



COGNITIVE BEHAVIOUR THERAPY AND PERSONALITY DISORDERS

By

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ABSTRACT

Personality is defined as an enduring pattern of psychological and behavioural characteristics by which each person can be compared and contrasted with each other. Personality is more or less stable and enduring organization of a person's character (conative), temperament (affective), intellect (cognitive) and physique (neuroendocrine endowment). Personality disorders are group of mental disorders. These disorders involve patterns of thoughts and behaviour that are different from what is considered normal in the culture. These thoughts and behaviour are unhealthy and inflexible. They cause serious problems with relationships, work and social activities. The aim of the study is to find out the effectiveness of cognitive behaviour therapy in the management of personality disorders among college students. Personality disorders impair academic, family and workplace life. Once it is identified at an early stage, college students can be helped in the management of personality disorders and be successful on academic, family and workplace life. The objectives of the study are to find out the effect of cognitive behaviour therapy in the management of personality disorders among college students and to find out gender differences, if any, among boys and girls, in the management of personality disorders through intervention. Multi Phasic Questionnaire is administered to find out the type of personality disorders among college students. 120 college students are allotted randomly to control and experimental group, 60 students in each group, 30 boys and 30 girls, for the final study. Experimental group is exposed to cognitive behaviour therapy for one month. Result clearly indicate that there is a significant difference ($p > .0001$) existing in the performance. Experimental group college students are lower ($p > .0001$) than the control group on

personality disorders through cognitive behaviour therapy. Girls are faster ($p > .0001$) than the boys in the management of personality disorders through intervention. College students are free from personality disorders and successful on academic, family and workplace life.

KEYWORDS: Personality disorders, college students, boys and girls, control and experimental group, cognitive behaviour therapy, success on academic, family and workplace life

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INTRODUCTION

"Personality" refers to distinctive patterns of behaviour that characterizes each individual's adaptation to the situations in life. "Personality" is defined as an enduring pattern of psychological and behavioural characteristics by which each person can be compared and contrasted with each other "Personality" is more or less stable and enduring organization of a person's character (conative), temperament (affective), intellect (cognitive) and physique (neuroendocrine endowment). "Personality" as the dynamic organisation within the individual of those psychophysiological systems that determine his / her characteristics thought and action (Gordon W Allport) "Personality" permits a production of what a person will do in a given situation (Cattell, RB., 1970). "Personality" deals with the individual's style of life on characteristics manner of responding to life's problems including life goals (Alfred Adler, 1943). "Personality" as person's unique pattern of traits (Guilford, JP., 1959). "Structure of the personality" is the id, ego, superego (Sigmund Freud, 1986). "Personality" is the sum of activities that can be discovered by actual observation of behaviour over a long period of time to give a reliable information (John B Watson, 1920). "Personality" is the theoretical interpretation derived from all of a person's behaviour (David C McClelland, DC., 1971; Huggbloom,

et al., 2024).

Life is not bed of roses for many individuals. They have to come across lot of hurdles and problems to reach the present state. These hurdles are nothing but stress. Stress is conceived as pressure from the environment, then as a strain within the individual. Stress is emanating from interaction between the situation and the individual. Stress is the psychological and physiological state that results when the resources of the individual are not sufficient to cope with the demands and pressures of the day-today life events. Individual has the ability to withstand the stresses. There are individual differences always.

"A healthy mind rests only in a healthy body". Man's happiness in life depends upon good health, vigor and vitality. Without health is misery - a virtual death. "If wealth is lost nothing is lost. If health is lost, something is lost. If character is lost, everything is lost.

Sometimes petty ailments, if neglected, can cause a lot of pain and damage to the body. It is, therefore, our primary duty to give utmost importance to our health, which alone is our real wealth. Health is the fundamental condition of happiness and contentment. Health, happiness and peace of mind are those assets and treasures that cannot be purchased. A healthy person can meet the struggles, dangers and difficulties of life bravely. Life is struggle for existence Healthy persons with courage, stamina, vigor and vitality can be successful in the battle of life. It is great delight to meet a person, who is physically fit, mentally sound and morally high (Pavithra & Dr Chandramphan, 2915).

Abnormal behaviour or personality disorders are categorised as psychotic and neurotic features such as Schizophrenia, Paranoia, Mania, Depression, Anxiety, Hysteria and Psychopathic deviates.

The importance of health can be gauged from the fact that it is the foundation that enables individual to live most and serve best. Health is that state of wellbeing that enriches an individual's life. The importance of health is emphasized in the words of Sri Ramakrishna that, "He/she, who is soft and weak minded like the puffed rice soaked in milk, is good for nothing. He/she cannot achieve anything great. But the strong and virile one is heroic. He/she is the accomplisher of everything in life." This saying of Ramakrishna heightens the fact that an individual cannot perform any work efficiently, if he/she is not healthy.

Students in colleges are facing more emotional, social and behavioural problems. There has been a great concern, regarding the mental wellbeing of the students. Students in developed countries are likely to face more difficulties because of poor socioeconomic backgrounds. Although Student Counseling has been widely developed and accepted in developed countries, Students Counselor skills and practices are still underdeveloped in many countries (Turki Alotaibi, 2015).

Personality disorders such as schizophrenia, phobia, mania, depression, obsessive compulsive disorder and post traumatic stress disorders are stemming out of the interpersonal interaction with the environment. Childhood experiences, coupled with an innate, biologically determined disposition, establish individual belief about the world. These initial beliefs evolve into fairly stable, core beliefs that shape the individual's perceptions and interpretation of subsequent experiences. When these preconceived beliefs are faulty, distorted or biased personality disorders emerge. Application of cognitive behaviour therapy in the treatment of personality disorders is more effective.

Cognitive behaviour therapy emphasises identifying and changing dysfunctional thinking patterns. Cognitive behaviour therapy functions to identify and challenge automatic and faulty interpretation of the environment by replacing them with more accurate, rational interpretations of the environment that are driven by core beliefs. Individuals correct the faulty interpretation of the environment by replacing them with more accurate, rational

interpretations. With a more accurate interpretation, new more core beliefs are formed to overcome personality disorders. This positive and affirming experiences result in updating their core beliefs about the world. Cognitive behaviour therapy works on the premise changing adolescent's attitudes and their behaviour by focusing on the thoughts, images, beliefs and attitudes that are held in the person's cognitive processes and how these processes relate to the way a person behaves, as a way of dealing with emotional problems. Cognitive behaviour therapy helps to replace negative reactions with improved self-image, new stress coping mechanisms, problem-solving skills and more of self-control. Cognitive behaviour therapy helps to stamp-in desirable behaviour and stamp-out undesirable behaviour (Beck, 1972;1999). The present study is an attempt in this direction.

AIM

Aim of the study is to find out the effectiveness of cognitive behaviour therapy in the management of personality disorders among college students

OBJECTIVES

Personality disorders impair academic, family and workplace life. Once it is identified at an early stage, college students can be helped to overcome personality disorders and be successful on academic, family and workplace life.

Other objectives are

- to find out the effectiveness of cognitive behaviour therapy in the management of personality disorders among college students
- To find out gender differences, if any, among boys and girls, in the management of personality disorders through cognitive behaviour therapy

HYPOTHESIS

- Ha Cognitive behaviour therapy is effective in the management of personality disorders among college students
- Ha Boys are faster than girls in the management of personality disorders through intervention

TOOL FOR THE TESTING

Murthy (1965) has developed Muti Phasic Questionnaire, an Indian adaptation of Minnesota Multiphasic Personality Inventory to find out the personality disorders among college students. Short details of the psychological test is given below:

MULTI PHASIC QUESTIONNAIRE

Murthy (1965) has developed Muti Phasic Questionnaire, an Indian adaptation of Minnesota Multiphasic Personality Inventory to assess different clinical conditions of individuals. First it is constructed by Murthy (1964; Murthy, & Laximinarayanan, 1965; Murthy, 1968), later it is developed by Murthy and Lakshmi Narayan. Multi Phasic Questionnaire is an Indian adaptation of Minnesota Multiphasic Personality Inventory (Hathaway & McKinley, 1942; 1947; Hathaway & McKinsley, 1967). The Multi Phasic Questionnaire is developed and validated in India. The test significantly differentiates normal with personality disorders. Multi Phasic Questionnaire diagnoses individuals with depression (and also other personality disorders). This scale is used in the present study for substantiating clinical diagnosis. It is a forced choice test, true/ false inventory that evaluates the personality profile for schizophrenia, paranoia, mania, depression, anxiety, hysteria and psychopathic deviation. Multi Phasic Questionnaire has 100 statements and it usually takes 30 minutes to complete the test.

Scoring: Standard scoring procedure is adopted

SAMPLING DESIGN

Table 1

Frequency distribution of the sample (n=500)

PERSONALITY DISORDERS		
Levels	Number	Percentage (%)
Normal	300	60
Severe	200	40

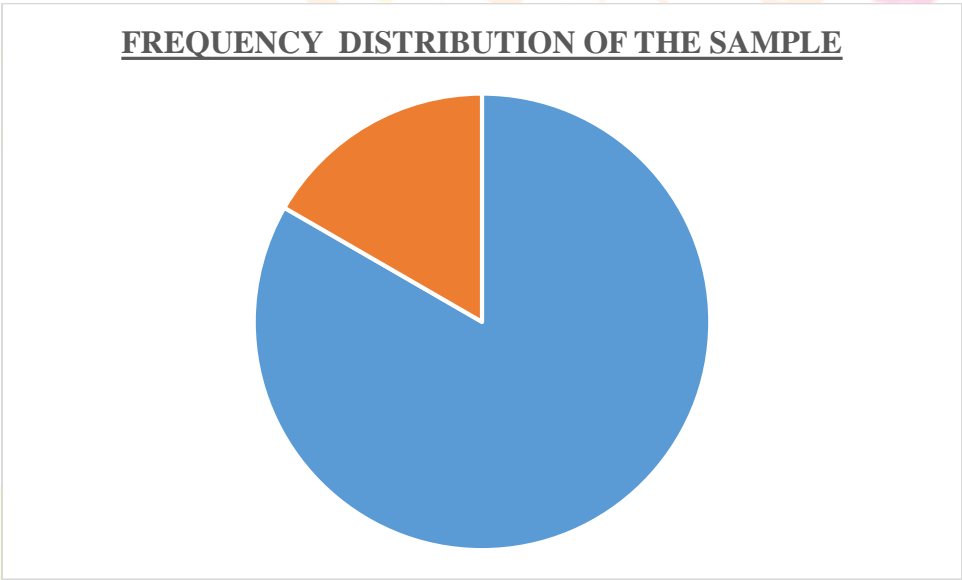


Figure 1 : Phi Chart shows frequency distribution of the sample

Tale 2

Sample Characteristics

CONTROL		EXPERIMENTAL	
BOYS	GIRLS	BOYS	GIRLS
30	30	30	30

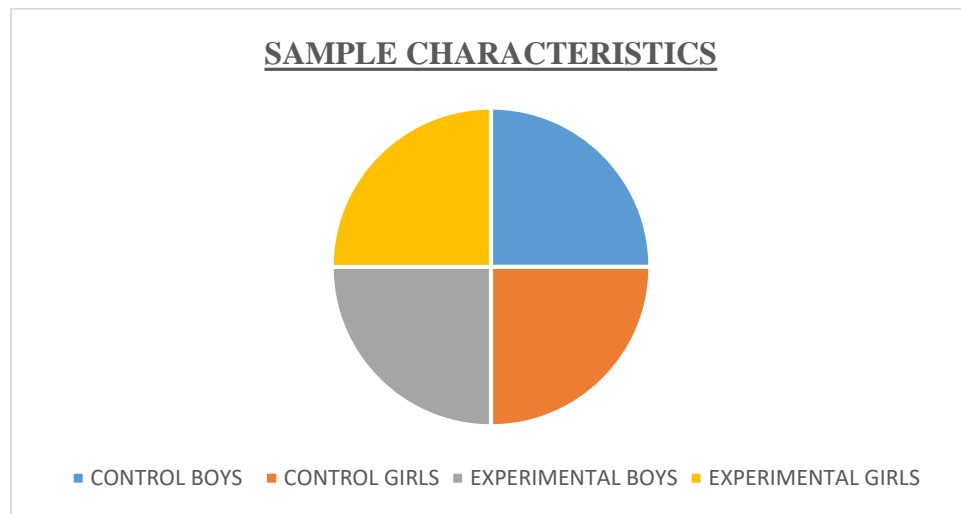


Figure 2 : Phi Chart shows Sample characteristics

Tables 1-2 and Figures 1- 2 Phi Charts show frequency distribution and Sample characteristics. 500 college students are exposed to Multi Phasic Questionnaire. Out of 500 college students, 300 (60%) college students are normal and asymptomatic 200 (40%) college students are suffering from personality disorders. Out of 200 college students, 120 college students with personality disorders are allotted randomly to control and experimental group, 60 students in each group, thirty boys and 30 girls, in the control group, matched with the experimental group of 60 students, thirty boys and 30 girls, on the dependent variable with personality disorders.

COGNITIVE BEHAVIOUR THERAPY

RESEARCH DESIGN

The study is conducted in three phases. In phase one, preliminary formalities and administration of test are done. In the second phase, intervention in the form of cognitive behaviour therapy are conducted. In the third phase, posttest, i.e. six months intervention and follow up are taken care off.

STATISTICS A descriptive statistics and mixed model factorial ANOVA are used to analyse the differences over time and between the four categories of college students. For analysing the data Statistical Package for Social Sciences, Version 21 is used.

RESULTS AND DISCUSSION

The findings of the present study are discussed on Tables 3-6 and Figures 3 and 4 Bar Diagrams

Table 3

Multi Phasic Questionnaire Clinical scale mean raw scores of control (n=60) Vs. experimental (n=60) group over pretest Vs. posttest phase of training

MULTI PHASIC QUESTIONNAIRE		
SCALES	CONTROL	EXPERIMENTAL
Schizophrenia (Sc)	5	0
Paranoia (Pa)	3	0
Mania (Ma)	4	0
Anxiety (A)	9	0
Hysteria (Hy)	2	0
Psychopathic deviates (Pd)	13	0
Total mean raw scores	36	0

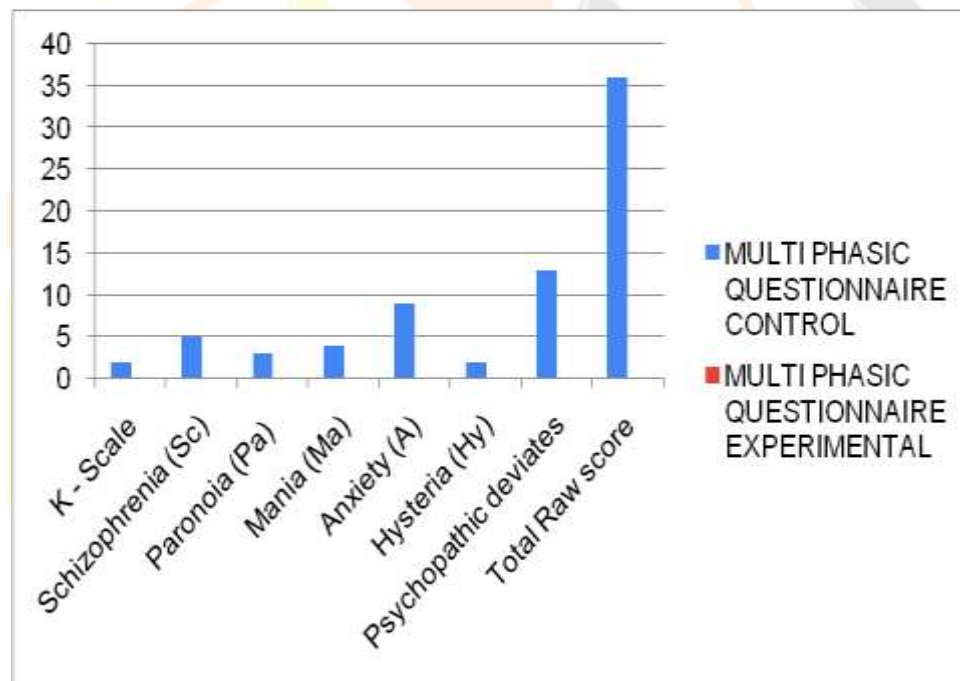


Figure 3: Multi Phasic Questionnaire mean raw scores of control Vs. experimental group over three phases of training

Table 4

ANOVA: Multi Phasic Questionnaire clinical scales mean raw scores of control (n=60) Vs. experimental group (n=60) over three phases of training

Clinical Scales	Parameters	Sum of Square	df	Mean Square	F- Value	P – Value
Sc	Pretest	3.9381 835.24	1 119	3.9381	0.5516	NS
	Posttest	163.68 54.32	1 119	163.60 0.46	358.59	p>.0001
	Follow up	165.68 40.12	1 119	163.68 0.36	487.32	p>.0001
Pa	Pretest	34.13 4033.07	1 119	34.13 0.04	0.9987	NS
	Posttest	642.01 209.98	1 119	6642.01 1.78	349.92	p>.0001
	Follow up	667.41 141.18	1 119	667.41 1.20	557.82	p>.0001
Ma	Pretest	0.675 41.32	1 119	0.675 0.35	1.63	NS
	Posttest	612.01 209.98	1 119	672.01 1.78	349.92	p>.0001
	Follow-up	667.41 141.18	1 119	667.41 1.20	557.82	p>.0001
D	Pretest	392.42	1 119	392.42	1.324	NS
	Posttest	307.2 86.27	1 119	307.2 0.73	420.20	p>.0001
	Follow-up	336.68 46.92	1 119	336.68 0.40	846.77	p>.0001
A	Pretest	103791. 594.19	1 119	103791 5.08	1.04	NS
	Posttest	1702.53 301.97	1 119	1702.53 2.56	665.30	p>.0001
	Follow-up	1904.02 115.83	1 119	1904.02 0.98	1939.65	p>.0001
Hy	Pretest	1.63	1 119	1.63	1.236	NS
	Posttest	922.33 1790	1 119	922.33 1790	1939.65	p>.0001
	Follow-up	1980 115.83	1 119	1980 1.58	2020.55	p>.0001
Pd	Pretest	372.42	1 119	372.42	1.236	NS
	Posttest	1904.02 115.83	1 119	1904.02 0.98	1939.65	p>.0001
	Follow-up	29078.52 929.23	1 119	29078.52	3692.18	p>.0001

Tables 3 -4 and figures 3-4 Bar Diagram show Multi Phasic Questionnaire clinical scales mean raw scores of control Vs. experimental group over three phases of training. College students are high on the mean raw scores during the pretest. It is seen from the table that calculated F – values are lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both the group of college students are suffering from personality disorders during pretest.

Posttest and follow up analysis reveal that experimental group is low on Multi Phasic Questionnaire clinical scales mean raw scores, compared to the pretest. Calculated posttest F- values and follow up F – values are higher than the tabular value, hence, there is an extremely significant difference ($p > .0001$) existing in the performance. Experimental group is lower ($p < .0001$) than the control group on Multi Phasic Questionnaire clinical scales mean raw scores.

With intervention, the experimental group is lower than the control group on Multi Phasic Questionnaire clinical scales mean raw scores. This may be due to regular practice of cognitive behaviour therapy. Control group college students are suspicious, guarded, resentful, argumentarian and tend to externalise blame on others. They are capable of overcoming personality disorder and remain emotionally well balanced. Control group college students are impulsive, overtly optimistic, irritable, moody and impatient. They are suffering from mood disturbance and flight of ideas. Control group college students are low on mood and self-esteem, feeling inadequate, shy, guilt - ridden and depressed. They are capable of overcoming suicidal ideation symptoms and remain emotionally well balanced. They are high on anxiety, lacking self-confidence and very tense. They are capable of overcoming personality disorder and remain emotionally well balanced. They are demanding in nature, develop physical symptoms under acute stress, refuse to manage their conflict, manipulative and non-insightful. They are impulsive, poor on social judgement,

disregard rules and authority, having difficulties in interpersonal relationships. On the other hand, experimental college students are capable of overcoming personality disorder and remain emotionally well balanced.

Hypothesis stated (Ha) : “Cognitive behaviour therapy is effective in the management of personality disorders among college students” is accepted. Cognitive behaviour therapy helps in the management of personality disorders and lead a successful academic, family and workplace life among students

The findings of the present study is corroborated with the research findings of Abbas Abdollah, et al., (2016), Cofmann et al., (2013). They brought out the fact that Cognitive behaviour therapy is more effective in the management of personality disorders symptoms. It enhances their self - confidence and motivated them work well in the academic and workplace.

COMPARISON OF GENDER DIFFERENCES

Table 5

Multi Phasic Questionnaire clinical scales mean raw scores of control boys (n=30) Vs. experimental girls (n=30) over pretest and posttest phase of training

MULTI PHASIC QUESTIONNAIRE MEAN RAW SCORES		
SCALES	CONTROL	EXPERIMENTAL
Sc	5	0.07
Pa	8	0.67
Ma	6	0.03
D	5	0.05
A	11	0.83
Hy	4	0.23.
Pd	10	3.67
Clinical scales mean raw scores =	59	5.50

Table 6

ANOVA : Multi Phasic Questionnaire clinical scales mean raw scores of control boys (n=30) Vs. experimental girls (n=30) over three phases of training

Parameters	Sum of Square	df	Mean Square	F - Value	P - Value
Pretest	22.53 199.33	1 29	22.53 1.64	0.39	NS
Posttest	132.3 115.87	1 29	132.3 3.2	34.25	p>.0001
Follow-up	64.53 136.33	1 29	64.53 2.58	14.1	p>.0001

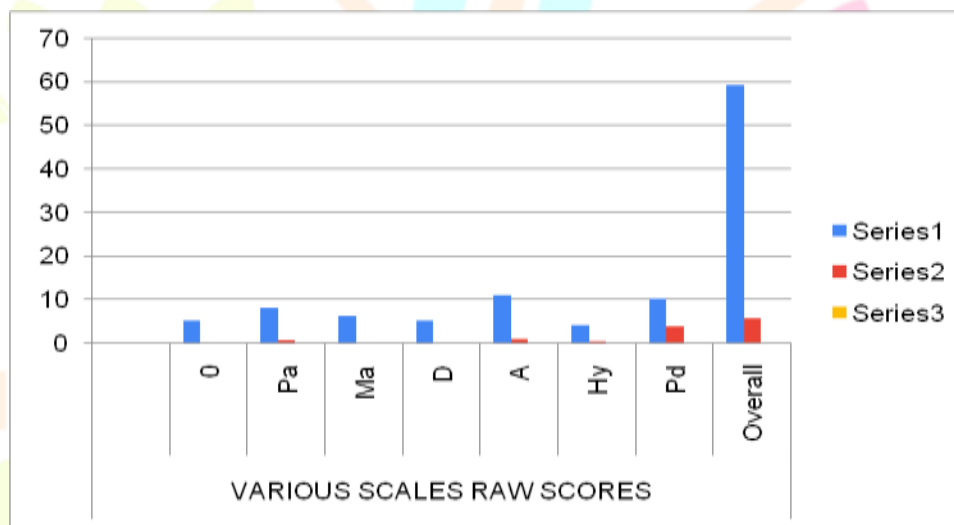


Figure 4 : Multi Phasic Questionnaire clinical scales mean raw scores of control boys Vs. experimental girls over three phases of training

Tables 5-6 and Figure 4 Bar Diagram show Multi Phasic Questionnaire mean clinical scales raw scores of control boys Vs. experimental girls over three phases of training. It is seen from the table that control boys and experimental girls are high on Multi Phasic Questionnaire clinical scales mean raw scores during pretest. Hence, the sample selected for the study is a homogeneous sample. Both boys and girls are suffering from personality disorders

Posttest and follow up analysis reveal that experimental girls are low on mean Various Multi Phasic Questionnaire mean raw scores, compared to the control boys. Calculated posttest F- value (34.25) and follow up F - value (14.1) are higher than the tabular value, hence, there is an extremely significant difference ($p > 0.0001$) existing in the performance. Experimental group girls are faster ($p > 0.0001$) than the control boys in the management of personality disorders through intervention. This may be due to regular practice of cognitive behaviour therapy. Control group students boys are having unusual ideas, moody withdrawn, feel confused and personality disorganisation is seen; suspicious, guarded, hostile, argumentarian, resentful and externalise blame on others; irritable, moody and remain impatient. There is an evidence of mood disturbance and flight of ideas seen; shy, pessimistic, moody, feeling inadequate, overcontrolled, guilt ridden and depressed; refuse to manage conflict, develop physical symptoms under acute stress, shy, demanding in nature, non-insightful and lacking in experience, wisdom and judgement; maladjusted tense, lacking self-confidence and anxious.. On the other hand, experimental females are free from personality disorders symptoms and psychologically wellbeing after intervention. Experimental group girls are free from Schizophrenia, Paranoia, Mania, Depression, Anxiety and Hysteria symptoms. Experimental group girls students are lower ($p < 0.001$) than the control group boys on Multi Phasic Questionnaire clinical scales mean raw scores through intervention. They are capable of overcoming their personality disorders and emotionally well balanced through intervention.

Hypothesis stated (H_a) : “Boys are faster than girls in the management of personality disorders through cognitive behaviour therapy” is rejected. In fact, girls are faster than the boys in the management of personality disorders. Girls are low on personality disorders than the boys after intervention.

The finding of the present study is not corroborated with the study conducted by Abbas Abdollah, et al., (2016), Cofmann et al., (2013). They delineated the fact that boys are better than females in overcoming the ill-effects of

personality disorders symptoms. In fact, girls are better than the boys in the management of personality disorders through cognitive behaviour therapy.

SUMMARY AND CONCLUSIONS

The matched design, experimental study clearly indicates that cognitive behaviour therapy will help in the management of personality disorders. The study also shows that the changes in the wellbeing have been carried out for a longer duration of time, indicating that real learning has taken place. Cognitive behaviour therapy enables psychological wellbeing, positive outlook and positive emotional state as assessed through Multi Phasic Questionnaire. This study strongly suggests that cognitive behaviour therapy helps in the management of personality disorders, enhancing psychological wellbeing and mental health among college students.

MAJOR FINDINGS OF THE STUDY

The major findings of the stud are given below:

- Experimental group is found to be faster in the management of personality disorders, compared to the control group after cognitive behaviour therapy
- Experimental group is found to be free from personality disorders such as Schizophrenia, Paranoia, Mania, Depression, Anxiety and Hysteria as compared to control group through intervention
- Girls are faster than the boys in the management of personality disorders

- Of all the techniques, cognitive behaviour therapy is one of the best therapeutic techniques in the management of personality disorders among college students

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