

EFFECTIVENESS OF SCHEMA THERAPY INTERVENTIONS FOR
BORDERLINE PERSONALITY FEATURES IN YOUNG ADULTS



RIMSHA TANVEER
05-174162-002

A thesis submitted in fulfillment of the
requirements for the award of the degree of
Doctor of Philosophy in Professional Psychology
(Clinical Psychology)

Institute of Professional Psychology

BAHRIA UNIVERSITY ISLAMABAD

Approval for Examination

Scholar's Name: Rimsha Tanveer
Registration No. 21038
Programme of Study: Doctor of Philosophy in Professional Psychology
(Clinical Psychology)
Thesis Title: Effectiveness of schema therapy interventions for borderline personality features in young adults.

It is to certify that the above scholar's thesis has been completed to my satisfaction and, to my belief, its standard is appropriate for submission for examination. I have also conducted plagiarism test of this thesis using HEC prescribed software and found similarity index 13 % that is within the permissible limit set by the HEC for the PhD degree thesis. I have also found the thesis in a format recognized by the BU for the PhD thesis.

Principal Supervisor's Signature: _____

Date: 07-11-2023

Name: Prof. Dr. Zainab Hussain Bhutto

Author's Declaration

I, Rimsha Tanveer, hereby state that my PhD thesis titled "Effectiveness of schema therapy interventions for borderline personality features in young adults" is my own work and has not been submitted previously by me for taking any degree from this university, Institute of Professional Psychology, Bahria University Karachi Campus or anywhere else in the country/world.

At any time if my statement is found to be incorrect even after my graduation, the University has the right to withdraw/cancel my PhD degree.

Name of scholar: Rimsha Tanveer
Date: 07-11-2023

Plagiarism Undertaking

I, solemnly declare that research work presented in the thesis titled "Effectiveness of schema therapy interventions for borderline personality features in young adults" is solely my research work with no significant contribution from any other person. Small contribution / help wherever taken has been duly acknowledged and that complete thesis has been written by me.

I understand the zero tolerance policy of the HEC and Bahria University towards plagiarism. Therefore, I as an Author of the above titled thesis declare that no portion of my thesis has been plagiarized and any material used as reference is properly referred / cited.

I undertake that if I am found guilty of any formal plagiarism in the above titled thesis even after award of PhD degree, the university reserves the right to withdraw / revoke my PhD degree and that HEC and the University has the right to publish my name on the HEC / University website on which names of scholars are placed who submitted plagiarized thesis.

Scholar / Author's Sign: _____

Name of the Scholar: Rimsha Tanveer

To my beloved parents, Mr. Tanveer Iqbal Malik and Ms. Nabeela Malik...

I dedicate this thesis to you for your constant support and encouragement.

Your love and belief in me have been my biggest motivation.

Thank you for always being there for me.

ACKNOWLEDGEMENTS

First and foremost, I humbly thank Allah Subhanahu Wa Ta'ala for granting me the strength and determination to successfully undertake this research journey. This endeavor has been a testament to the blessings of faith, which carried me through the challenges and triumphs alike.

To my esteemed teachers, with heartfelt gratitude, I extend my appreciation. My research supervisor, Prof. Dr. Zainab Hussain Bhutto, deserves a special place in my heart for her unwavering dedication. She not only provided exceptional guidance but also selflessly invested her time amid a demanding schedule. The guidance and encouragement provided by Prof. Dr. Zainab F. Zadeh in conceptualizing this research have left an important mark on my academic journey.

I owe a profound debt of gratitude to the invaluable research participants whose contributions breathed life into this research, as well as to the authors who generously granted permission for the use of their materials. Moreover, the continual moral support given by the faculty of IPP, especially Dr. Erum Kausar, has been a source of strength and aspiration throughout this research endeavor. The expert guidance of Ms. Sidra Shoaib in statistical analysis and result interpretation was instrumental in shaping the outcome of this research. I extend my thanks to the dedicated librarians of IPP, Ms. Sana Rahim and Mr. Zulfiqar Ali, whose tireless efforts in guiding me to access relevant research materials have been pivotal in the development of this work.

Most significantly, my deepest gratitude goes to my family for always having my back, and particularly my parents, for their staunch support throughout this research journey. I would also like to express my sincere appreciation to Amna Malik, Rabiya Malik, Asad Siddiqui, and Zimal for their enduring love, encouragement and guidelines which have been my source of inspiration throughout this challenging journey. I am deeply thankful for the consistent and comforting presence of my family which has been the foundation of my perseverance.

Last but not the least, I am immensely thankful to my cherished friends - Iqra Naz, Anum Ayaz, Sehr Abid, Aasma Shahrukh, Zohra Batool, Hudaa Hermaen, Sehr Sulaiman, Zahyreen Kousar, Namrah Asad, Sehrish Fatima Kazim, Tabinda Afzal and Kausar Malik. Their steadfast facilitation, motivation, friendship and prayers have been the pillars upon which this research stands. They have truly been a source of resilience, and words cannot adequately express my appreciation for their friendship.

ABSTRACT

Different cognition-based therapeutic approaches have been used to treat borderline personality disorder but there seems to be a lack of resources for dealing with borderline personality features. The aim of the present research was to explore the effectiveness of schema therapy interventions in the context of two objectives; primary objective was to reduce borderline personality features of young adults and secondary objective was to increase their subjective well-being. To achieve these goals, six hypotheses were framed. It was hypothesized that borderline personality features (unstable self-perception, affect regulation difficulties, self-destructive behavior, dysphoria, loneliness, hostile attitude and negative intrusive thoughts) of experimental group participants will reduce significantly from pretest to posttest after receiving the interventions of schema therapy. It was further hypothesized that there will be a significant difference in borderline personality features (unstable self-perception, affect regulation difficulties, self-destructive behavior, dysphoria, loneliness, hostile attitude and negative intrusive thoughts) between experimental group and wait-list control group participants in the posttest. Third hypothesis stated that there will be a significant difference in borderline personality features (unstable self-perception, affect regulation difficulties, self-destructive behavior, dysphoria, loneliness, hostile attitude and negative intrusive thoughts) between experimental group and wait-list control group participants in the follow-up. For the secondary measure, it was hypothesized that experimental group participants' subjective well-being will increase significantly from pretest to posttest after receiving the interventions of schema therapy. Fifth hypothesis postulated that there will be a significant difference of subjective well-being between experimental group and wait-list control group participants in the posttest. Lastly, it was hypothesized that there will be a significant difference of subjective well-being between experimental group and wait-list control group participants in the follow-up. The research included 17 participants, who were divided in experimental ($n=9$) and wait-list control ($n=8$) groups. The schema therapy clinician's guide (Farrell et al., 2014) was utilized to develop an intervention plan based on 12 individual therapy sessions and a follow-up session with an interval of two weeks. The measures of Borderline Symptom List-95 (BSL-95; Bohus et al., 2007),

Satisfaction with Life Scale (SWLS; Diener et al., 1985), Young Schema Questionnaire-Short Form – 3rd Edition (YSQ-S3; Young, 2014) and Schema Mode Inventory – 1st Edition (SMI-1.1; Young et al., 2014) were utilized to assess participants' borderline personality features, global well-being, life satisfaction, schemas, and modes, respectively. The scores of global well-being and life satisfaction were assessed together to evaluate subjective well-being of participants. The results supported one hypothesis and partially supported remaining five hypotheses. The findings showed a significant decrease in experimental group participants' borderline personality features and on all the features independently in posttest, except for self-destruction. A significant difference in borderline personality features was found between experimental and wait-list control groups in posttest ($g=1.72$) and follow-up ($g=1.34$). Moreover, a significant difference on all the borderline personality features was found between both groups in posttest, except for self-destruction, and a significant difference was observed on affect regulation difficulties, dysphoria and loneliness in follow-up. The results further revealed a significant increase in global well-being of experimental group participants in posttest and follow-up, but not in life satisfaction. Intriguingly, the difference between experimental and wait-list control groups on both global well-being ($g=1.99$) and life satisfaction ($g=1.05$) in posttest was found to be significant. Though, the significant difference was maintained in follow-up on the aspect of global well-being only. Despite these mixed results, the effect size was large for both global well-being and life satisfaction in posttest and follow-up ($g=1.97$, $g=1.19$). Additional findings of the research also indicated significant reductions in maladaptive schemas and mode activation of experimental group participants. It can be concluded from the results of current research that schema therapy interventions can be effective in alleviating borderline personality features and boosting a sense of subjective well-being in young adults. Additional research is recommended to be done in the relevant domain on a larger sample size and diverse population to further explore the benefits of schema therapy.

TABLE OF CONTENTS

CHAPTER	TITLE	PAGE
	APPROVAL FOR EXAMINATION	i
	AUTHOR'S DECLARATION	ii
	PLAGIARISM UNDERTAKING	iii
	DEDICATION	iv
	ACKNOWLEDGEMENTS	v
	ABSTRACT	vi
	TABLE OF CONTENTS	viii
	LIST OF TABLES	xi
	LIST OF FIGURES	xiv
	LIST OF APPENDICES	xv
1	INTRODUCTION	1
	1.1 Background of the Research	5
	1.2 The Stepping-Stone of the Research	7
	1.3 Problem Statement	11
	1.4 Research Objectives	12
	1.5 Research Questions	13
	1.6 Significance of the Research	13
	1.7 Definitions of Key Terms	14
	1.8 Structure of the Thesis	15
	1.9 Summary	16
2	LITERATURE REVIEW	17
	2.1 The Origins of the Concept of Borderline Personality	17
	2.2 Characteristics of Borderline Personality Disorder	19
	2.3 Barriers in the Understanding of Borderline Personality Disorder and Features	21
	2.4 Etiology of Borderline Personality Disorder and Features	23
	2.5 Borderline Personality Features	24
	2.5.1 Self-Perception	24
	2.5.2 Affect Regulation Difficulties	27
	2.5.3 Self-Destruction	30
	2.5.4 Dysphoria	32

2.5.5	Loneliness	34
2.5.6	Hostility	37
2.5.7	Intrusions	39
2.6	Subjective Well-being	40
2.7	Early Maladaptive Schemas	46
2.8	Schema Modes	50
2.9	CBT and its Theoretical Relevance with Schema Therapy	52
2.10	Treatment Modalities for Features of Borderline Personality Disorder	54
2.11	Schema Therapy and Borderline Personality Disorder and Features	55
2.12	Schema Therapy-Based Qualitative Studies	60
2.13	Schema Therapy with Mixed Personality Disorders and Clinical Disorders	62
2.14	Short-Term Group Schema Therapy for Personality Disorders	62
2.15	Schema Therapy for Older Adults with Personality Disorders	63
2.16	Schema Therapy with Anxiety and Related Disorders	65
2.17	Schema Therapy with Posttraumatic Stress Disorder	67
2.18	Studies Based on Comparison of Schema Therapy with Other Therapeutic Modalities	68
2.19	Electronic Health (e-Health) Programs for Schema Therapy	69
2.20	Summary	69
3	THEORETICAL FRAMEWORK	71
3.1	Theoretical Background of the Research	71
3.1.1	Cognitive Theory	71
3.1.2	Schema Therapy Model	72
3.2	Theoretical Framework of the Current Research	73
3.3	Hypotheses	74
3.4	Summary	75
4	METHOD	76
4.1	Research Design	76
4.2	Participants	76
4.3	Measures	79
4.3.1	Informed Consent Form	79

4.3.2 Demographic Information Form	79
4.3.3 Borderline Symptom List-95 (BSL-95; Bohus et al., 2007)	80
4.3.4 Satisfaction with Life Scale (SWLS; Diener et al., 1985)	80
4.3.5 Young Schema Questionnaire-Short Form – 3 rd Edition (YSQ-S3; Young, 2014)	81
4.3.6 Schema Mode Inventory – 1 st Edition (SMI-1.1; Young et al., 2014)	81
4.4 Procedure	82
4.5 Intervention Plan	83
4.6 Statistical Analysis	95
4.7 Ethical Considerations	95
4.8 Summary	96
5 RESULTS	97
5.1 Additional Findings	129
5.2 Summary	141
6 DISCUSSION	142
6.1 Additional Findings of the Research	161
6.2 Conclusion	166
6.3 Implications	167
6.4 Limitations and Recommendations	168
REFERENCES	170
Appendices A – Z	191-218

LIST OF TABLES

TABLE NO.	TITLE	PAGE
4.1	Demographic Characteristics of Experimental and Wait-list Control Group Participants (N=17)	77
5.1	Reliability Analysis of the Scales for Borderline Personality Features and Life Satisfaction of Both Experimental and Wait-list Control Groups (N=17)	98
5.2	Reliability Analysis of the Scales for Schemas and Modes of Both Experimental and Wait-list Control Groups (N=17)	98
5.3	Descriptive Statistics of Borderline Personality Features and Subscales for Pretest, Posttest and Follow-Up of Both Experimental and Wait-list Control Groups (N=17)	100
5.4	Descriptive Statistics of Borderline Personality Features and Subscales for Pretest, Posttest and Follow-Up of Experimental Group (n=9)	101
5.5	Descriptive Statistics of Borderline Personality Features and Subscales for Pretest, Posttest and Follow-Up of Wait-list Control Group (n=8)	102
5.6	Descriptive Statistics of Global Well-being and Life Satisfaction for Pretest, Posttest and Follow-Up of Both Experimental and Wait-list Control Groups (N=17)	103
5.7	Descriptive Statistics of Global Well-being and Life Satisfaction for Pretest, Posttest and Follow-Up of Experimental Group (n=9)	104
5.8	Descriptive Statistics of Global Well-being and Life Satisfaction for Pretest, Posttest and Follow-Up of Wait-list Control Group (n=8)	105
5.9	Descriptive Statistics of Schemas and Subscales for Pretest and Posttest of Both Experimental and Wait-list Control Groups (N=17)	106
5.10	Descriptive Statistics of Schemas and Subscales for Pretest and Posttest of Experimental Group (n=9)	107