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Borderline personality disorder features in a non-clinical sample.

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BORDERLINE PERSONALITY DISORDER FEATURES IN A NON-CLINICAL SAMPLE

A Thesis Presented
by
ELLEN M. PRAIRIE

Submitted to the Graduate School of the University of Massachusetts Amherst in partial fulfillment of the requirements for the degree of

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Department of Psychology
BORDERLINE PERSONALITY DISORDER FEATURES IN A NON-CLINICAL SAMPLE

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E. INVENTORY OF INTERPERSONAL PROBLEMS.......................... 48
F. PARTICIPANT CONSENT FORM.................................................. 52
G. DEBRIEFING FORM................................................................. 53

REFERENCES.............................................................................. 54
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic Characteristics</td>
<td>31</td>
</tr>
<tr>
<td>2. Descriptive Statistics</td>
<td>33</td>
</tr>
<tr>
<td>3. Correlations of PAI-BOR Scale and Measures</td>
<td>35</td>
</tr>
<tr>
<td>4. Analysis of Variance for Gender and Borderline Features</td>
<td>37</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Borderline personality disorder was first given a diagnostic label in 1980 when it appeared in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980). Since that time, this disorder has been widely researched, although, the majority of the research has focused on clinical populations. Despite the proliferation of studies, very few researchers have examined borderline personality disorder features in young adults in a non-clinical population. The purpose of the present study was to assess the ways in which individuals with borderline personality disorder features differ from those without such features. Specifically, I examined perceived social support, anger management, and interpersonal distress. I predicted that college students with borderline personality disorder features have more interpersonal problems, more difficulty with anger management, and perceive a less stable social support network than those without these features. By identifying areas of difficulty of young adults with BPD features, the information gathered in this study has implications for the treatment of individuals with features of borderline personality disorder, and the results of this study assist in identifying areas for intervention in college clinic settings. Examination of the difficulties common to college students with borderline personality disorder features creates the opportunity to intervene before the development of a chronic condition. Furthermore, interventions could target level of functioning and skills development.

According to the *Diagnostic and Statistical Manual of Mental Disorders-IV* (American Psychiatric Association, 1994), borderline personality disorder is
characterized by unstable affect, relationships, and self-image. Typically, the disorder is evident by early adulthood, and borderline patterns can be seen in many contexts. An individual with borderline personality disorder fears abandonment, experiences feelings of emptiness, has unstable and intense interpersonal relationships, and difficulty regulating affect. The individual may also experience identity disturbance, impulsivity, suicidality, self-mutilating behavior, inappropriate anger and transient, paranoid ideation, or severe dissociative symptoms.

Given that assessing the diagnosis of borderline personality disorder requires clinical expertise, there is little information on the epidemiology of the diagnosis in large community samples. For example, borderline personality disorder was not included in the Epidemiologic Catchment Area (ECA) study or the National Comorbidity Survey (Paris, 1999). However, community samples have prevalence rates in the general population ranging from 0.2% to 1.8%. In inpatient samples, BPD is diagnosed at a rate of 15 percent. Fifty percent of psychiatric inpatients diagnosed with a personality disorder are diagnosed with BPD (Widiger & Weissman, 1991). BPD is also diagnosed more commonly in females; 77% of those diagnosed with this condition are female (Swartz et al., 1990).

**Etiology of Borderline Personality Disorder**

Many theories have been developed to explain the development of borderline personality disorder. These theories span several decades and theoretical models. Kernberg (1975) suggests that if a child experiences excessive aggression early in life, he or she will split positive and negative experiences of self and of his or her mother. The excessive aggression was described as resulting from either a biological factor or from
early frustrations. As a result of these experiences, the child is unable to merge positive and negative images and affects in order to have a more realistic experience of self and others. This results in borderline pathology.

Masterson (1976) theorized that the mother of the borderline patient interfered with the child’s natural development towards autonomy. In early development the mother would threaten to withdraw emotional support when the child demonstrated independence from the mother. As a result, the child was faced with an impossible conflict, and with the choice of either continuing to act in an independent manner and lose emotional support or act dependently and maintain that support.

Drawing from Harry Stack Sullivan’s work, Benjamin (1996) developed social pathogenic theories for each DSM-IV personality disorder. This theoretical approach, the Structural Analysis of Social Behavior (SASB), provides a structure for understanding that the individual’s early social learning experiences interact with genetically transmitted temperamental factors to produce personality disorder symptoms. The SASB model states that early experiences shape the structure of adult interpersonal interactions which affect self-concept.

Benjamin (1996) argues that the early social environment of individuals who go on to develop borderline personality disorder is characterized by a chaotic family environment and traumatic abandonment experiences, such as sexual abuse or neglect. Also, in these families dependency is often rewarded, autonomy is punished, and sickness elicits care from others. Therefore, the individual develops a sense of worthlessness, acute sensitivity to abandonment, emotional instability, and patterns of impulsivity.
Linehan (1993a, 1993b) developed the biosocial theory with the core tenet being that borderline personality disorder is a problem of emotion dysregulation. Borderline personality disorder is the result of the transaction between the individual's biological disposition and his or her environment. The emotion dysregulation is due to the combination of an oversensitive and overreactive emotional response system with the inability to modulate the strong emotions. The emotional vulnerability is defined by a high sensitivity to emotional stimuli, an intense response to emotional stimuli and a slow return to baseline once emotionally aroused (Linehan & Koerner, 1993).

The pattern of emotional dysregulation is developed in the context of what Linehan (1993a, 1993b) terms the "invalidating environment". The invalidating environment has two primary characteristics. The message communicated to the individual is that his or her descriptions and analyses of private experiences are wrong. Also, experiences are attributed to socially unaccepted personality traits that the individual possesses.

The consequences of the invalidating environment are: (1) the individual does not learn to label private experiences including emotions; (2) the individual does not learn to tolerate distress or formulate realistic goals; (3) the individual learns that extreme emotional displays are necessary to elicit a response from those in the environment; and (4) the individual learns to invalidate his or her own private experiences and interpretations of events.

Millon (1987, 1996, 2000) offers a supplement to the existing models of borderline personality disorder, identifying culturally based factors that indirectly influence the pathogenesis of the disorder. Millon argues that cultural changes in modern
society have led to the absence of a protective buffer for problematic parent-child relationships that existed in traditional societies. Traditionally, relationships with others (grandparents or neighbors) or institutions (church or school) provided a backup for problematic parent-child relationships. In other words, children who had damaging experiences in their primary relationships with parents were at one time more commonly provided other chances to get what they needed in the context of other relationships.

Trauma has been implicated in the etiology of borderline personality disorder, and there is a high incidence of childhood abuse reported by individuals with BPD (Paris, 1994; Zanarini, 1997). Adults with borderline personality disorder report histories of childhood trauma, including physical abuse, sexual abuse, and combined physical and sexual abuse (Ogata et al., 1990), and witnessing domestic abuse (Herman, Perry & van der Kolk, 1989; Weaver & Clum, 1993). Comparing women with borderline personality disorder to women with other Axis II disorders, Laporte and Guttman (1996) found that women with BPD had experienced significantly more early losses and verbal, physical and sexual abuse than the women with personality disorders other than BPD. Children diagnosed with BPD had significantly higher rates of physical abuse and combined physical and sexual abuse than children in a psychiatric comparison group (Goldman et al., 1992).

**Borderline Personality Disorder and Social Support**

Although social support has been shown to serve as a buffer between stressful life events and distress (Dean & Lin, 1977), a review of the literature indicates that perception of social support has not been studied specifically in relation to borderline personality disorder. However, it has been studied generally in college, medical and psychiatric
populations (Procidano & Heller, 1983; Lyons et al., 1988). Because social support could potentially serve as a buffer for individuals with BPD it is important to understand their perception of social support. If individuals with BPD features experience a lower level of support from friends and family, clinicians may focus on this as an area in which to intervene with these individuals.

Lyons, Perotta, and Hacher-Kvam (1988) examined the differences between a chronic medical sample, a chronic psychiatric sample, and an undergraduate college sample on measures of perceived social support. The chronic psychiatric patients group consisted of 74 individuals who had been hospitalized more than once during the previous year or had been hospitalized for more than three months during the previous year. The chronic medical group consisted of 53 individuals who attended a 2-day patient education program for diabetes. The college group consisted of 92 undergraduates at the University of Illinois at Chicago. Each group was given the Perceived Social Support from Friends and Family scales (PSS-Fr and PSS-Fa). The researchers found that the diabetic and chronic psychiatric patients reported lower levels of perceived social support from family than did college students. The chronic psychiatric patients also reported significantly lower levels of perceived social support from friends.

**Borderline Personality Disorder and Anger**

Inappropriate and intense anger or difficulty controlling anger constitutes one of the nine DSM-IV criteria for diagnosis of BPD. Anger may be outwardly expressed or directed inward in the form of self-injury or self-hate. Chronic anger may also color an individual’s experience and cause the individual to misperceive interactions with others,
and can have a profound effect on interpersonal relationships. It is the expression of
anger in clinical settings that can make working with these individuals an enormous
challenge.

Gardner, Leibenluft, O’Leary, and Cowdry (1991) compared the self-report
ratings of anger and hostility of 46 patients diagnosed with borderline personality
disorder to 27 non-clinical volunteers. Participants completed the Buss-Durkee Hostility
Inventory (BDHI), a scale that yields a total score as well as behavioral and attitudinal
components of anger and hostility as reflected in 8 subscales. According to Gardner and
his colleagues, the borderline group had significantly higher anger and hostility ratings
than did the group of non-clinical volunteers. The borderline group scored significantly
higher on the total score as well as on 5 of the 8 subscales: irritability, negativism,
resentment, suspicion, and guilt. Researchers found no significant differences on 3 of the
subscales: assault, indirect hostility, and verbal hostility.

Borderline Personality Disorder and Interpersonal Problems

Interpersonal problems are also commonly associated with borderline personality
disorder. A pattern of unstable and intense interpersonal relationships constitutes another
criterion for DSM-IV diagnosis of BPD, with relationships typically vacillating between
idealization and devaluation. Several studies have demonstrated the negative
interpersonal consequences resulting from BPD.

Carroll, Hoenigmann-Stovall, King, and Whitehead III (1998) noted the
abundance of literature addressing the negative reactions of clinicians to individuals with
personality disorders. In an effort to add to the literature on the negative interpersonal
consequences of personality disorders, the researchers examined the consequence of
borderline and narcissistic personality behavior on the impressions of a non-professional group of individuals with little or no previous experience with the disorders.

Undergraduate students enrolled in general education classes were asked to view videotaped segments of actors depicting narcissistic and borderline behavior. The actors in the video made statements based on items from the Millon Clinical Multiaxial Inventory-II (MCMI-II). Following the presentation of the video, participants were asked to complete a modified version of the First Impressions Questionnaire (FIQ) used to assess the impressions of an individual. The actors portraying borderline behaviors were perceived to be less secure, less powerful, less active, less predictable, and less stable than actors portraying narcissistic behavior.

Individuals with BPD also tend to evaluate themselves negatively. Stern, Herron, Primavera, and Kakuma (1997) examined the interpersonal self-perceptions of depressed borderline patients and depressed non-borderline patients. Fifty-five inpatients meeting the DSM-III-R criteria for BPD who scored as depressed on the Beck Depression Inventory (BDI) were compared to 22 inpatients who met the DSM-III-R criteria for a major depressive episode, scored as depressed on the BDI, and did not meet criteria for any personality disorder. The researchers concluded that BPD patients are more likely than depressed patients to see themselves as hostile, labile, and unstable.

**Borderline Personality Disorder in Non-clinical Samples**

In a two-phase study, Trull (1995) identified a self-report measure to identify young adults with borderline personality disorder and the clinical correlates for this classification. In study one Trull (1995) formulated a self-report method of identifying non-clinical young adults who present with features of borderline personality disorder.
Undergraduates in introductory psychology at the University of Missouri – Columbia (N=1,697) were given three scales that measure borderline personality disorder psychopathology: (1) Minnesota Multiphasic Personality Inventory-Borderline Personality Disorder scale (MMPI-BPD), (2) Personality Diagnostic Questionnaire-Revised Borderline Personality scale (PDQR-BPD), (3) Personality Assessment Inventory-Borderline features scale (PAI-BOR). The researcher found that the PAI-BOR scale produced the highest internal consistency coefficient of the three measures ($\alpha = .84$). Also, PAI-BOR scores were significantly correlated with the scores of the PDQR-BPD and the MMPI-BPD. Given these results, the PAI-BOR scale was used in the second phase of the study. A cutoff score of $T \geq 70$ was used to identify individuals with significant borderline personality disorder features. This cutoff score suggests the presence of significant borderline personality disorder features but not necessarily a diagnosis of borderline personality disorder (Morey, 1991).

After identifying the PAI-BOR scale as a good measure for identifying individuals with BPD features, Trull (1995) selected a random sample of 54 individuals with borderline personality disorder features ($T \geq 70$) and 49 individuals without borderline personality disorder features to validate the PAI-BOR scale. All participants were given a battery of self-report tests and a semi-structured interview. The self-report measures were given in order to empirically test the classification of individuals with and without BPD features. In fact, predictions were found to be accurate in that individuals with BPD features scored significantly differently on measures of mood, affect, neuroticism, coping styles and symptoms of psychopathology. The Structured Interview for DSM-III-R Personality (SIDP-R), a semi-structured interview was given in order to
assess personality disorder symptoms. Individuals with features of BPD exhibited significantly more BPD symptoms.

In study two, Trull's (1995) goal was to evaluate clinical correlates of the classification of individuals with BPD features across a number of areas of functioning including academic performance, interpersonal problems, and lifetime prevalence of Axis I disorders. Undergraduates (N=1,800) in introductory psychology were given the PAI-BOR scale and assigned to either the “above threshold” group or the “below threshold” group using the identified method of a T score cutoff of ≥ 70. A smaller subset of participants from these two groups was then randomly selected for further evaluation (individuals with BPD features n = 34, individuals without BPD features n = 54). Participants were given the Inventory of Interpersonal Problems (IIP) to measure their distress related to interpersonal functioning. Trull found that individuals with features of BPD reported significantly higher overall levels of interpersonal distress, and elevations on all six subscales of interpersonal distress including assertiveness, sociability, intimacy, submissiveness, responsibility, and control.

In a two-year follow-up study, Trull, Useda, Conforti, and Doan (1997) contacted and reassessed individuals who had participated in Study 2 (Trull, 1995). Thirty-five of the 54 participants with features of borderline personality disorder, and 30 of the 49 participants without BPD features, were contacted for reassessment. On a number of variables individuals with BPD had a poorer outcome. The researchers found that individuals with BPD features were more likely to have academic difficulties over the two-year period between assessments. Individuals with BPD features were also more likely to meet the lifetime criteria for a mood disorder. Related to interpersonal
functioning, individuals with BPD features reported a significantly greater amount of distress as measured by the overall means of the two groups on the Inventory of Interpersonal Problems (IIP).

In another study examining BPD in a non-clinical sample, Daley, Burge and Hammen (2000) surveyed a community sample of women in late adolescence (N = 142) to examine the impact of sub-clinical borderline personality disorder features on one aspect of interpersonal functioning, romantic relationships. Borderline personality disorder features (and other personality disorder features) were assessed by giving participants the Personality Diagnostic Questionnaire (PDQ) and (PDQ-R). Following assessment, follow-up phone interviews were conducted, 6 months, 1 year, 2 years, 3 years and 4 years later. Researchers found that broad disturbance of personality pathology was a better predictor of romantic relationship dysfunction than was sub-clinical BPD pathology.

Hypotheses

For this project I examined the ways in which individuals with Borderline Personality Disorder (BPD) features differ from those without BPD features. This study focused on the following research hypotheses.

1) Individuals with Borderline Personality Disorder features would report experiencing significantly less social support from their friends and family members than individuals without BPD features, as measured by the Perceived Social Support From Friends (PSS-Fr) and Family (PSS-Fa) scales.

2) Individuals with Borderline Personality Disorder features would report significantly more difficulty managing anger than individuals without BPD
features. Specifically, individuals with BPD features would be more likely to experience state and trait anger, suppress anger, and have difficulty controlling the expression of anger than individuals without BPD features, as measured by the scales and subscales of the State-Trait Anger Expression Inventory-2 (STAXI-2).

3) Individuals with Borderline Personality Disorder features would report a significantly greater level of distress due to interpersonal problems than their counterparts without BPD features, as measured by the eight subscales and the overall score of the Inventory of Interpersonal Problems (IIP).
CHAPTER 2

METHOD

Participants

Three-hundred-ninety undergraduate students in an undergraduate Abnormal Psychology class at the University of Massachusetts Amherst were surveyed during the 2001 spring semester. Of the 390 participants, data from 12 participants were not included in the data analyses due to incorrect or incomplete completion of the questionnaires; therefore, a total of 378 participants were included in the study (see Table 1). Participants were given extra credit for their involvement in this project or a study involving a comparable commitment.

Measures

Participants were asked to complete five instruments: a demographic questionnaire; the Personality Assessment Inventory Borderline Features Scale (PAI-BOR); the Perceived Social Support From Friends and From Family scales (PSS-Fr and PSS-Fa); the State-Trait Anger Expression Inventory-2 (STAXI-2); and the Inventory of Interpersonal Problems (IIP).

Personality Assessment Inventory Borderline Features Scale (PAI-BOR). (See Appendix B) The PAI Borderline Features Scale (Morey, 1991) is a measure that assesses elements of borderline personality disorder psychopathology. The scale is comprised of four subscales: Affective Instability, Identity Problems, Negative Relationships, and Self-Harm. The item content indicates poor emotion regulation including poor regulation of anger, self-esteem and identity issues, unstable interpersonal relationships, and impulsivity related to self-harm. This scale was used to assess the extent to which
participants have features of borderline personality disorder. Internal consistency reliability was high with Cronbach’s alphas reported as .87, .86, and .91 for normative, clinical, and college samples, respectively. Test-retest reliability was satisfactory with correlation coefficients of .90 and .82 for community and college samples, respectively (Morey, 1991). The following are sample items from the PAI-BOR:

My relationships have been stormy.

My moods get quite intense.

Perceived Social Support from Friends and From Family scales (PSS-Fr and PSS-Fa). (See Appendix C) The Perceived Social Support scales developed by M. Procidano and K. Heller (1983) assess a person’s experience of social support network, or “the extent to which an individual perceives that his/her needs for support, information, and feedback are fulfilled by friends and by family” (p. 2). Although the PSS-Fr and PSS-Fa are separate scales, they are used together in order to measure the experience of support from friends and family separately. The distinction between support from family and friends is important given that an individual’s experience of friends and family can differ at any given moment. The PSS-Fr and the PSS-Fa are scales comprised of twenty items each. Each item is answered by indicating “yes”, “no” or “don’t know”. Therefore, the possible range of scores on each scale is 0-20, with higher scores indicating more support.

The developers found adequate measures of validity and reliability using a college sample. High test-retest reliability was found, (r = .83 over a month interval). Cronbach’s alpha for the PSS-Fr and PSS-Fa were .88 and .90 respectively. Separate factor analyses indicated that each scale was composed of a single factor. Good construct validation measures related to a range of psychopathology and social-asset traits
(Procidano & Heller, 1983). Subsequent studies have also found adequate reliability and validity (Gavazzi, 1994; Lyons et al., 1988). The following are sample items from the PSS-Fr and PSS-Fa:

My friends give me the support I need. (PSS-Fr)

I rely on my family for emotional support. (PSS-Fa)

State-Trait Anger Expression Inventory-2 (STAXI-2). (See Appendix D) This 57-item instrument measures the experience, control and expression of anger. Items are rated on a four-point Likert-type scale. The instrument is comprised of six scales, five subscales and an overall measure of the expression and control of anger. State Anger assesses the intensity of angry feelings the individual has at a particular moment in time. State-Anger is made up of three subscales: Feeling Angry, Feel Like Expressing Anger Verbally, Feel Like Expressing Anger Physically. Trait Anger measures individual differences in the disposition to experience anger. Trait-Anger is made up of two subscales: Angry Temperament and Angry Reaction. Anger Expression-In measures how often angry feelings are experienced and suppressed. Anger Expression-Out measures the individual’s tendency to express anger in physically or verbally aggressive behavior. Anger Control-In measures how often an individual attempts to control angry feelings by calming down. Anger Control-Out measures how often an individual controls the outward expression of anger. The Anger Expression Index is a general measure of anger expression based on responses from the Anger Expression-In, Anger Expression-Out, Anger Control-In, and Anger Control-Out scales. The internal consistency reliabilities of the scales, subscales, and the Anger Expression Index are satisfactory and are not
influenced by gender or psychopathology. Cronbach’s alpha coefficients ranged from .73 to .95 (Spielberger, 1999). The following are sample items from the STAXI-2:

I keep things in; I boil inside, but I don’t show it.

I am a hot-headed person.

Inventory of Interpersonal Problems (IIP). (See Appendix E) This instrument measures distress related to interpersonal sources. The IIP consists of eight subscales: Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self-Sacrificing, and Intrusive/Need, as well as a Total Score. One hundred twenty seven items are rated from 0 (not at all) to 4 (extremely) indicating how distressing the problem has been for the individual. In a study examining the psychometric properties, the developers, Horowitz, Rosenberg, Baer, Ureno, and Villasenor (1988) gave the instrument to 103 psychiatric patients. The test-retest reliability for the overall IIP score was $r = .98$ over a ten-week time interval. The internal consistency of the overall IIP score was also high ($\alpha = .98$). The following are sample items from the IIP:

It’s hard for me to trust other people.

I fight with other people too much.

Procedure

All measures were distributed to students in an Abnormal Psychology class during the 2001 spring semester. At the beginning of the class session, the study was described and the voluntary participation of class members was requested. As an incentive, students were offered extra credit points for their participation. Students were also given the opportunity to earn extra credit in an alternative research project if they preferred not
to participate in this one. Students willing to participate signed a consent form and were informed that their participation would be confidential, anonymous and voluntary. This researcher then administered the demographic questionnaire, the Personality Assessment Inventory Borderline Features Scale (PAI-BOR), the State-Trait Anger Expression Inventory-2 (STAXI-2), the Inventory of Interpersonal Problems (IIP), and the Perceived Social Support from Friends and Family scales (PSS-Fr and PSS-Fa). Following the completion of the measures, each participant received a debriefing form containing a list of university mental health services and a description of the study.
CHAPTER 3

RESULTS

Descriptive Statistics

Descriptive statistics were calculated on all of the variables in the study (see Table 2), and t-tests for independent samples were conducted to compare men (n=97) and women (n=281) on all variables. Women reported significantly higher levels than men of perceived social support from friends. Men had higher scores than women on all measures of state anger including the State Anger scale, Feeling Angry subscale, Feel Like Expressing Anger Physically subscale, and Feel Like Expressing Anger Verbally subscale. Finally, women had higher scores than men on the Overly Accommodating subscale of the Inventory of Interpersonal Problems. Given the number of analyses, a Modified Bonferroni correction was also done to provide a more conservative examination of the data. Using a corrected alpha of .002, differences between men and women in Perceived Social Support From Friends, State Anger, and Feel Like Expressing Anger Physically remained significant.

Pearson Product-Moment Correlations

Recognizing that characteristics of personality occur on a continuum, Pearson product-moment correlations were calculated to determine the extent to which individuals with borderline personality disorder features experience interpersonal distress, difficulties with anger management, and a perception of lack of social support. The results reveal that all relationships between borderline features and measures of perceived social support, anger management, and interpersonal distress were in the expected direction (see Table 3). For men, borderline features were positively correlated with scores on the
Feeling Angry subscale, a subscale of the State Anger scale, Trait Anger and the Trait Anger subscale, Angry Temperament, as well as the Anger Expression Index, which is an overall measure of anger expression and control. In addition, for men borderline features were also positively correlated with the total score of the Inventory of Interpersonal Problems and the Socially Inhibited subscale. For women, borderline features were positively correlated with State Anger, and Feeling Angry, a subscale of State Anger, Trait Anger and the two trait anger subscales Angry Temperament and Angry Reaction, as well as the Anger Expression Index, an overall measure of anger expression and control. Borderline features were negatively correlated with the Anger Control – In Subscale for women. Other strong associations for women included the Total Score of the Inventory of Interpersonal Problems as well as the Domineering/Controlling, Vindictive/Self-centered, Self-sacrificing, and Intrusive/Needy subscales. Thirty-seven of the forty-six findings remained significant after a Modified Bonferroni correction was used (alpha = .001; see Table 3).

Analysis of Variance

Similar to the methodology used by Trull (1995, 1997) a T-score ≥ 70 on the Personality Assessment Inventory – Borderline Scale (raw score ≥ 38) was used to identify individuals with features of borderline personality disorder (BPF). Individuals with a T score < 60 (raw score < 28) were identified as individuals without BPD features (NBPF). A total of 11 men and 39 women were included in the BPF group. Sixty-seven men and 193 women were included in the NBPF group. A series of 2 X 2 Group X Gender ANOVAS was used to analyze how the two groups differ on measures of interpersonal distress, anger management, and perception of social support, as well as
how men and women in the sample differ in these domains. Twenty-two of the twenty-eight findings remained significant after a Modified Bonferroni correction was used (alpha = .002; see Table 4). Because a large sample was employed, it may have been possible to find effects that were statistically but not clinically significant. Therefore, medium and large effect sizes (Cohen, 1998) were identified to highlight findings with clinical as well as statistical significance.

Perceived Social Support

A series of 2 X 2 Group X Gender ANOVAS revealed that BPF participants scored significantly lower than NBPF participants on two measures of perceived social support: (1) support from friends and (2) support from family (see Table 4). A large effect size was found when comparing these two groups on the measure of perceived social support from friends, while a medium effect size was found for the measure of perceived social support from family.

A significant main effect for gender was found, indicating that women scored higher than men on the measure of perceived social support from friends. This finding has a small effect size and should be interpreted cautiously. The interaction between Group and Gender in predicting perceived social support from friends \[F(1, 302) = .21, p>.05\] was not significant.

Anger Management

A series of 2 X 2 Group X Gender ANOVAS revealed that BPF participants scored significantly higher than NBPF participants on the Anger Expression Index, an overall measure of anger expression and control, as well as on all aspects of State and Trait Anger, and Anger Control and Expression (see Table 4). Almost all of these effects
remained significant with the Bonferroni correction. These results suggest that BPF participants experience a greater degree of difficulty than NBPF participants in managing and expressing angry feelings productively. Large effect sizes were found for the following scales and subscales: State Anger, Feeling Angry, Feel Like Expressing Anger Verbally, Trait Anger, Angry Temperament, Angry Reaction, Anger Expression Index, and Anger Expression - In, indicating that BPF participants report greater difficulty than NBPF participants with anger management. Medium effect sizes were found for the remaining subscales including: Feel Like Expressing Anger Physically, Anger Expression – Out, Anger Control – In, and Anger Control - Out.

Significant main effects for gender were found for State Anger, indicating that men reported higher levels of anger at the time the questionnaire was completed, and the Feel Like Expressing Anger Physically subscale. A significant main effect was found on the Anger Expression – In subscale, reflecting the fact that women reported higher levels of keeping anger in.

A significant Group X Gender interaction \( F(1, 303) = 6.49, p<.05 \) was found on the Anger Expression - In subscale as well. NBPF women \( (M = 16.95, SD = 4.96) \) scored similarly to NBPF men \( (M = 16.75, SD = 4.33) \), while BPF women \( (M = 24.79, SD = 5.53) \) scored much higher than BPF men \( (M = 20.00, SD = 3.92) \). This interaction did not remain significant after using the Modified Bonferroni correction (alpha = .002).

**Interpersonal Functioning**

A series of 2 X 2 Group X Gender ANOVAS revealed that BPF participants scored significantly higher than NBPF participants on the overall measure of interpersonal distress (Total Score) as well as particular aspects of interpersonal distress.
Large effect sizes ( > .80) were found for the following subscales: Domineering/Controlling, Vindictive/Self-centered, Socially Inhibited, Self-sacrificing, Intrusive/Needy, as well as on the Total Score, indicating that BPF participants had higher scores than NBPF participants on these measures of interpersonal distress and difficulty. Medium effect sizes (.50 - .79) were found for: Cold/Distant, Nonassertive, and Overly Accommodating.

A significant main effect for gender was found, indicating that women scored higher than men on the Overly Accommodating subscale. However, this finding has a small effect size and was not significant after using a Bonferroni correction.

A significant Group X Gender interaction [F(1, 304) = 7.36, p<.01] was found on the domineering/controlling subscale as well. NBPF women (M = 12.02, SD = 3.78) scored slightly lower on this scale than NBPF men (M = 12.76, SD = 4.11), while BPF women (M = 17.79, SD = 5.59) scored much higher than BPF men (M = 14.20, SD = 5.65). This interaction did not remain significant after using a Modified Bonferroni correction (alpha = .002).
CHAPTER 4
DISCUSSION

In the present study, 13% of the college students provided responses reflecting their experience of at least some borderline personality disorder features. These young adults experience much greater distress and difficulties related to perceived social support, anger management, and interpersonal functioning than those without borderline personality disorder features. These findings are consistent with the predictions for the study, and corroborate the findings of other researchers (Daley, Burge, & Hammen, 2000; Trull, 1995, 1997); that borderline personality disorder features negatively influence the functioning of young adults.

Perceived Social Support

In the present study, BPF participants reported significantly lower levels of perceived social support from friends and family than their peers without borderline features. Given that social support serves as a buffer for stressful life events (Dean & Lin, 1977), experience of social support would be an important area in which to intervene in treatment with individuals with borderline features. Not only did BPF participants experience lower social support from friends, but greater differences were found in this area than in the area of social support from family. This may be because relationships with friends are more salient for young adults in college for whom friends make up the immediate support network.

Men and women differed in their perception of social support from friends, with women reporting higher levels of social support from friends, perhaps because women are
more relationship-oriented than men (Brown & Gilligan, 1992; Gilligan, 1982; Miller, 1986).

Although perception of social support has not been studied specifically in relation to borderline personality disorder or borderline features, it has been examined in psychiatric populations. The present study corroborates the findings of Lyons, Perotta & Hacher-Kvam (1988) who compared college students to psychiatric patients, and found that psychiatric patients report lower levels of perceived social support from family and friends.

**Anger Management**

BPF participants reported significantly more difficulty with anger than NBPF participants on all of the scales and subscales of the State-Trait Anger Expression Inventory (STAXI). These findings suggest that individuals with borderline features have difficulty with state anger, trait anger, anger expression, and anger control. In other words, individuals with features of BPD are more likely than those without BPD features to feel angry, and want to express those feelings physically or verbally. Also, these individuals are more likely to experience angry feelings more often over time and have a greater disposition to express angry feelings without provocation. Individuals with BPD features are also more likely to feel angry in situations that are frustrating or involve negative evaluations than are people without BPD features.

The results of this study are consistent with expectations based on the diagnostic criteria and literature on BPD. The relationship between borderline personality disorder and difficulty managing anger has been established in clinical populations (American Psychiatric Association, 1994; Gardner et. al, 1991). As indicated by one of the DSM-IV
diagnostic criteria of the disorder, individuals with BPD have episodes of “inappropriate, intense anger and difficulty controlling anger,” (American Psychiatric Association, 1994, p. 654).

In addition to the finding that individuals with borderline features experience greater difficulty with anger, it is important to identify the specific difficulties experienced in a non-clinical population in order to inform treatment of these individuals. In terms of expression of angry feelings, the findings of the present study suggest that individuals with borderline features have a greater tendency to express angry feelings in a verbally or physically aggressive behavior than individuals without such features. Individuals with borderline features also suppress angry feelings more often. They vacillate between holding in angry feelings and expressing angry feelings in an unproductive or destructive manner. It is possible that individuals with borderline features initially suppress angry feelings, given that they judge these feelings to be “bad”, until they are no longer able to hold them in. At that point, they lose control and express feelings in an aggressive manner. Linehan (1993a) describes the behavioral pattern of individuals with borderline personality disorder as inhibition of negative emotions. Relatedly, individuals with borderline features are less able than nonborderline individuals to control the outward expression of angry feelings, and attempt to modulate angry feelings less often.

Interestingly, the women and men in this study differed, in that men reported higher levels of feeling anger in the moment and the desire to express anger physically during the completion of the questionnaires.
These findings have important implications for clinicians who are treating individuals with borderline features, but who do not meet the diagnostic criteria for BPD. Specifically, these data point to the potential benefit of focusing on the problems of clients managing anger. Clinicians can help borderline-prone clients build a repertoire of skills to manage and communicate their angry feelings in a productive manner.

**Interpersonal Functioning**

BPF participants reported significantly more difficulty with interpersonal functioning than NBPF participants on the overall score and all of the subscales of the Inventory of Interpersonal Problems (IIP). In other words, individuals with features of borderline personality disorder have difficulty with interpersonal functioning and higher levels of interpersonal distress.

Other researchers (Trull, 1995; Trull et. al, 1997) have reported that young adults with features of borderline personality disorder have greater impairment and distress related to interpersonal functioning than their peers without such features. While it can be predicted that young adults with borderline personality disorder features will experience distress in interpersonal relationships, the results of this study provide additional information about the ways in which these difficulties manifest.

The findings of the present study suggest that individuals with borderline personality disorder features have greater difficulty than individuals without BPD features relinquishing control in interpersonal relationships. This finding characterizes people who describe themselves as too controlling and too manipulative and as having difficulty seeing the perspective of other people. It is possible that in relationships the feeling of loss of control may lead to a feeling that one’s identity is threatened. This
pattern may be similar to that seen in people with borderline personality disorder who experience unstable self-image and fear of abandonment.

Present findings indicate that individuals with BPD features have more problems with hostile dominance than individuals without borderline features. In other words, they struggle with anger, irritability, and distrust of others. They are susceptible to feeling exploited and deceived, and they have difficulty forgiving others, and tend to hold grudges. As a result, they find it difficult to experience support from others.

Individuals with borderline personality disorder features are more likely to have difficulty feeling close to and maintaining long-term connections with others than are people without borderline features. Related to the difficulty with connection, individuals with BPD features have more difficulty initiating social interactions and expressing feelings than their counterparts without BPD features. Because individuals with BPD features lack self-confidence and self-esteem, they find it difficult being firm with others, and they avoid sharing their needs with others.

Individuals with BPD features are reluctant to say no to others; they also avoid feeling and expressing anger so as to maintain connections with others. Their inability to say no increases the likelihood that they will be taken advantage of by others. Individuals with borderline features vacillate between expressing too much anger and holding anger in. They also have difficulty setting limits and maintaining boundaries with others.

Limitations

While the present study contributes to the understanding of young adults with borderline personality disorder features, there are several limitations of the study: the
procedure for recruiting participants, the self-report format of the data collection, and the lack of diversity in the sample limits the generalizability of the findings.

The participants were recruited on one day of their psychology class and were allowed to obtain extra credit for their participation in the study. Although participation in another project would have been an alternative way to obtain extra credit points, the overwhelming majority of the students (99%) chose to participate in the study. However, it is possible that some students opted to participate in this study because it was convenient, and did not complete the measures carefully. Also, the findings may have been limited by the students’ self-selection into a psychology class. Students with psychological concerns may be more likely to elect to take a psychology class.

Adding to recruiting concerns, the exclusive use of self-report measures to determine the presence of borderline features, and assess experience of social support, anger management, and interpersonal functioning may have introduced response bias. Data collection using a clinical interview would have reduced this concern, since an interviewer could assess a participant’s understanding of the questions, ask clarifying questions and make an assessment of how seriously the participant was answering the questions. Using multiple informants would also help insure that the information obtained reflected the participant’s experience and level of functioning. Based on the scope and the limited resources of the present study, these methods were not utilized.

Finally, given the limited number of individuals in the sample representing minority groups, caution should be taken in applying the findings to minority populations.
Conclusions and Future Directions

Young adults with features of borderline personality disorder experience significant impairment and distress common to individuals with a diagnosis of borderline personality disorder. Many young adults with borderline features may eventually develop borderline personality disorder. Identifying the specific ways that borderline features are evident in the lives of young adults may contribute to treatment of borderline-prone individuals in college clinics and other settings, and may reduce the likelihood that these individuals will develop the disorder. Young adulthood may be an opportune time to intervene with these individuals given that most people who develop borderline personality disorder experience chronic instability beginning in early adulthood (American Psychiatric Association, 1994).

This study corroborates the findings of Trull (1995) and Trull et al. (1997) that young adults with features of BPD suffer significantly more interpersonal distress and dysfunction than their peers without BPD features. Expanding upon previous research, this study highlights the difficulties that individuals with borderline personality disorder features have in the areas of anger management and perception of social support. Previously, these issues have not been examined in a non-clinical sample.

Problems with anger management, interpersonal functioning, and perceived social support all fit together like pieces of a conceptual puzzle in the lives of young adults with BPD features. It may be impossible and misleading to try to delineate any of these problems. For example, poor anger management skills can negatively influence relationships, which in turn can reduce an individual’s experience of social support.
The findings of this study point to possible areas of intervention for troubled adolescents. Psychotherapy could be useful in identifying specific areas of difficulty for individuals and in targeting those issues. Once a problematic area is identified, such as anger management, perceived social support, or interpersonal functioning, alternative behaviors and coping strategies could be identified for the individual.

Given that this study did not assess the presence of a history of trauma and the studies that have implicated trauma in the etiology of borderline personality disorder, (Herman, Perry & van der Kolk, 1989; Ogata et al., 1990; Goldman et al., 1992; Weaver & Clum, 1993; Paris, 1994; Laporte & Guttman, 1996; Zanarini, 1997) future studies should examine relationship between trauma and borderline features in a non-clinical sample.
Table 1: Demographic Characteristics

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<th>Demographic Item</th>
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<th>%</th>
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<tr>
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Table 2: Descriptive Statistics

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<th>Scale (Range)</th>
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<th>Women (n=281)</th>
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<th>(df)</th>
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<tr>
<td>PAI-BOR Score (0-72)</td>
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**Perceived Social Support From Friends and Family Scales**

<table>
<thead>
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<th>Scale (Range)</th>
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<th>Women (n=281)</th>
<th>t</th>
<th>(df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSS – Friends (0-20)</td>
<td>13.91 (4.80)</td>
<td>16.15 (4.12)</td>
<td>-4.41***</td>
<td>372</td>
</tr>
<tr>
<td>PSS – Family (0-20)</td>
<td>13.47 (5.36)</td>
<td>14.64 (5.91)</td>
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**State-Trait Anger Expression Inventory**

<table>
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<th>Scale (Range)</th>
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<th>Women (n=281)</th>
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<th>(df)</th>
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<tbody>
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<td>Feeling Angry (5-20)</td>
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<td>372</td>
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<td>Feel like expressing anger verbally (5-20)</td>
<td>6.55 (3.41)</td>
<td>5.73 (2.09)</td>
<td>2.80**</td>
<td>376</td>
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<td>Feel like expressing anger physically (5-20)</td>
<td>6.25 (3.45)</td>
<td>5.20 (1.19)</td>
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<td>Trait Anger (10-40)</td>
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<td>18.13 (5.40)</td>
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<td>Angry Reaction (4-16)</td>
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<td>Anger-Expression Index (0-96)</td>
<td>35.40 (12.48)</td>
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<td>Anger Expression – Out (8-32)</td>
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<td>22.29 (5.64)</td>
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(Continued)
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<th>Scale (Range)</th>
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<th>Women (n=281) M (SD)</th>
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<th>(df)</th>
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<tr>
<td>Inventory of Interpersonal Problems</td>
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<td></td>
<td></td>
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<tr>
<td>Domineering/Controlling (0-32)</td>
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<td>13.04 (4.56)</td>
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Note. *p< .05, **p< .01, ***p< .001, a significant using Modified Bonferroni correction
Table 3: Correlations of PAI-BOR Scale and Measures

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<th>PAI-BOR Score</th>
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<tr>
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<td>Men (n=97)</td>
<td>Women (n=281)</td>
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<tr>
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<tr>
<td>PSS – Friends</td>
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<td>-.352***</td>
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<tr>
<td>PSS – Family</td>
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<td>.442***</td>
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<tr>
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<tr>
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<td>Anger Expression – Out</td>
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<td>Anger Expression – In</td>
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<td>Anger Control – Out</td>
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<td>Anger Control – In</td>
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<td>Vindictive/Self-centered</td>
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Table 3 (Continued)

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<tr>
<td>Cold/Distant</td>
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<td>.308***^a</td>
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<td>.395***^a</td>
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<tr>
<td>Nonassertive</td>
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<td>Overly Accommodating</td>
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<td>.339***^a</td>
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<tr>
<td>Self-sacrificing</td>
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<td>.432***^a</td>
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<td>Intrusive/Needy</td>
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Note. *p< .05, **p< .01, ***p< .001, ^a significant using Modified Bonferroni correction
### Table 4: Analysis of Variance for Gender and Borderline Features

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<tr>
<th>Scale (Range)</th>
<th>BPF Men (n=11) M (SD)</th>
<th>BPF Women (n=39) M (SD)</th>
<th>NBPF Men (n=67) M (SD)</th>
<th>NBPF Women (n=193) M (SD)</th>
<th>Group F (df)</th>
<th>Gender F (df)</th>
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<tbody>
<tr>
<td>Perceived Social Support From Friends and Family Scales</td>
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<td>PSS - Friends (0-20)</td>
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<td>12.90(4.60)</td>
<td>14.91(4.33)</td>
<td>16.95(3.60)</td>
<td>35.69(1, 302)**a</td>
<td>10.47(1, 302)**a</td>
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<td>PSS - Family (0-20)</td>
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<td>15.78(5.20)</td>
<td>10.22(1, 304)**</td>
<td>.04(1, 304)</td>
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<td>State Anger (15-60)</td>
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<td>23.87(9.68)</td>
<td>18.38(6.31)</td>
<td>16.51(2.49)</td>
<td>55.13(1, 302)**a</td>
<td>5.69(1, 302)*</td>
</tr>
<tr>
<td>Feeling Angry (5-20)</td>
<td>10.36(6.39)</td>
<td>9.66(3.86)</td>
<td>6.48(2.16)</td>
<td>6.13(1.76)</td>
<td>65.15(1, 302)**a</td>
<td>1.31(1, 302)</td>
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<tr>
<td>Feel like expressing anger verbally (5-20)</td>
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<td>8.10(4.33)</td>
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<td>5.33(0.99)</td>
<td>45.85(1, 306)**a</td>
<td>3.83(1, 306)</td>
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<tr>
<td>Feel like expressing anger physically (5-20)</td>
<td>7.73(6.00)</td>
<td>6.26(2.94)</td>
<td>5.82(2.25)</td>
<td>5.04(0.34)</td>
<td>20.91(1, 306)**a</td>
<td>10.87(1, 306)**a</td>
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<tr>
<td>Trait anger (10-40)</td>
<td>25.00(6.91)</td>
<td>24.23(7.68)</td>
<td>16.97(4.47)</td>
<td>16.58(4.07)</td>
<td>75.79(1, 301)**a</td>
<td>.41(1, 301)</td>
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Table 4 (Continued)

<table>
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<th>F (df)</th>
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<td>Angry Temperament (4-16)</td>
<td>9.64(3.26)</td>
<td>8.36(3.86)</td>
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<td>Angry Reaction (4-16)</td>
<td>10.82(3.31)</td>
<td>11.21(3.21)</td>
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<td>Anger Expression Index (0-96)</td>
<td>43.55(9.14)</td>
<td>51.56(14.43)</td>
<td>32.31(12.04)</td>
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<td>Anger Expression - Out (8-32)</td>
<td>18.18(2.52)</td>
<td>17.87(5.32)</td>
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<td>Anger Expression - In (8-32)</td>
<td>20.00(3.92)</td>
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<td>Anger Control - Out (8-32)</td>
<td>20.55(3.93)</td>
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<td>Anger Control - In (8-32)</td>
<td>22.09(5.07)</td>
<td>18.15(5.48)</td>
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<td>23.36(5.33)</td>
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Table 4 (Continued)

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<th>Scale (Range)</th>
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<th>BPF Women (n=39)</th>
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<th>NBPF Women (n=193)</th>
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<tr>
<td>Domineering/Controlling (0-32)</td>
<td>14.20(5.65)</td>
<td>17.79(5.59)</td>
<td>12.76(4.11)</td>
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<td>20.37(1, 304)**</td>
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<td>Vindictive/Self-centered (0-32)</td>
<td>18.64(5.07)</td>
<td>19.49(6.61)</td>
<td>13.31(5.33)</td>
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<td>.14(1, 305)</td>
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<tr>
<td>Cold/Distant (0-32)</td>
<td>16.70(3.34)</td>
<td>19.71(5.92)</td>
<td>14.55(6.53)</td>
<td>14.53(6.63)</td>
<td>8.80(1, 304)**</td>
<td>1.47(1, 304)</td>
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<td>Socially Inhibited (0-32)</td>
<td>23.18(4.21)</td>
<td>22.97(7.46)</td>
<td>16.10(5.72)</td>
<td>15.98(5.96)</td>
<td>39.36(1, 306)**</td>
<td>.02(1, 306)</td>
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<td>Nonassertive (0-32)</td>
<td>20.73(5.06)</td>
<td>22.92(6.53)</td>
<td>17.09(6.21)</td>
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<td>12.87(1, 305)**</td>
<td>2.12(1, 305)</td>
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<td>Overly Accommodating (0-32)</td>
<td>18.55(5.03)</td>
<td>22.15(5.91)</td>
<td>16.36(4.99)</td>
<td>17.68(5.09)</td>
<td>12.09(1, 303)**</td>
<td>6.60(1, 303)*</td>
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<td>Self-Sacrificing (0-32)</td>
<td>21.09(5.84)</td>
<td>23.13(5.18)</td>
<td>16.80(4.97)</td>
<td>17.53(5.12)</td>
<td>27.21(1, 303)**</td>
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Table 4 (Continued)

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<th>F (df)</th>
<th>Group</th>
<th>Gender</th>
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<td></td>
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<td>Men (n=67)</td>
<td>Women (n=193)</td>
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<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
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<tr>
<td>Intrusive/Needy (0-32)</td>
<td>18.36(6.99)</td>
<td>19.74(6.56)</td>
<td>14.64(4.52)</td>
<td>14.96(4.82)</td>
<td>20.43(1, 306)**</td>
<td>.81(1, 306)</td>
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<td>Total Score (0-256)</td>
<td>149.6(28.91)</td>
<td>167.26(23.31)</td>
<td>122.17(33.1)</td>
<td>124.57(31.15)</td>
<td>35.57(1, 298)**</td>
<td>2.91(1, 298)</td>
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</tbody>
</table>

Note. *p< .05, **p< .01, ***p< .001, *a* significant using Modified Bonferroni correction
APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

Directions: Please read each question and then blacken the appropriate circle on the Opscan sheet to reflect your answer.

1. Gender:
   a. male  b. female

2. Year in school:
   a. freshman
   b. sophomore
   c. junior
   d. senior
   e. other

3. Age:
   a. 17-18
   b. 19-20
   c. 21-22
   d. 23-24
   e. 25 or above

4. What is your racial/ethnic background?
   a. African American
   b. Asian-American
   c. Caucasian
   d. Latino/a
   e. Other

5. What is the religious background with which you most identify?
   a. Roman Catholic
   b. Protestant
   c. Other Christian
   d. Jewish
   e. Other

6. Have you ever been in therapy (i.e. mental health counseling)?
   a. yes  b. no

7. Are you currently in therapy?
   a. yes  b. no

8. Have you ever been hospitalized for psychological reasons?
   a. yes  b. no
APPENDIX B
PERSONALITY ASSESSMENT INVENTORY – BORDERLINE SCALE

Directions: Read each statement and decide if it is an accurate statement about you. Give your own opinion of yourself. Choose from the scale below to represent your opinion. Please blacken the appropriate circle on the Opscan sheet for the answer you choose for each item.

<table>
<thead>
<tr>
<th>Fill in A for False, Not At All True</th>
<th>Fill in B for Slightly True</th>
<th>Fill in C for Mainly True</th>
<th>Fill in D for Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My mood can shift quite suddenly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My attitude about myself changes a lot.</td>
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<tr>
<td>3. My relationships have been stormy.</td>
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<td></td>
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<tr>
<td>4. My moods get quite intense.</td>
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<tr>
<td>5. Sometimes I feel terribly empty inside.</td>
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<tr>
<td>6. I want to let certain people know how much they have hurt me.</td>
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<td></td>
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<tr>
<td>7. My mood is very steady.</td>
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<td></td>
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<tr>
<td>8. I worry a lot about other people leaving me.</td>
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<tr>
<td>9. People once close to me have let me down.</td>
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<tr>
<td>10. I have little control over my anger.</td>
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<tr>
<td>11. I often wonder what I should do with my life.</td>
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<td></td>
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<tr>
<td>12. I rarely feel very lonely.</td>
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<td></td>
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<tr>
<td>13. I sometimes do things so impulsively I get into trouble.</td>
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<td></td>
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<tr>
<td>14. I’ve always been a pretty happy person.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15. I can’t handle separation from those close to me very well.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>16. I’ve made some real mistakes in the people I’ve picked as friends.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. When I’m upset, I typically do something to hurt myself.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I’ve had times when I was so mad I couldn’t do enough to express all of my anger.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I don’t get bored very easily.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Once someone is my friend, we stay friends.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I’m too impulsive for my own good.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I spend money too easily.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I’m a reckless person.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I’m careful about how I spend my money.</td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX C
PERCEIVED SOCIAL SUPPORT FROM FRIENDS AND FAMILY SCALES

Part 1
Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No or Don’t know. Please blacken the appropriate circle on the Opscan sheet for the answer you choose for each item.

Fill in A for Yes Fill in B for No Fill in C for Don’t know

1. My friends give me the moral support I need.
2. Most other people are closer to their friends than I am.
4. Certain friends come to me when they have problems or they need advice.
5. I rely on my friends for emotional support.
6. If I felt that one or more of my friends were upset with me, I’d just keep it to myself.
7. I feel that I am on the fringe in my circle of friends.
8. There is a friend I could go to if I were just feeling down, without feeling funny about it later.
9. My friends and I are very open about what we think about things.
10. My friends are sensitive to my personal needs.
11. My friends come to me for emotional support.
12. My friends are good at helping me solve problems.
13. I have a deep sharing relationship with a number of friends.
14. My friends get good ideas about how to do things or make things from me.
15. When I confide in friends, it makes me feel uncomfortable.
16. My friends seek me out for companionship.
17. I think that my friends feel that I am good at helping them solve problems.
18. I don’t have a relationship with a friend that is an intimate as other people’s relationships with friends.
19. I’ve recently gotten a good idea about how to do something from a friend.
20. I wish my friends were much different.

Part 2
Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their families. For each statement there are three possible answers: Yes, No or Don’t know. Please blacken the appropriate circle on the Opscan sheet for the answer you choose for each item.

Fill in A for Yes Fill in B for No Fill in C for Don’t know
1. My family gives me the moral support I need.
2. I get good ideas about how to do things or make things from my family.
3. Most other people are closer to their family than I am.
4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.
5. My family enjoys hearing about what I think.
6. Members of my family share many of my interests.
7. Certain members of my family come to me when they have problems or need advice.
8. I rely on my family for emotional support.
9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.
10. My family and I are very open about what we think about things.
11. My family is sensitive to my personal needs.
12. Members of my family come to me for emotional support.
13. Members of my family are good at helping me solve problems.
14. I have a deep sharing relationship with a number of members of my family.
15. Members of my family get good ideas about how to do things or make things from me.
16. When I confide in members of my family, it makes me uncomfortable.
17. Members of my family seek me out for companionship.
18. I think that my family feels that I’m good at helping them solve problems.
19. I don’t have a relationship with a member of my family that is as close as other people’s relationships with family members.
20. I wish my family were much different.
APPENDIX D
STATE-TRAIT ANGER EXPRESSION INVENTORY-2

Part 1 Directions
A number of statements that people use to describe themselves are given below. Read each statement and then blacken the appropriate circle on the Opscan sheet to indicate how you feel right now. There are no right or wrong answers. Do not spend too much time on any one statement. Mark the answer that best describes your present feelings.

<table>
<thead>
<tr>
<th>Fill in A for Not at all</th>
<th>Fill in B for Somewhat</th>
<th>Fill in C for Moderately so</th>
<th>Fill in D for Very much so</th>
</tr>
</thead>
</table>

How I Feel Right Now

1. I am furious
2. I feel irritated
3. I feel angry
4. I feel like yelling at somebody
5. I feel like breaking things
6. I am mad
7. I feel like banging on the table
8. I feel like hitting someone
9. I feel like swearing
10. I feel annoyed
11. I feel like kicking somebody
12. I feel like cursing out loud
13. I feel like screaming
14. I feel like pounding somebody
15. I feel like shouting out loud

Part 2 Directions
Read each of the following statements that people have used to describe themselves, and then blacken the appropriate circle to indicate how you generally feel or react. There are no right or wrong answers. Do not spend too much time on any one statement. Mark the answer that best describes how you generally feel or react.

<table>
<thead>
<tr>
<th>Fill in A for Almost never</th>
<th>Fill in B for Sometimes</th>
<th>Fill in C for Often</th>
<th>Fill in D for Almost Always</th>
</tr>
</thead>
</table>

45
How I Generally Feel

16. I am quick tempered
17. I have a fiery temper
18. I am a hotheaded person
19. I get angry when I’m slowed down by others’ mistakes
20. I feel annoyed when I am not given recognition for doing good work
21. I fly off the handle
22. When I get mad, I say nasty things
23. It makes me furious when I am criticized in front of others
24. When I get frustrated, I feel like hitting someone
25. I feel infuriated when I do a good job and get a poor evaluation

Part 3 Directions
Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel angry or furious. Read each statement and then blacken the appropriate circle to indicate how often you generally react or behave in the manner described when you are feeling angry or furious. There are no right or wrong answers. Do not spend too much time on any one statement.

How I Generally React or Behave When Angry or Furious...

26. I control my temper
27. I express my anger
28. I take a deep breath and relax
29. I keep things in
30. I am patient with others
31. If someone annoys me, I am apt to tell him or her how I feel
32. I try to calm myself as soon as possible
33. I pout or sulk
34. I control my urge to express my angry feelings
35. I lose my temper
36. I try to simmer down
37. I withdraw from people
38. I keep my cool
39. I make sarcastic remarks to others
40. I try to soothe my angry feelings
41. I boil inside, but I don’t show it
42. I control my behavior
43. I do things like slam doors
44. I endeavor to become calm again
45. I tend to harbor grudges that I don’t tell anyone about
46. I can stop myself from losing my temper
47. I argue with others
48. I reduce my anger as soon as possible
49. I am secretly quite critical of others
50. I try to be tolerant and understanding
51. I strike out at whatever infuriates me
52. I do something relaxing to calm down
53. I am angrier than I am willing to admit
54. I control my angry feelings
55. I say nasty things
56. I try to relax
57. I’m irritated a great deal more than people are aware of
APPENDIX E
INVENTORY OF INTERPERSONAL PROBLEMS

Directions: Here is a list of problems that people report in relating to other people. Please read the list below, and for each item, consider whether that problem has been a problem for you with respect to any significant person in your life. Then select the letter that describes how distressing that problem has been, and blacken the appropriate circle on the Opscan sheet for that letter.

| Fill in A for Not At All | Fill in B for A Little Bit | Fill in C for Moderately | Fill in D for Quite A Bit | Fill in E for Extremely |

Part 1
It is hard for me to...

1. trust other people.
2. say "no" to other people.
3. join in on groups.
4. keep things private from other people.
5. let other people know what I want.
6. tell a person to stop bothering me.
7. introduce myself to new people.
8. confront people with problems that come up.
9. be assertive with another person.
10. make friends.
11. express my admiration for another person.
12. have someone dependent on me.
13. disagree with other people.
14. let other people know when I’m angry.
15. make a long-term commitment to another person.
16. stick to my own point of view and not be swayed by other people.
17. be another person’s boss.
18. do what another person wants me to do.
19. get along with people who have authority over me.
20. be aggressive toward someone when the situation calls for it.
21. compete against other people.
22. make reasonable demands of other people.
23. socialize with other people.
24. get out of a relationship that I don’t want to be in.
25. take charge of my own affairs without help from other people.
26. show affection to people.
27. feel comfortable around other people.
28. get along with people.
29. understand another person’s point of view.
30. tell personal things to other people.
31. believe that I am loveable to other people.
32. express my feelings to other people directly.
33. be firm when I need to be.
34. experience a feeling of love for another person.
35. be competitive when the situation calls for it.
36. set limits on other people.
37. be honest with other people.
38. be supportive of another person’s goals in life.
39. feel close to other people.
40. really care about other people’s problems.
41. argue with another person.
42. relax and enjoy myself when I go out with other people.
43. feel superior to another person.
44. become sexually aroused toward the person I really care about.
45. feel that I deserve another person’s affection.
46. keep up my side of the friendship.
47. spend time alone.
48. give a gift to another person.
49. have loving and angry feelings toward the same person.
50. maintain a working relationship with someone I don’t like.
51. set goals for myself without other people’s advice.
52. accept another person’s authority over me.
53. feel good about winning.
54. ignore criticism from other people.
55. feel like a separate person when I am in a relationship.
56. allow myself to be more successful than other people.
57. feel or act competent in my role as a parent.
58. let myself feel angry at somebody I like.
59. respond sexually to another person.
60. accept praise from another person.
61. put somebody else’s needs before my own.
62. give credit to another person for doing something well.
63. stay out of other people’s business.
64. take instructions from people who have authority over me.
65. feel good about another person’s happiness.
66. get over the feeling of loss after a relationship has ended.
67. ask other people to get together socially with me.
68. feel angry at other people.
69. give constructive criticism to another person.
70. experience sexual satisfaction.
71. open up and tell my feelings to another person.
72. forgive another person after I’ve been angry.
73. attend to my own welfare when somebody else is needy.
74. be assertive without worrying about hurting other’s feelings.
75. be involved with another person without feeling trapped.
76. do work for my own sake instead of for someone else’s approval.
77. be close to somebody without feeling that I’m betraying somebody else.
78. be self-confident when I am with other people

Part 2
Please rate each statement using the following rating scale:

<table>
<thead>
<tr>
<th>Fill in A for Not At All</th>
<th>Fill in B for A Little Bit</th>
<th>Fill in C for Moderately</th>
<th>Fill in D for Quite A Bit</th>
<th>Fill in E for Extremely</th>
</tr>
</thead>
</table>

The following are things that I do too much.

79. I fight with other people too much.
80. I am too sensitive to criticism.
81. I feel too responsible for solving other people’s problems.
82. I get irritated or annoyed too easily.
83. I am too easily persuaded by other people.
84. I want people to admire me too much.
85. I act like a child too much.
86. I am too dependent on other people.
87. I am too sensitive to rejection.
88. I open up to people too much.
89. I am too independent.
90. I am too aggressive toward other people.
91. I try to please other people too much.
92. I feel attacked by other people too much.
93. I feel too guilty for what I have done.
94. I clown around too much.
95. I want to be noticed too much.
96. I criticize other people too much.
97. I trust other people too much.
98. I try to control other people too much.
99. I avoid other people too much.
100. I am affected by another person’s moods too much.
101. I put other people’s needs before my own too much.
102. I try to change other people too much.
103. I am too gullible.
104. I am overly generous to other people.
105. I am too afraid of other people.
106. I worry too much about other people’s reactions to me.
107. I am too suspicious of other people.
108. I am influenced too much by another person’s thoughts and feelings.
109. I compliment other people too much.
110. I worry too much about disappointing other people.
111. I manipulate other people too much to get what I want.
112. I lose my temper too easily.
113. I tell personal things to other people too much.
114. I blame myself too much for causing other people’s problems.
115. I am too easily bothered by other people making demands of me.
116. I argue with other people too much.
117. I am too envious and jealous of other people.
118. I keep other people at a distance too much.
119. I worry too much about my family’s reactions to me.
120. I let other people take advantage of me too much.
121. I too easily lose a sense of myself when I am around a strong-minded person.
122. I feel too guilty for what I have failed to do.
123. I feel competitive even when the situation does not call for it.
124. I feel embarrassed in front of other people too much.
125. I feel too anxious when I am involved with another person.
126. I am affected by another person’s misery too much.
127. I want to get revenge against people too much.
APPENDIX F
PARTICIPANT CONSENT FORM

For this study, you will complete a survey of questions about your feelings and attitudes. The survey takes approximately 30 minutes to complete. If you have any questions about this study, please feel free to ask the researcher at any time.

All of your answers are confidential; no one but you will know how you answered any of the questions. You will not put your name on any of the forms and so your responses are completely anonymous. Reports of the results of this study will not include information that would identify the participants. You are free to withdraw your consent and to discontinue your participation in the study at any time. There is no penalty if you withdraw from the study or if you decide not to participate.

Thank you for your invaluable contribution to my research.

I have read and understand the above statement and I agree to participate in the study.

Name ___________________________________________ Signature ____________________________

52
You have just participated in a project designed to learn more about how personality affects anger management, interpersonal functioning, and perception of social support. As stated earlier, no information that you provided today will be communicated to anyone outside of this project.

Sometimes participation in a project of this kind can lead to concerns about one’s own mental health. If you feel it would benefit you to talk about your concerns with a professional, please contact one of the following agencies for help and support:

Student Mental Health  545-2337
Psychological Services Center  545-0041
Emergency Services  586-5555 (available 24-hours)

Thank you very much for your participation.

Ellen Prairie
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