($M=8.6$) ($SD=1.5$) and peer problems ($M=5.6$) ($SD=1.9$) were high before the implication of Eidetic psychotherapy. However, symptoms decreased in all of them at post-assessment phase ($M=6.5$) ($SD= 1.08$), ($M= 4.1$) ($SD=1.37$), ($M=5.9$) ($SD=1.59$), ($M=4.3$) ($SD=2.31$) respectively. With respect to prosocial behaviour, no significant deterioration was found over time ($M=7.7$) ($SD=1.7$), ($M=8.6$) ($SD=.96$).

DISCUSSION

The current study presented the Eidetic parent test as a useful tool of Eidetic psychotherapy to overcome the overall borderline symptoms and emotional disturbance in individuals with borderline personality disorders. The psychotherapy comprised four tailor-made and need-based sessions, where they were instructed to see the series of images of their parents as stated in EPT (Ahsen, 1989). As most of the conflicts appear to emerge during childhood, they stay in personality for a longer period of time generally. The patients (participants) were selected from different health clinics and hospitals, who received the intervention focused on regulating their emotions as a core symptom of BPD. The findings of this research are already supported by (Kamran & Rowland, 2020) other researches that images based psychotherapies work effectively (Jung & Steil, 2011). Initial scores were recorded during the pre-assessment phase using these tools. Following the implementation of Eidetic psychotherapy, post-assessment scores were recorded using the same tools to measure any changes. The participants acknowledged the treatment and said that they would spread the word about this type of psychotherapy. All the participants reported calm behaviour in terms of conduct problems and hyperactivity along with peer problems. The reduction was seen in overall behavioural expression and emotions. Instability of feelings which were associated with different parental images were brought to the surface, after dealing with them by visualization that resulted in stability. The findings of the current study are compatible in that, maneuvering of images fulfils the emotional states rather than cognitive problem-solving (Holmes et al., 2007).

The intent of the Eidetic psychotherapy was not to manipulate the images, emotionally charged images were built by participants. Sometimes, people suppress the negative feelings that result in pathology, to tackle that, eidetic psychotherapy helps in recalling those images which are stored in our mind. Clients were advised to continue the practice of seeing images on a regular basis until they experience positive change through a resolution of the conflict.

The result of the findings shows that participants reported feelings of contentment and betterment in their overall state. The current findings are supported by the other finding (Morina et al., 2017). That Eidetic psychotherapy will be added as one of the useful psychotherapies for managing BPD.

Sample characteristics

Each participant reported grey areas of their experiences. They were painful memories, and some of them started to get emotional and unable to move forward in the images. They were directed to see positive images along with negative ones to lower the intensity of painful experiences.

Treatment Acceptance and Satisfaction

For each treatment session, all participants showed their presence, however, a few participants manifested reluctance towards visualizing the images for different reasons. They were counselled about the process and facilitation was made since they were apprehensive about being triggered by certain images. Daily homework pertaining to the repetition of selected images was done on average by each patient. Nine participants reported treatment as helpful while one participant mentioned it otherwise for some concerns, which were addressed by the therapist. However, all participants were satisfied with the intervention, as they reported calmness and decreased emotional reactivity.

Efficacy

The EPT showed efficacy in all the participants. Each participant was able to see the images as directed. The scores obtained before and after the implication of psychotherapy displayed significant change in the symptoms of borderline personality disorder. Their extreme nature of emotions showed betterment when compared to the initial sessions. They were instructed to take the follow-up sessions for persistent change and more stability.

The present study explored the effects of a therapeutic session of Eidetic psychotherapy with parent test technique, on borderline personality disorder. The present study recommends imagery-based psychotherapy for BPD, in order to acquire effective long-term management. Current findings contribute to the world of clinical practitioners, where there is limited psychotherapies available for managing BPD, in that case, Eidetic psychotherapy is playing its role towards the betterment of personality disorder.

The aim is to manage the symptoms of BPD and deal with emotional instability, as it is the core symptom. Emotional states are associated with other problems such as conduct issues, hyperactivity problems and relationship issues, therefore, stabilizing emotional states means stabilizing other problems because they are all interconnected. There are several treatments available which are effective for BPD, but due to the long-term period, most of the patients drop out and do not profit from the treatment (Stoffers, 2012). For these reasons, research on effective shorter-term treatments for BPD is warranted, as they are also considered effective in nature (Arntz, 2011). Personality disorder is related to the idea that aversive traumatic childhood experiences at least partially underlie Personality disorder (Genderen, 2009; Lobbestael et al., 2010) and that imagery re-scripting of episodic memory representations is an effective way to target dysfunctionality. The use of imagery in modifying negative emotional conditions in therapy is more suitable (Holmes & Mathews, 2010).

Conclusion

The findings indicated the acceptance and efficacy of Eidetic psychotherapy, it can be used as a promising tool for modifying the dysregulation of emotions and overall difficulties in BPD.

Limitations and Recommendations

The current findings of the study are limited in generalizability due to low sample size, single-gender selection and lack of control. However, future studies are suggested to take a larger sample while controlling the confounding variables.

REFERENCES

American Psychiatric Association. (2001). *Practice guideline for the treatment of Patients with Borderline Personality Disorder*. American Psychiatric Pub.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental disorder* (5th ed.).

Ahsen, A. (1984). ISM: The Triple Code Model for Imagery and Psychophysiology. *Journal of Mental Imagery*, 8(4), 15-42.

Ahsen, A. (1989). *Eidetic Parents Test Desk Volume: Imagery Techniques for Analysis & Treatment of Developmental Themes & Symptoms* New York: Brandon House.

Akhtar, A. (2020). *Eidetic Parents Test Desk Volume: Imagery Techniques for Analysis & Treatment of Developmental Themes & Symptoms*. New York: Brandon House.

Achenbach, T. M., Becker, A., Dopfner, M., Heiervang, E., Roessner, V., Steinhausen, H. C., & Rothenberger, A. (2008). Multicultural assessment of child and adolescent psychopathology with ASEBA and SDQ instruments: research findings, applications, and future directions. *Journal of Child Psychology and Psychiatry*, 49(3), 251-275. Doi: 10.1111/j.1469-7610.2007.01867.x.

Arntz, A. (2011). Imagery rescripting for personality disorders. *Cognitive and Behavioral Practice*, 18(4), 466-481. Doi: 10.1016/j.cbpra.2011.04.006.

Benjamin, L. S., & Karpiak, C. P. (2002). Personality disorder. In J.C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp.423-438). Oxford University Press.

Bohus, M., Limberger, M. F., Frank, U., Chapman, A. L., Kuhler, T., & Stieglitz, R. D. (2007). Psychometric Properties of the Borderline Symptom List (BSL). *Psychopathology*, 40(2), 126-132. Doi: 10.1159/000098493.

Bohus, M., Kleindienst, N., Limberger, M. F., Stieglitz, R. D., Domsalla, M., Chapman, A. L., Steil, R., Philipsen, A., & Wolf, M. (2009). The Short Version of the Borderline Symptom List (BSL-23): Development and

Pakistan Journal of Clinical Psychology

Initial Data on Psychometric Properties. *Psychopathology*, 42(1), 32-39. Doi: 10.1159/000173701.

Carpenter, R. W., & Trull, T. J. (2012). Components of Emotion Dysregulation in Borderline Personality Disorder: A Review. *Current Psychiatry Reports*, 15 (1). Doi: 10.1007/s11920-012-0335-2

Cooper, B. E., Venta, A., & Sharp, C. (2018). The role of maternal care in borderline personality disorder and dependent life stress. *Borderline Personality Disorder and Emotion Dysregulation*, 5(1). Doi: 10.1186/s40479-018-0083.

Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending linehan's theory. *Psychological bulletin*, 135(3), 495. Doi: 10.1037/a0015616.

Davidson, K., Norrie, J., Tyrer, P., Gumley, A., Tata, P., Murray, H., & Palmer, S. (2006). The Effectiveness of Cognitive Behavior Therapy for Borderline Personality Disorder: Results from the Borderline Personality Disorder Study of Cognitive Therapy (BOSCOT) Trial. *Journal of Personality Disorders*, 20(5), 450-465. Doi: 10.1521/pedi.2006.20.5.450.

Deighton, J., Croudace, T., Fonagy, P., Brown, J., Patalay, P., & Wolpert, M. (2014). Measuring mental health and wellbeing outcomes for children and adolescents to inform practice and policy: a review of child self-report measures. *Child and Adolescent Psychiatry and Mental Health*, 8(1), 14. Doi: 10.1186/1753-2000.8.14.

Dadomo, H., Panzeri, M., Caponcello, D., Carmelita, A., & Grecucci, A. (2018). Schema therapy for emotional dysregulation in personality disorders. *Current Opinion in Psychiatry*, 31(1), 43-49. Doi: 10.1097/YCO.000000000380.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38(5), 581-586. Doi: 10.1111/j.1469-7610.1997.tb01545.x.

Grant, B. F., Chou, S. P., Goldstein, R. B. Huang, B., Stinson, F. S., Saha, T. D., Smith, S. M., Dawson, D. S., Pulay, A. J., Pickering, R. P., & Ruan, W. J. (2008). Prevalence, correlates, Disability, and Comorbidity of DSM-

Zaheer, Masroor and Salik

IV Borderline Personality Disorder. *The Journal of Clinical Psychiatry*, 69(4), 533-545. Doi: 10.4088/jcp.v69n0404.

Genderen, H. (2009). *Schema therapy for borderline personality disorder*. (A. Arntz, J. Drost, K. Sendt & S. Baumgarten-Kustner, Trans.) Wiley-Blackwell.

Glenn, C. R., & Klonsky, E. D. (2009). Social context during non-suicidal self-injury indicate suicide risk. *Personality and Individual Differences*, 46(1), 25-29. Doi: 10.1016/j.paid.2008.08.020.

Holmes, E. A., Arntz, A., & Smucker, M. R. (2007). Imagery rescripting in cognitive behavior therapy: Images, treatment techniques and outcomes. *Journal of Behavior Therapy and Experimental Psychiatry*, 38(4), 297-305. Doi: 10.1016/j.jbtep.2007.10.007.

Holmes, E. A., & Mathews, A. (2010). Mental imagery in emotion and emotional disorder. *Clinical Psychology Review*, 30(3), 349-362. Doi: 10.1016/j.cpr.2010.01.001.

Husain, W. (2018). Prevalent Tedencies for Mental Disorder in Pakistan. *Clinica y Salud*, 29(1), 34-38.

Jung, K., & Steil, R. (2011). The Feeling of Being Contaminated in Adult Survivors of Childhood Sexual Abuse and Its Treatment Via a Two Session program of Cognitive restructuring and Imagery Modification. *Behavior Modification*, 36(1), 67-86. Doi: 10.1177/0145445511421436.

Kamran, M., & Rowland, D. L. (2020). Eidetic therapy in the treatment of depression: An exploratory application of an intervention in an emerging nation population. *Professional Psychology: Research and Practice*, 51(5), 527-535. Doi: 10.1037/pro0000314.

Lieb, K., Zanarini, M. C., Schmahl, C., Linehan, M. M., & Bohus, M. (2004). Borderline personality disorder. *The Lancet*, 364(9432), 453-461. Doi: 10.1016/S0140-6736(04)16770-6.

Lenzenweger, M. F., Lane, M. C., Loranger, A. W., & Kessler, R. C. (2007). DSM-IV Personality Disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 62(6), 522-564. Doi: 10.1016/j.biopsych.2006.09.019.

Pakistan Journal of Clinical Psychology

Lobbestael, J., Arntz, A., & Bernstein, D. P. (2010). Disentangling the Relationship Between Different Types of Childhood Maltreatment and Personality Disorder. *Journal of Personality Disorder*, 24(3), 285-295. Doi: 10.1521/pedi.2010.24.3.285.

Linehan, M. M. (2018). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. Guilford Publications.

Maccoby, E. E. (2000). Parenting and its effects on Children: On Reading and Misreading Behavior Genetics. *Annual Review of Psychology*, 51(1), 1-27. Doi: 10.1146/annurev.psych.51.1.1.

Matthies, S. D., & Philipsen, A. (2014). Common ground in Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD)-review of recent findings. *Borderline Personality Disorder and Emotion Dysregulation*, 1(1), 3. Doi: 10.1186/2051-6673-1-3.

Morina, N., Lancee, J., & Arntz, A. (2017). Imagery rescripting as a clinical intervention for aversive memories: A meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, 55, 6-15. Doi: 10.1016/j.jbtep.2016.11.003.

National Alliance on Mental Illness . (2022). *Borderline Personality Disorder*. From <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Borderline-Personality-Disorder>.

Paris, J. (2010). Estimating the prevalence of Personality Disorders in the Community. *Journal of Personality Disorders*, 24(4), 405-411. Doi: 10.1521/pedi.2010.24.4.405.

Sheikh, A. A., & Panagiotou, N. C. (1975). Use of Mental Imagery in Psychotherapy: A Critical Review. *Perceptual and Motor Skills*, 41(2), 555-585. Doi: 10.2466/pms.1975.41.2.555.

Skodol, A. E., Gunderson, J. G., Pfohl, B., Widiger, T. A., Livesley, W. J., & Siever, L. J. (2002). The borderline diagnosis I: psychopathology, comorbidity, and personality structure. *Biological Psychiatry*, 51(12), 936-950. Doi: 10.1016/s0006-3223(02)01324-0.

Zaheer, Masroor and Salik

Stoffers, J. M., Vollm, B. A., Rucker, G., Timmer, A., Huband, N., & Lieb, K. (2012). Psychological therapies for people with borderline personality disorder. *Cochrane Database of Systematic Reviews*, (8), SD005652.

Syed, A. A., Neelofur, S., Moran, A., & O'Reilly, G. (2020). Exploring the vividness of mental imagery and eidetic imagery in people with intellectual disability (ID) in comparison with typically developing (TD) individuals. *Heliyon*, 6(11), e05429. Doi: 10.1016/j.heliyon.2020.e05429

Syed, A. A., Neelofur, S., Moran, A., & O'Reilly, G. (2020). Investigating the potential clinical utility of therapeutic techniques based on eidetic imagery as adapted by the Eidetic Model of Growth (EMG) for People with intellectual disability (ID). *Heliyon*, 6(10), e05115. Doi: 10.1016/j.heliyon.2020.e05115.

Twente, G. E., Turner, D., & Haney, J. (1978). Eidetics in the hospital setting and private practice: A report on eidetic therapy procedure employed with 69 patients. *Journal of Mental Imagery*, 2(2), 275-290.

Tyrer, P. (2009). Why borderline personality disorder is neither borderline nor a personality disorder. *Personality and Mental Health*, 3(2), 86-95. Doi: 10.1002/pmh.78.

von Klipstein, L., Borsboom, D., & Arntz, A. (2021). The exploratory value of cross-sectional partial correlation networks: Predicting relationships between change trajectories in borderline personality disorder. *PloS one*, 16(7), 1-12. Doi: 10.1371/journal.pone.0254496.