

Effect of Desensitization Package on Rejection Sensitivity among Adolescents with Borderline Personality Traits

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Abstract: The prime aim of the study was to assess the effectiveness of a novel intervention package which was constructed based on the principles of cognitive behavioral therapy, mindfulness, relaxation techniques and exposure technique, on rejection sensitivity among adolescents having borderline personality traits. The conceptual frame work adopted for the study was based on Sr.Callista Roy's adaptation model. Pre experimental-one group pretest post test design was selected. Thirty eight adolescent school students aged 16-19 years were purposively selected using Maclean Screening Instrument for Borderline Personality Disorder (MSI-BPD). Modified Rejection sensitivity questionnaire (MRSQ) was used to assess rejection sensitivity in the selected sample before and after the Intervention package named Desensitization Package (DSP). DSP consists of 4 brief sessions administered over a period of four weeks; which includes Psycho education sessions, Mindful diaphragmatic breathing technique and introduction to Rejection therapy game. Paired 't' test revealed that DSP was significantly effective in reducing the rejection sensitivity among the adolescents with borderline personality traits. Karl Pearson Correlation coefficient test found a significant positive correlation between borderline personality traits and rejection sensitivity and Chi square test revealed absence of any association between rejection sensitivity and selected socio personal variables. It could be concluded that DSP is effective in reducing rejection sensitivity among adolescents with borderline personality traits. DSP could be effectively utilized in adolescent mental health programme by school health nurses and other faculty dealing with adolescents.

Key words: Borderline personality traits in adolescents, Rejection sensitivity, Desensitization package.

I. Introduction

Background of the problem

Everyone in this world has their distinctive personality that makes them unique. According to American Psychological Association, Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving. Personality is a result of the combination of four factors they are, physical environment, heredity, culture, and particular experiences.¹ Personality development is the development of the organized pattern of behaviors and attitudes that makes a person distinctive. There are several broad theories that attempt to explain personality development like Eric Erikson's psychosocial theory and Sigmund Freud's psychoanalytic theories.²

Personality development occurs by the ongoing interaction of temperament, environment, and character. Temperament is the set of genetically determined traits that determine the child's approach to the world and how the child learns about the world. The second component of personality comes from adaptive patterns related to a child's specific environment. Finally, the third component of personality is character which is a set of emotional, cognitive and behavioral patterns learned from experience that determines how a person thinks, feels and behaves.³

Personality is made up of a combination of distinguishing qualities and characteristics called traits. Personality traits are the enduring patterns of perceiving, relating to and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts like relationships, occupation, social life etc. They constitute habitual patterns of thought, emotion and stable clusters of behaviour. Normal personalities are productive at work, well-adjusted socially, cope well with stressful situations and operate well within the social and cultural norms. Personality development begins as early by birth and develops through the periods of childhood and adolescent and completes in adulthood. Adolescence is a very crucial time for the personality development.⁴

An adolescent is defined as an individual aged 10-19 by the UN. In 2009 there were an estimated 1.2 billion adolescents in the world, forming around 18 per cent of the global population. The vast majority of the world's adolescents – 88 per cent – live in developing countries. India has the world's largest youth population despite having a smaller population than China. One-quarter of India's population are adolescents.⁵ Formation

of a well balanced healthy personality will be must in a developing nation like our's and any problems during the personality development phases may lead to mental health problems.

Adolescents are highly vulnerable to mental health problems. Adolescents suffer from psychosocial problems at one time or the other during their development. The term psychosocial reflects both the externalizing or behavioral problems such as conduct disorders, educational difficulties, substance abuse, hyperactivity etc and the internalizing or emotional problems like anxiety, depression etc.⁶ The WHO report notes that depression is the top cause of illness and disability in adolescence. More than 1 million adolescents die around the world every year. Globally, the leading causes of death among adolescents are road injury, HIV, suicide, lower respiratory infections and interpersonal violence. Suicide is the number one cause of death for adolescent girls ages 15 to 19. Suicide is linked to mental health issues, which are in turn related to stigma and social isolation.⁷ A large proportion of people who commit suicide suffer from some kind of personality disorder. It is a major mental health issue which occurs when personality traits become inflexible and maladaptive and cause either significant functional impairment or subjective distress to the person.⁸

The world wide prevalence of personality disorders is estimated to be approximately 10 % and borderline personality disorder conferred additional risk for suicidal ideation and self harm compared to major depressive disorder among adolescents.^{9,10} It is the only personality disorder which has suicidal or self injurious behavior among its diagnostic criteria and current studies suggests that borderline personality disorder should be considered in suicide risk assessment for adolescents.^{11,12}

The term 'Borderline personality' was proposed by Adolph Stern in 1938. Borderline personality disorder is relatively common, about 1 in 20 or 25 individuals in the world live with this condition.¹³ As per the studies on borderline personality disorder on adolescents it affects 2% of teenagers.¹⁴ These prevalence studies are done on actual diagnosis of the condition and there are studies which have found out that almost 23% of adolescents in the general population meets the criteria for the disorder. Miller et al suggested two possible subgroups of adolescents with borderline personality: one with more severe symptomatology, in whom the diagnosis persists; and another with less severe symptomatology, in whom symptom profiles vacillate and the diagnosis does not persist.¹⁵

Borderline personality can be viewed as extremely high levels of neuroticism, low agreeableness, and low conscientiousness or high disinhibition on the basis of personality traits.^{9,16,17,18} Borderline personality disorder reflect difficulties with self-regulation i.e. impulsivity, affective instability, difficulty controlling anger, suicidal gestures, unstable sense of self which includes unstable self-image, feelings of emptiness and dissociative symptoms. It also features relationship problems like fear of abandonment, intense and unstable relationships that first manifests in late adolescence to early adulthood. Borderline personality disorder is the most prevalent personality disorder in clinical settings and is associated with severe functional impairment, substantial treatment utilization, and high rates of mortality by suicide.¹⁹

Late adolescence is a developmental period during which during which personality dispositions established throughout adolescence are likely to become entrenched as enduring patterns that continue into early adulthood.³ Family, peer and teacher relationships hold an essential part in the development of personality.

Man always desire for belongingness to a group. To be accepted in a group, especially by close friends, family members and intimate partners is important for man. People may differ in their readiness to perceive and react to rejection. People who view negative interpersonal exchanges in a more benign manner, are better able regulate themselves and make the best of the situation, but those who readily perceive intentional rejection in minor or even imagined insensitiveness of others, react in such a manner that they end up upsetting themselves and others. Rejection sensitivity is a psychological condition where there is anxious expectation, quick perception and intense reactions to rejection experiences which are likely to be important and salient during the late adolescent periods. Such individuals with tendency to anxiously expect rejection from significant others are termed rejection sensitive.²⁰

Rejection sensitivity builds a barrier between true connections with others. The fear of being rejected can make an individual retreat into isolation or victimization. When highly rejection sensitive people are rejected, they typically react with hostility and aggression against those who caused the perceived rejection and their intimate relationships are challenged because of this. Social anxiety is positively related to rejection sensitivity and a higher social anxiety indicates a lower self esteem in adolescents.²¹ Interpersonal dysfunction in borderline personality disorder which is characterized by an 'anxious preoccupation with real or imagined abandonment' bears a close resemblance to that of rejection sensitivity, a cognitive affective disposition that affects perceptions, emotions and behavior in the context of social rejection.

Need and significance of the study

One of human's deepest needs is to attach, it is natural then, that one of our deepest fears is lack of attachment, or rejection and abandonment. For Adolescents with borderline personality traits, these fears become overwhelming and extreme. Adolescents with borderline personality traits are emotionally very

sensitive. They are especially sensitive to rejection, where they can feel rejected by others, even when the other person did not intend to reject them. This can cause problems in relationships.²²

Borderline personality disorder emerges during adolescence or young adulthood and is characterized by multiple debilitating symptoms, including emotional dysregulation, tumultuous interpersonal relationships and impulsive behaviors; all of which can interfere with occupational, academic, and social functioning. Borderline symptoms in adolescence are a predictor for social impairment and lower life satisfaction, lower academic and occupational functioning, less partner involvement, and a higher consumption of healthcare services in later life.²³

Moreover, an estimated 8-10% of individuals with borderline personality disorder will die by suicide, a rate 50 times greater than in the general population and substance abuse is also seen more in adolescents with borderline personality traits.^{24,25} These devastating consequences speak to the urgent need to identify borderline personality symptomatology in adolescence. Though there are no reliable figures, the prevalence of borderline personality disorder in adolescence is roughly estimated at 1-3% and this figure goes up to 10-14% when milder cases are also included.²⁶ Among adolescents, the prevalence is estimated to be 10% among boys and 18% among girls aged 13 to 20.²⁷ Borderline personality symptoms and features peak during mid adolescence and decline during late adolescence and young adulthood.^{28,29,30} Adolescent borderline symptoms were also associated with adult borderline symptoms, borderline diagnosis, general impairment, and need for services at later age.²¹ Rejection sensitivity which is a psychological condition where there is increased sensitivity to rejection experiences appears to be related to two diagnostic criteria of borderline personality disorder namely relationship instability and angry, hostile behavior.³¹

Rejection sensitivity in adolescence can lead to externalizing and internalizing behaviors like aggression, poor school outcomes depression and anxiety which will result in poor interpersonal relationships and distress. Recent research has shown that higher levels of rejection sensitivity are related to borderline features and that individuals with borderline personality disorder have higher levels of rejection sensitivity than others.³²

It has been found out that low level of mindfulness plays a significant role in personality psychopathology particularly in borderline personality disorder.³³ Despite the high prevalence and adverse consequences of borderline personality disorder symptoms in the long term, only few treatment protocols have been developed and evaluated for adolescents. The available interventions for borderline personality disorder are rather intensive and therapists generally need extensive training for conducting them. The literature reviews suggest that 'indicated prevention' is currently the 'best bet' for prevention of borderline personality disorder, these targets individuals displaying early signs and symptoms of the disorder. Early intervention for borderline personality disorder holds great promise and it aims at improving psychosocial functioning, along with reducing risks for psychotic illnesses, violence, offending behavior, suicide, self-harm and interpersonal conflict. Data also suggest considerable flexibility and malleability of borderline personality traits in youth, making this a key developmental period during which to intervene. Novel indicated prevention and early intervention programmes have shown that borderline personality disorder in young people responds to intervention.

According to Joel Paris "There should be only one kind of psychotherapy for borderline personality disorder- the one that works. An integrated method might use the best ideas from everyone and put them together into one package". Currently no data is available that put forth an effective therapy for rejection sensitivity problem. It has been identified that further work is required to develop appropriate universal and selective preventive interventions for both borderline personality and rejection sensitivity.³⁴ Present study aims to construct a package for reducing rejection sensitivity in adolescents with borderline personality traits by taking into consideration the best ideas from other targeted intervention programmes, which are both time and cost efficient.

Statement of the Problem

A study to evaluate the effectiveness of desensitization package on rejection sensitivity among adolescents with borderline personality traits in a selected school of Palakkad District.

Objectives

- Assess rejection sensitivity among adolescents with borderline personality traits.
- Evaluate the effect of desensitization package on rejection sensitivity in adolescents with borderline personality traits.
- Find the relationship between borderline personality traits and rejection sensitivity.
- Find the association between rejection sensitivity and selected socio personal variables.

Operational definitions

Effect: Refers to the change in rejection sensitivity scores in adolescents, after administering desensitization package as measured by modified rejection sensitivity questionnaire.

Adolescents: Refers to boys and girls in the age group of 16-19 yrs.

Borderline personality traits: Refers to instability in interpersonal relationships, self-image, emotions and marked impulsivity as measured by MacLean screening instrument for Borderline personality disorder.

Rejection sensitivity: Refers to a psychological condition characterized by oversensitivity to rejection often perceiving it where it does not exist as measured by modified rejection sensitivity questionnaire.

Desensitization package: Group intervention programmes designed to reduce rejection sensitivity among adolescents. Desensitization package includes 3 components:

1. Psycho education on Behavior modification strategies.
2. Relaxation techniques.
3. Rejection therapy game.

Selected socio-personal variables: refers to gender, type of family, living with parents and occupation of mother

Hypotheses

(All hypotheses were tested at 0.05 level of significance)

H₁: There will be significant difference in mean scores of rejection sensitivity in adolescents with borderline personality traits before and after administering desensitization package.

H₂: There will be significant relationship between borderline personality traits and rejection sensitivity in adolescents.

H₃: There will be significant association between rejection sensitivity and selected socio personal variables in adolescents with borderline personality traits.

Conceptual Framework

This study is based on Sr. Callista Roy's adaptation model. Roy views person as a living system. As living system persons are in constant interaction with their environment. An exchange of information, matter and energy occurs between the system and their environment. Characteristics of a system include input, output, control and feedback. In the present study the adolescents with their rejection sensitivity and borderline personality traits is considered as an adaptive system.

The human adaptive system has input coming from external environment as well as from within the system. Roy identifies input as stimuli. Stimuli are conceptualized as falling into three classifications: Focal, Contextual and Residual. The stimulus most immediately confronting the human system is the focal stimulus. The focal stimulus demands highest awareness from the human system. It is the centre of the system's consciousness. In the present study, the focal stimulus is rejection sensitivity perceived by adolescents.

Contextual stimuli are all other stimuli of the human system's internal and external world's that can be identified as having a positive or negative influence on the situations. In this study desensitization package and borderline personality traits are contextual stimuli, since they have an influence on focal stimuli.

Residual stimuli are those internal or external factors whose current effects are unclear. Age religion, gender, type of family, Living status with parents, occupation of parents, number of siblings and order of birth are the residual stimuli.

For the human adaptive system, complex internal dynamics acts as control processes. Roy has used the term coping mechanism to describe the control process of the human as an adaptive system. Roy presents a unique nursing science concept of control mechanisms: the regulator and the cognator. Roy's model considers the regulator and cognator to be subsystems of the person as an adaptive system. The transmitter of the regulator systems are chemical, neural or endocrine in nature. Autonomic reflexes which are neural responses originating in the brain stem and spinal cord are generated as output responses of the regulator subsystem. Roy presents psychomotor responses originating from the central nervous system as regulator subsystem responses. Cognator subsystem is the other control subsystem. Stimuli to the cognator subsystem are also external/internal in origin. Output responses of the regulator subsystem can be feedback stimuli to the cognator subsystem. They are related to the higher brain functions of perception or information processing, learning, judgement and emotions.

Roy identified four adaptive modes as categories for as assessment of behavior resulting from regulator cognator coping mechanisms in persons. The adaptive modes are the physiological-physical, self concept, role function and interdependence modes.

Physiological–physical mode represents the human system’s physical responses and interactions with the environment. In the present study physiological–physical mode denotes impulsivity characterized as eating habits (binge eating) and self inflicted injuries.

The self concept mode relates to the basic needs for psychic and spiritual integrity or a need to know self with a sense of unity. In the present study it is in the form of unstable self image and affect.

Role function denotes how a person in a particular position will behave in relation to a person who holds another position. In the study it includes the relationship difficulties with significant people.

Interdependence mode focuses on giving and receiving of love, respect and value with significant other and support systems. Concerning the adolescents with borderline personality traits and rejection sensitivity, this mode includes instability in interpersonal relationships.

Roy categorizes outputs of the system as either adaptive response or maladaptive responses. Adaptive responses are those that promote the integrity of the human system. Maladaptive response on the other hand does not support the goals of humans as adaptive system.

Desensitization package in this study acts through the physiologic, role function, self concept and interdependence modes of Roy’s adaptation model. If the intervention is effective, system moves towards the adaptive response, which is manifested as reduction in rejection sensitivity scores, otherwise it moves towards maladaptive response characterized by absence of changes in rejection sensitivity scores resulting in psychosocial problems like unstable relationships, and aggressive behaviors

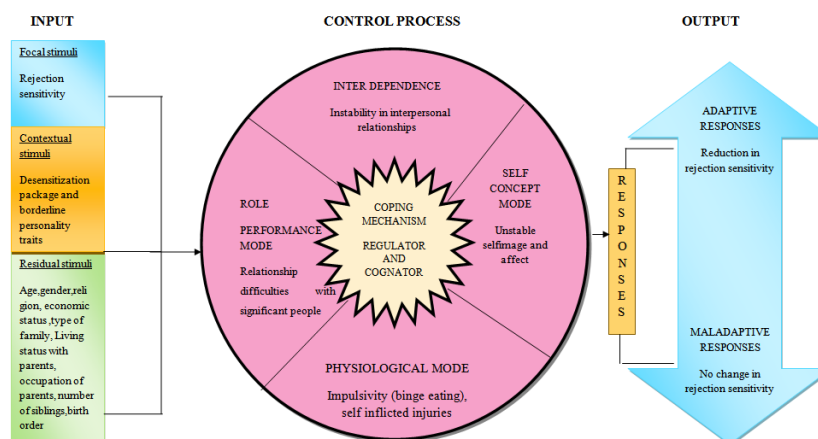


Figure 1 Conceptual Framework of the Study (Based on Roy’s Adaptation Model)

II. Review Of Literature

In the present study, the related literature was reviewed and it is organized under the following headings.

I. Borderline Personality Disorder

II. Rejection Sensitivity

III. Borderline personality disorder and Rejection Sensitivity

IV Psychotherapeutic approaches for Borderline personality disorder and Rejection sensitivity.

I. Borderline Personality Disorder

Introduction

The personality consists of temperament, character and psyche, each of which may have multiple dimensions. Personality traits are enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in numerous social and personal contexts. When personality traits are significantly maladaptive and cause serious functional impairment or subjective distress, they constitute a personality disorder. Borderline personality disorder is a serious personality disorder. Borderline personality disorder is one of the most prevalent, most widely studied and yet most controversial of the personality disorders described in the fifth edition of the Diagnostic and Statistical Manual.⁹

Epidemiology

Borderline personality disorder is relatively common, about 1 in 20 or 25 individuals live with this condition.¹³ Borderline personality disorder affects 2% of teenagers similar to its prevalence in adults. An exploratory study on 4110 adolescents by using McLean Screening Instrument for Borderline personality disorder and other measures for assessing various borderline personality disorder traits twice over a one-year

period by Leung and Leung in 2009 has found out that prevalence rate of borderline personality disorder under stringent simulated diagnostic procedure was estimated to be 2%.¹⁴

A combination of strong genetic predisposition and environmental factors is considered as a model for the development of borderline personality disorder.^{37,38} Randy A. Sansone, and Lori A. Sansone explored gender patterns of borderline personality and revealed that there is no difference in distribution of borderline personality in males and females though their presentation will be different.³⁹ Studies have found an increased risk of borderline personality disorder in families, especially in first degree relatives.^{40,41}

Next to genetic factors, psychosocial factors have been identified as risk factors for the development of borderline personality disorder. For instance, growing up in a dysfunctional family, parental rearing styles and early childhood adversities have all been found to be related to the development of borderline personality traits.⁴² An exploratory of maternal factors in borderline personality disorder features in 101 adolescents with borderline personality disorder traits and 44 healthy controls revealed that adolescents with borderline personality features have been raised by less emotionally warm, over protective and rejective mothers.⁴³

In a prospective study to assess how much the quality of parent child interaction in infancy and middle childhood contributed to the prediction of borderline symptoms and recurrent suicidality/self-injury in late adolescence, on 56 low income families of mean age 19.7 years revealed that the severity of childhood abuse was significantly associated with the extent of borderline symptoms.⁴⁴ Vater and colleagues in their study showed that a discrepancy between implicit and explicit self esteem is associated with borderline personality disorder. That is, an elevated explicit self esteem, but low implicit self esteem as well as a low explicit self esteem but elevated implicit self esteem was positively related to this disorder.⁴⁵

Neglect and emotional abuse as well as sexual maltreatment predicted borderline personality traits and baseline depression, in many studies. An exploratory study done on 243 undergraduate students to examine the impact of childhood abuse history on borderline personality traits, negative life events, and depression found out that neglect, emotional abuse and sexual maltreatment predicted borderline personality traits and baseline depression. Another exploratory study on 225 children aged 11 to 14 years supported the role of both trait vulnerabilities and environmental stressors in childhood borderline personality features. Further, findings highlighted the moderating role of affective dysfunction in the relationship between emotional abuse and childhood borderline personality features.^{46,47}

Biological factors also have an important role in the etiology of borderline personality disorder. Dysfunction of the endogenous opioid system also seems to be integral to borderline personality disorder as per the review study by Bandelow and colleagues.⁴⁸ An exploratory study on ovarian hormones and borderline personality showed that cyclical hormone changes may impact borderline feature expression among at risk women. This study consisted of a repeated measures approach to understand relations between current deviations from one's mean levels of ovarian hormones and current ratings of borderline personality disorder features and correlates over four weeks in a sample of 40, naturally cycling women between the age of 18-30 years.⁴⁹

Cognitive factors also found to have effects in the development of borderline personality disorder. Geiger PJ and colleagues examined the incremental validity of dysfunctional cognitive content and processes in predicting borderline personality disorder symptom severity, controlling for trait negative affect, in a sample of 85 undergraduate students, including many with high levels of borderline personality disorder features and found out that automatic thoughts, dysfunctional attitudes, thought suppression and anger ruminations are significant predictors of borderline personality disorder.^{50,51}

Clinical Features

The American Psychiatric Association has characterized borderline personality disorder as a pervasive and persistent pattern of instability in interpersonal relationships, instability of self-image, unstable affect and impulsivity in 2013. According to the Diagnostic and Statistical Manual 5 (APA, 2013), the diagnostic criterion is indicated by five or more of the nine symptoms in the following list:

- (1) Frantic efforts to avoid real or imagined abandonment.
- (2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- (3) Identity disturbances: markedly and persistently unstable self-image or sense of self.
- (4) Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving or binge eating).
- (5) Recurrent suicidal behaviors, gestures or threats or self-mutilating behavior.
- (6) Affective instability due to a marked reactivity in mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
- (7) Chronic feelings of emptiness.

(8) Inappropriate, intense anger or difficulty controlling anger. (e.g., frequent displays of temper, constant anger, recurrent physical fights).

(9) Transient, stress-related paranoid ideations or severe dissociative symptoms.⁹

A functional magnetic resonance imaging study by Mier D and others on a sample of 13 individuals with borderline personality disorder and 13 healthy controls claims that alterations in several social cognition domains, emotional dysregulation and impaired cognitive functions are some of the core features of borderline personality disorder.⁵²

Stepp.DS and colleagues conducted a prospective study on a large sample of 2,450 girls to assess the impact of childhood temperament on development of borderline personality symptoms in adolescents and found out that symptoms appeared to peak by age 15, decline through age 18 and remain steady between ages 18 and 19 years. Both parent and teacher reports of temperament emotionality, activity, low sociability, and shyness predicted the developmental course of borderline personality disorder symptoms.⁵³

Fertuck and colleagues conducted an exploratory study on facial trust appraisal (interpretation of non emotional faces) in 17 people with borderline personality disorder and 19 healthy controls and found that people with borderline personality have more negatively biased facial trust appraisal compared to healthy controls.⁵⁴ A meta analysis study on emotion recognition in borderline personality by Domes and group proposed that emotional hyper reactivity interferes with the cognitive processes of facial emotion recognition, thereby contributing to the specific pattern of altered emotion recognition in borderline personality.⁵⁵ Sharp C and colleagues had done an exploratory study to assess the mediating role of emotion regulation in the relation between understandingbehaviour (mentalization) and borderline traits on a sample of 111 adolescents between 12-17 years with a newly developed movie to assess the social cognition along with other self reports. They suggests that a relationship between borderline traits and "hypermentalizing" (excessive, inaccurate mentalizing) independent of age, gender, externalizing, internalizing and psychopathy symptoms exists and that the relation between hypermentalizing and borderline personality disordertraits was partially mediated by difficulties in emotion regulation.⁵⁶

An exploratory study was done by Wright and team on a sample of 150 participants to assess the relationship between the borderline features and interpersonal problems. The study was done for a period of one year and the results suggested that interpersonal dysfunction in borderline pathology is stable in its severity but unstable in the style of its manifestation.⁵⁷ A univariate descriptive study done by Kim S, Sharp C and Carbone C on 228 adolescents indicated that positive and negative emotion regulation strategies were differentially implicated in the link between attachment insecurity and borderline personality features. Attachment security functioned as a buffer against adolescent borderline personality by enhancing positive emotion regulation strategies, while negative emotion regulation strategies served to dilute the protective effect of attachment and positive regulation strategies, culminating in clinically significant levels of borderline traits.⁵⁸

A correlational study was conducted to evaluate the relationships between borderline personality disorder features, impulsivity and emotion dysregulation in adolescence by Andrea Fossati and colleagues in a sample of 1,157 nonclinical adolescents. Adolescents with borderline personality features were purposively selected by administering Borderline Personality Inventory (BPI). Participants were administered the UPPS-P Impulsive Behavior Scale and the Difficulties in Emotion Regulation Scale. Study findings highlighted the relevance of both emotion dysregulation and two dimensions of impulsivity (negative and positive urgency) to borderline features in adolescence, providing evidence for a unique association between borderline personality features and positive urgency in particular. These findings suggest that the tendency to act rashly in the context of intense positive affect may have unique relevance to borderline personality features in adolescence.⁵⁹

Most recently, a qualitative study on how far identity and self-image disturbances are features of borderline personality disorder in adolescence was done throughface-to face interview which was carried in 50 adolescents with borderline personality disorder and 50 controls, with a median age of 16 years. Interpretative phenomenological analysis was carried out and thematic statements representative of adolescent's lived experience were extracted from the interviews. Study results brought forth four main themes representing the day-to-day experiences of adolescents with borderline personality disorder as follows: emotional experiences werecharacterised by the feelings of fear, sadness and pessimism; interpersonal relationshipsby the feelings of solitude and hostility from others; a conformist self-imagecharacterised by a feeling of normality and difficulty in projecting into time; and a structuring of discourse characterised by discontinuity in the perception of experiences.⁶⁰

Studies have been carried out to explore whether the presence of one feature of borderline personality disorder have any clinical significance and the findings indicated the relevance of identifying even one feature. A study was carried out by Zimmerman and group on a sample of 1976 outpatient psychiatric patients meeting 0 or 1 DSM-IV criterion for borderline personality disorder on various indices of psychosocial morbidity and the

findings indicated that low-severity levels of borderline personality disorder pathology, which was defined in their study as the presence of 1 criterion, can also be determined reliably and have validity.⁶¹

Borderline Personality Disorder in Adolescents

Adolescence is a developmental stage of changes in different fields: somatic, cognitive (conceptual thinking), and social fields (maturity of identity, sexuality and autonomy). It is often difficult to distinguish borderline personality from normal development, especially in milder forms, which complicates the diagnostic process.

Chabrol H and colleagues estimated the frequency of borderline personality by conducting a study on a random sample of 1363 high school students ranging in age from 13 to 20 years where they completed the screening test using Comorbid Personality Disorders questionnaire. One hundred and seven students who volunteered to be interviewed were assessed using the Revised Diagnostic Interview for Borderlines (DIB-R). Study results convey that the overall frequency of borderline personality disorder is estimated to be 10% for boys and 18% for girls. After a peak of frequency at age 14 years for both sexes, the frequency increased significantly again in late adolescence.²⁷

Miller and group conducted a meta analysis to evaluate the prevalence, reliability and validity of a borderline personality disorder diagnosis in adolescents before 18 years. They supported the diagnosis of borderline personality in adolescents before the age of 18 years. They also concluded that there are two possible subgroups of adolescents with borderline personality: one with more severe symptomatology, in whom the diagnosis persists; and another with less severe symptomatology, in whom symptom profiles vacillate and the diagnosis does not persist.¹⁵ Results of Caspi and colleagues's chain of longitudinal studies on 1000 children from 3 years to 23 years provided evidence that the foundations of adult personality and risk for psychopathology are laid and at least partially hardened well before adolescence.⁶²

Borderline personality is very common among the adolescents, the traits of this personality disorder is more among adolescents than the adults.⁶³ Stepp, DS conducted an analysis of a theoretical review paper, two prospective studies, and a multi-method cross-sectional study to understand the need to diagnose borderline personality in adolescence and found that vulnerabilities in early attachment relationships and experiences predicts the emergence of borderline personality disorder in adolescence and young adulthood. It also suggested the need for more studies to understand the disorder.⁶⁴

A study done by Carla sharp and group on 111 adolescents in the age group between 12-17 years old showed that 23% have traits for meeting the borderline personality criteria.⁵⁸ In a similar context, a cross sectional descriptive study by involving 411 adolescents in the age group of 16-18 assessed using the Diagnostic interview for Borderline questionnaire in Tehran revealed 0.9% prevalence of borderline personality symptoms in adolescents.⁶⁵ A 20-year prospective longitudinal study which assessed the relationship of early borderline symptoms to subsequent psychosocial functioning and attainment based on data from the children in the community cohort was done by Winograd and colleagues which provided strong support for the argument that borderline symptoms in adolescence cannot be considered as a developmental problem that passes.²³

Winsper et al did a systematic review to bring out the clinical and psychosocial outcomes of borderline personality in childhood and adolescents. Medline, Embase, Psych Info and Pubmed databases were systematically searched for predictive validity of borderline personality first diagnosed prior to 19 years of age. Results revealed that individuals with severe borderline personality symptoms had significant social, educational, work and financial impairment in later life.⁶⁶

The assessment of personality disorders is done mainly through self reports or screening questionnaires to save consultation time.^{67,68} The screening and assessment instruments for understanding the borderline personality traits helps us to identify the participants who may possess the traits at sub clinical or are at risk for developing the disorder. Some of the most frequently used assessment and screening tools are McLean screening instrument for borderline personality disorder, Borderline scale of the personality assessment inventory, Borderline personality questionnaire and Borderline personality scale.⁶⁹

III. Rejection Sensitivity

Introduction

Man is a social being. He strives for approval and acceptance from his fellow beings in order to satisfy a basic human need i.e. belonging to a group. What happens if a person is permanently denied this satisfaction? And what causes some people to perceive rejection by others very quickly, while others are calmer in their interpersonal interactions? Rejection by others is an inherently unpleasant event to which human beings normally react with some degree of distress.⁷⁰ Karen Horney was the first theorist to discuss the phenomenon of rejection sensitivity. Rejection sensitivity is an individual's tendency to expect, readily perceive and react

extremely to rejection.⁷¹ Research suggests that sensitive people are likely to interpret ambiguous interpersonal situations, real or imagined, as rejections and thus overreact to them by excessive attempts to gain attention, social withdrawal or hostile, aggressive behavior. Rejection sensitivity refers to three processes: the expectation and perception of social rejection as well as the response to it.^{72,73}

Downey and colleagues in their model of rejection sensitivity, assume that the dispositional expectancy of rejection is associated with hyper vigilance for stimuli that could signify rejection, which in turn leads to negative cognitive reactions like self blame and affective reactions like anger. As a result, maladaptive behavior like aggression and social withdrawal consequently provokes rejection by others as a self-fulfilling prophecy, whereby one's basic expectation of being rejected is reinforced. The authors hypothesized a self-fulfilling prophecy wherein rejection expectancies lead people to behave in ways that elicit rejection from their dating partners. The hypothesis was tested in 2 studies of conflict in couples: (a) a longitudinal field study where couples provided daily-diary reports and (b) a lab study involving behavioral observations. Results from the field study showed that high rejection-sensitive people's relationships were more likely to break up than those of low rejection-sensitive people. Conflict processes that contribute to relationship erosion were revealed for high rejection sensitive women but not for high rejection sensitive men. Following naturally occurring relationship conflicts, high rejection sensitive women's partners were more rejecting than were low rejection sensitive women's partners. The lab study showed that high rejection sensitive women's negative behavior during conflictual discussions helped explain their partners' more rejecting post conflict responses.⁷¹ High Rejection sensitivity is thus also a factor that threatens the integration into a group. Insecurity in social situations, social withdrawal and aggressive behavior are common behavioral correlates of high rejection sensitivity.⁷⁴

A Study done on 194 community women aged 18-30 proved that rejection sensitivity and the associated Fear of Negative Social Evaluation (FNSE) trait are characteristics of hypocortisolemic syndromes such as atypical depression.⁷⁵ Three hundred and fourteen college students completed measures of relational victimization and rejection sensitivity which revealed that relational victimization is significantly related to rejection sensitivity for women.⁷⁶

Masten L Carrie and colleagues through an exploratory study using functional magnetic resonance imaging on 23 adolescents playing ball tossing with a preset computer programme found out that adolescents with higher rejection sensitivity and interpersonal competence displayed greater neural evidence of emotional distress and adolescents with higher interpersonal competence also displayed greater neural evidence of regulation, perhaps suggesting that adolescents who are vigilant regarding peer acceptance may be most sensitive to rejection experience.⁷⁷

A longitudinal study conducted by Downey and group in 2007 had the following results ie being liked by peers, irrespective of level of dislike, predicted a reduction in anxious rejection expectations in both boys and girls. Further, anxious expectations of rejection were uniquely predictive of increased social anxiety and withdrawal. Angry expectations of rejection, predicted decreased social anxiety. Both anxious and angry expectations predicted increased loneliness.⁷ Sun J and colleagues in a voxel based morphometry study done on a healthy sample of 150 men and 188 women suggests that there is relationship between individual differences in rejection sensitivity and regional grey matter volume in brain regions that are primarily related to social cognition.⁷⁸ An exploratory study conducted by Wang and colleagues on a sample of 294 youth in order to examine how relational valuation might moderate the effects of peer rejection on rejection sensitivity specified that peer rejection leads to higher levels of rejection sensitivity in adolescents who hold high regard for social relationships.⁷⁹

Early adolescence is a particularly critical developmental window for the acquisition of mature self-regulatory processes. An experimental study conducted by Silver and colleagues to assess the age related differences in emotional reactivity, regulation and rejection sensitivity on a sample of 44 healthy volunteers found out that developmental differences were found in regulation success, but not emotional reactivity. This indicates that regulation training may be useful for adolescents in general and may be particularly critical for those who are most at risk for self-regulation failures (e.g., individuals high in rejection sensitivity). This also suggests that teaching regulatory skills in a social context and focusing such training on individuals with tendencies to negatively perceive social information may offer a targeted approach for improving wellbeing in adolescence.⁸⁰

The role of rejection sensitivity as a critical diathesis moderating the link between adolescent relational stressors and depressive symptoms was examined using multi-method, multi-reporter data from a diverse community sample of 173 adolescents, followed from age 16 to 18 and multiple relational stressors were found to predict the future development of depressive symptom, primarily for adolescents who were highly rejection sensitive.⁸¹ A longitudinal study which involved multi methods and multi reporter data, in a community sample of 173 adolescents who were followed from 16- 18 years was done to examine the role of rejection sensitivity in late adolescent's social and emotional development. Rejection sensitivity was linked to a relative increase in adolescent depressive and anxiety symptoms over a 3-year period. Additionally, reciprocal relationships

emerged between rejection sensitivity and internalizing symptoms. Rejection sensitivity was also linked to relative decreases in peer-reports of teen's social competence over a 3-year period. Consistent with research on gendered socialization, males reported higher levels of rejection sensitivity than females at ages 16 and 17.⁸² Higher level of worries and lower level of self esteem have significant relationship with rejection sensitivity.⁸³

A correlational study to examine whether supportive parent-child relationships and friendships moderate associations that link angry and anxious rejection sensitivity to depression and social anxiety during middle adolescence was conducted in an ethnically diverse sample of 277 adolescents revealed that angry rejection sensitivity was related to depressive symptoms, but only for adolescents reporting low support from parents and friends. For adolescents reporting low support from friends, support from parents was positively related to social anxiety.⁸⁴

Renee V. Galliher & Charles G. Bentley conducted an experimental study to assess rejection sensitivity and both relationship satisfaction and perpetration of aggression and its role in romantic relationships in 92 adolescent romantic couples using a video recall procedure, where it was found out that rejection sensitivity scores were related to higher levels of aggression and lower relationship satisfaction.⁸⁵ Increased reactivity to peer rejection is a normative developmental process associated with pubertal development. Several studies have examined the relationship experiences with rejection sensitivity proved beyond doubt that there is association between rejection of parents and peers with rejection sensitivity with a stronger association for peer rejection.^{86, 87, 88}

An exploratory study to assess the effect of rejection sensitivity, self-esteem and social support on social anxiety was conducted using stratified cluster sampling. Three hundred and forty nine sample data were collected by means of group measuring and the results indicated that the gender and area differences were found in the analysis of social anxiety and social anxiety is positively related to rejection sensitivity, higher social anxiety indicates lower self-esteem and perceived social support. Rejection sensitivity and self-esteem are the effectively predictive factors in the regression analysis of social anxiety.²¹

A study done in Kerala on the detrimental impact of rejection sensitivity in marital relationships by R. Sreehari and Gitanjali Natarajan have reached a conclusion that high rejection sensitivity in any one couple is enough to cause significant personal distress and maladaptive behaviors that strain the marital bond.⁸⁹

IV. Rejection Sensitivity And Borderline Personality Traits

Introduction

Individuals high in rejection sensitivity aim to avoid further experiences of rejection. Therefore, they tend to show social withdrawal and loneliness, aggressiveness or strong interpersonal engagement and submissiveness.^{90, 91, 92} All these patterns can lead to even more psychological distress and may add to the development of borderline personality. Individuals with borderline personality disorder often report experiences of rejection by significant others or have a great fear of being rejected. Extremely high levels of rejection sensitivity were found in people with borderline personality disorder.¹⁵

Experiences of rejection in childhood play an important role in the etiology of borderline personality disorder. Additionally, individuals who report borderline symptoms report high levels of rejection sensitivity. The main aim of the correlational study done by Rosenbach & Renneberg was to disentangle the relationship between experiences of rejection, rejection sensitivity and borderline characteristics. They retrospectively assessed experiences of parental and peer rejection, collected data of self-reported rejection sensitivity and social support and prospectively investigated borderline characteristics in a sample of 193 students and found out that rejection sensitivity fully mediated the previously significant relationship between experiences of parental rejection and borderline characteristics, whereas peer rejection maintained a significant effect on borderline traits. Social support was identified as a protective factor. Results indicated a crucial role for rejection sensitivity in borderline symptomatology.⁹³

Ayduk and group conducted two exploratory studies that tested the hypothesis that rejection sensitivity and executive control jointly predict borderline personality features. Executive control is the ability to transform one's natural reactions into situation appropriate responses. Study 1 was conducted on a sample of 379 college students whereas Study 2 was conducted on a community sample of 104 adults. Both studies operationalized executive control by a self-report measure. For a subsample of 80 adults in study 2, ability to delay gratification at age 4 was also used as an early behavioral precursor of executive control in adulthood. In both studies, high rejection sensitivity was associated with increased borderline personality features among people low in self-reported executive control. Among those high in self-reported executive control the relationship between rejection sensitivity and borderline personality features was attenuated. Study 2 found parallel findings using preschool delay ability as a behavioral index of executive control. These findings suggest that executive control may protect high rejection sensitive people against borderline personality features.⁹¹

Chesin and colleagues investigated the roles of rejection sensitivity and childhood emotional neglect and abuse as well as their interaction in borderline personality disorder. Eighty-five adults with a lifetime mood

disorder who were recruited for outpatient studies in a psychiatric clinic were assessed for emotional neglect and abuse using the Childhood Trauma Questionnaire and for rejection sensitivity with the Adult Rejection Sensitivity Questionnaire. Borderline personality features diagnoses were made by consensus using data collected on the Structured Clinical Interview for DSM-IV. Hierarchical logistic regression was used to test associations between rejection sensitivity, emotional neglect abuse and their interaction.⁹⁴

Individuals with borderline personality disorder fear abandonment and exhibit instability in their close relationships. These interpersonal difficulties may be influenced by the propensity to interpret neutral social stimuli (e.g., nonemotional faces) as untrustworthy. This study evaluated the hypothesis that borderline personality disorder features are associated with attributions of untrustworthiness to neutral faces. Ninety five undergraduate, were assessed for borderline personality disorder features, rejection sensitivity, and trust appraisal of neutral faces. Higher borderline personality disorder features were associated with lower ratings of trustworthiness of the faces and higher scores on rejection sensitivity. The association between borderline personality disorder features and trust appraisal was mediated by rejection sensitivity.⁹⁵

Interpersonal dysfunction in borderline personality is characterized by an 'anxious preoccupation with real or imagined abandonment' (DSM-5). This symptom description bears a close resemblance to that of rejection sensitivity, a cognitive affective disposition that affects perceptions, emotions and behavior in the context of social rejection. Bungert and group investigated the level of rejection sensitivity in acute and remitted borderline personality disorder patients and its relation to borderline personality disorder symptom severity, childhood maltreatment, and self-esteem. They collected data from 167 female subjects: 77 with acute borderline personality disorder, 15 with remitted borderline personality disorder, and 75 healthy controls using Rejection sensitivity questionnaire, the Short version of the borderline symptom list, the Childhood trauma questionnaire, and the Rosenberg self-esteem scale and the results indicated that both acute and remitted borderline personality disorder patients had higher scores on the Rejection sensitivity questionnaire than did healthy controls. Thus rejection sensitivity is an important component in borderline personality disorder even for remitted borderline personality disorder patients. Level of self-esteem appears to be a relevant factor in the relationship between rejection sensitivity and borderline personality disorder symptom severity.⁹⁶

The study findings of Goodman and colleagues on the mediating role of rejection sensitivity in emotional maltreatment and borderline symptoms in a sample of 133 undergraduate students of a public university in Newyork suggested that rejection sensitivity was more strongly correlated with borderline personality symptoms at moderate and low levels of emotional neglect and abuse.⁹⁷ Jill Lobbestael and Richard J. McNally tested whether borderline personality disorder is characterized by interpretation bias for disambiguating stimuli in favor of threatening interpretations, especially concerning abuse, abandonment, rejection, and anger-core emotional triggers for borderline personality people. A mixed sample of 106 persons with marked borderline personality traits and persons without any traits were assessed with Structured Clinical Interview for DSM Disorders I and II and were presented with vignettes depicting ambiguous social interactions. Interpretations of these vignettes were assessed both in a closed and an open answer format. Results showed that borderline personality traits were related to rejection, these findings denote interpretation bias as a key feature in persons with borderline personality that might contribute to their emotional hyperactivity and interpersonal problems. These findings also highlight the importance of therapeutically normalizing interpretative bias in borderline personality.⁹⁸

Mechanisms through which rejection sensitivity contributes to borderline personality features have not been identified. Rejection may lead to the dysfunctional emotion regulation strategies common in borderline personality disorder, such as impulsive responses to distress, anger rumination, difficulties engaging in goal-oriented behavior, non acceptance of emotions and low emotional clarity. Rejection sensitivity might be one mechanism leading to the negative social impact associated with borderline personality disorder symptoms. Rejection sensitivity is an important individual difference by which borderline features leads to the lower levels of social support.⁹⁹

Peters and colleagues conducted an exploratory study on a cross sectional sample of 410 adolescents in order to explore how the dysfunctional responses to emotion may account for the relationship between rejection sensitivity and borderline personality features. Results proved that dysfunctional responses to emotion accounted for a large proportion of up to 97% the total effect of rejection sensitivity on all four borderline personality features: affective instability, identity disturbance, negative relationships and self-harm.¹⁰⁰

Rejection and anger are intimately tied in borderline personality. Berenson and colleagues found a strong automatic association between rejection and rage in borderline personality. They sampled day to day experiences using diary methods where they found persons with borderline personality reporting more instances of at least moderate rage. Data analysis revealed rejection experiences frequently triggered these angry feelings.³¹

V. Psychotherapeutic Approaches For Borderline Personality Disorder And Rejection Sensitivity

Borderline pathology prior to the age of 19 years is predictive of long-term deficits in functioning and that, a considerable proportion of individuals continue to manifest borderline symptoms up to 20 years and later. Individuals with borderline personality disorder symptoms in childhood or adolescence have significant social, educational, work and financial impairment in later life. These findings provide some support for the clinical utility of the borderline personality disorder phenotype in younger populations and suggest that an early intervention approach may be warranted. Recent evidence demonstrates that borderline personality disorder is reliable and valid among adolescents as it is in adults and that adolescents with borderline personality disorder can benefit from early intervention but only few age specific therapeutic interventions have been developed for the treatment of borderline personality.¹⁰¹

Results of a longitudinal study conducted by Zimmer-Gembeck MJ and colleagues to assess the discrepancies between self and peer reports of rejection, on a sample of 359 adolescents in the age group of 10-12 years concludes that interventions to promote adolescent health should explicitly recognize the different needs of those who do and do not seem to perceive their high rejection, as well as adolescents who overestimate their rejection.¹⁰²

According to the guidelines on borderline personality disorder by British Psychological Society, drug treatment should not be used specifically for borderline personality disorder or for the individual symptoms or behaviours associated with the condition. Apart from this Meta analysis studies conducted on this area also questioned the use of psychotropic drugs in treating the individual symptoms or behaviors associated with the condition.^{19,103, 104}

A variety of psychotherapy approaches have been used for borderline personality including individual, group, and crisis treatments. There is no evidence to suggest that one specific form of psychotherapy is more effective than another.¹⁰⁵

The mainstay of treatment for borderline personality disorder is psychotherapy. Currently, four comprehensive forms of psychotherapy have been found to be effective in treating those with borderline personality disorder. Two of these treatments mentalisation based therapy and transference focused therapy are viewed as psychodynamic in nature and other two, dialectical behavioural therapy and schema focused therapy are viewed as more cognitive and behavioural in nature.¹⁰⁶

Mentalisation based therapy (MBT) is a complex psychodynamic treatment that is rooted in attachment theory and draws on concepts from cognitive psychology. The focus of MBT is on enhancing mentalisation, which is the capacity to understand behaviour, one's own and that of others, in terms of underlying mental states for example, thoughts and feelings.¹⁰⁷ Transference Focused Therapy (TFP) is a structured, psychodynamic approach, which emphasizes the integration of affect-laden mental representations of self and others that were originally derived through the internalization of attachment relationships with caregivers. Schema Focused Therapy (SFT) seeks to extend Cognitive Behavioral Therapy (CBT) principles to the treatment of personality disorders by placing greater emphasis on the therapeutic relationship, affect and mood states, lifelong coping styles like avoidance and over compensation, maladaptive schemas, which develop when specific core childhood needs are not met, and more discussion of childhood experiences and developmental processes.¹⁰⁸

Dialectical Behavioral Therapy (DBT) is a comprehensive treatment package that involves four modes of therapy: Individual, in which the therapist oversees treatment integration and manages life-threatening behaviours and crises; group skills training, including mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness; skills generalization through telephone contact outside of normal therapy hours; and a consultation team to support therapists working with difficult clients.¹⁰⁹

Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a model where borderline personality is understood as a disorder of emotion and behaviour regulation. The goal is to provide the person with borderline personality and significant others with a common language to communicate clearly about the disorder and the skills used to manage it.¹¹⁰ Emotion Regulation Training (ERT) is a skills training for adolescents with borderline Personality disorder symptoms, developed by VanGemert, Ringrose, Schuppert and Wiersema as an adapted programme of STEPPS, CBT and DBT skill training. The core symptom addressed in ERT is emotional dysregulation. The training aims to improve the locus of control over emotions and thoughts, and to increase responsible behavior.¹¹¹

In adolescents, Cognitive Analytic Therapy addressed interpersonal difficulties, gained greater application to borderline problems through theoretical and practical attention. Cognitive Analytic Therapy (CAT) demonstrated similar efficacy to a "manualised good clinical care" treatment. CAT is an adapted version of cognitive behavioural therapy (CBT) and interpersonal therapy (IPT).¹¹²

A randomized controlled trial found that psycho education led to short-term symptomatic improvements in adults. Rosenbach and Renneberg in their review study on the perception of social rejection and mental disorders recommends the need to modify dysfunctional behaviors in people with borderline

personality by methods of behavior therapy and to modify dysfunctional cognitions in cognitive therapy. Thus strategies of self-control and self-regulation can lead to reduction in negative behaviors that are based on the perception of social exclusion.^{113,114}

Selection of or development of a therapeutic programme must be based on the hypothesis that cognition and insight can bring about behavioral changes. Cognitive Behavioral Therapy (CBT) helps in development of self-assessment skills, the adolescent's growing capacity for insight that is a part of normal adolescent development may be seen to facilitate this process. Self-reflection and insight have been proven to be useful tools in predicting therapeutic outcomes. CBT enables the adolescent to understand problems and decide how to proceed. Various brief intervention programmes based on CBT has been developed and experimented by researchers on various psycho social issues.¹¹⁵

Cash and Hrabosky conducted a quasi experimental study to assess the effect of psycho education and self monitoring in a cognitive-behavioral program for body image improvement in a sample of twenty five college students who were not satisfied with their body image. They were enrolled in a three week programme and were also required to hand in home work weekly in brief meetings with the experimenter. From pretest to posttest, participants became significantly more satisfied with their appearance and reported less situational body-image dysphoria, less weight related concern, and less investment in their appearance as a source of self-evaluation. Changes generalized to improved self-esteem, eating attitudes and social anxiety. Better self-monitoring compliance predicted greater reductions in body-image disturbances.¹¹⁶

Psychotherapeutic treatments of borderline personality disorder often focus on severe behavioral problems. Only few techniques have been developed until now to specifically address low self-esteem in borderline personality disorder. Jacob and colleagues formed a 6-session psycho educative group therapy module to treat low self-esteem in borderline people. Nineteen borderline females were made to participate in the group module. Twenty-four female borderline persons served as controls. Results of study showed a greater improvement in self-esteem in the intervention group. The findings of study suggest that the therapy module is an effective adjunctive treatment in increasing self-esteem in borderline personality disorder.¹¹⁷

Numerous studies have showed an improvement in symptoms characteristic of borderline personality disorder when mindfulness-based interventions were integrated into their daily lives. An increase in gray matter in key areas of the brain was noticed in clients with borderline personality disorder who engaged in mindfulness practice. Mindfulness leads to overall better psychological functioning in clients with borderline personality disorder in three key areas namely impulsivity, emotional irregularity, and relationship instability.¹¹⁸

Mindfulness-based interventions are also been found effective with several populations characterized by elevated sensitivity to rejection but the relationship between mindfulness and rejection sensitivity has been largely unstudied. Study conducted by Peters JR and colleagues who examined the associations between rejection sensitivity and multiple dimensions of dispositional mindfulness by self report assessments on a cross sectional sample of 451 undergraduates found out that the non judging dimension, of mindfulness had a protective factor against rejection sensitivity.¹¹⁹

A Meta analysis conducted by Sinnaeve et al on nineteen randomized control trials on the measure and efficiency of psychological interventions for borderline personality in changing interpersonal functioning stated that there is some evidence that psychotherapeutic interventions have beneficial effects on some aspects of interpersonal functioning in people with borderline personality.¹²⁰ Bungert and group in their study have concluded that therapeutic interventions for borderline personality disorder would do well to target rejection sensitivity.⁹⁶

Repeated exposures to anxiety provoking situations may help to desensitize anxiety in people who are prone to anxiety. Carnagey and colleagues conducted an experimental study to assess the effect of video games violence on physiological desensitization to real life violence. Participants reported their media habits and then played either violent or nonviolent video games for 20min. Afterwards participants watched a 10-min videotape containing scenes of real-life violence while heart rate (HR) and galvanic skin response (GSR) were monitored. It was found that participants who previously played a violent video game had lower HR and GSR while viewing real violence, demonstrating a physiological desensitization to violence.¹²¹

The treatment of personality dysfunction entails managing complexity while maintaining a strong sense of purpose aimed toward enhancing functioning, improving quality of life, and preventing negative outcomes where possible. Early adolescence is a particularly critical developmental window for the acquisition of mature self-regulatory processes. Regulation training may be useful for adolescents in general and may be particularly critical for those who are most at risk for self-regulation failures eg individuals with Rejection sensitivity and Borderline personality. This suggests that teaching regulatory skills in a social context and focusing such training on individuals with tendencies to negatively perceive social information may offer a targeted approach for improving wellbeing in adolescence. Desensitization package in the present study was developed to serve this aim.

III. Methodology

The present study was intended to evaluate the effect of desensitization package on rejection sensitivity among the adolescents aged 16-19 years with borderline personality traits, studying in a selected higher secondary school.

Research approach : Quantitative research approach was adopted for the study.

Research design: The research design adopted for the present study was pre-experimental, one group pretest – post test design.

Schematic representation of study

It can be represented as:

Pre-test → Intervention → Post-test

O1 X O2

O1: Pre intervention assessment of rejection sensitivity in adolescents with borderline personality traits.

X: Administration of desensitization package on rejection sensitivity

O2: Post intervention assessment of rejection sensitivity in adolescents with Borderline personality traits.

Study variables

In this study the variables identified are as follows:

Independent variable – Desensitization package

Dependent variable – Rejection sensitivity

Socio personal variables include age, gender, religion, type of family, economic status of family, occupation of parents, living with parents, number of siblings and birth order of the adolescent student.

Setting of the study : Ananganady Govt. higher secondary school, Palakkad district.

Population: In this study the population comprises of adolescents with borderline personality traits studying in higher secondary schools of Palakkad district.

Sample: Sample for the present study consists of 38 adolescents with borderline personality traits studying in a selected higher secondary school, Palakkad.

Sampling technique: Sampling technique used for the study was non-probability purposive sampling technique as the investigator has purposefully selected the sample as per inclusion criteria.

Sample size: Minimum required sample size for studying the relationship between the variables was calculated based on earlier studies and the pilot study results. Consulting statistician and after power analysis the sample size was set as 30. 136 students from three departments of Plus two were initially selected out of which 38 samples met the inclusion criteria and were selected for desensitization package.

Inclusion criteria

Adolescents:

- Aged 16-19 years.
- Who have 4 or more borderline personality traits.
- Who are able to read, speak and understand malayalam

Exclusion criteria

Adolescents who were not given permission.

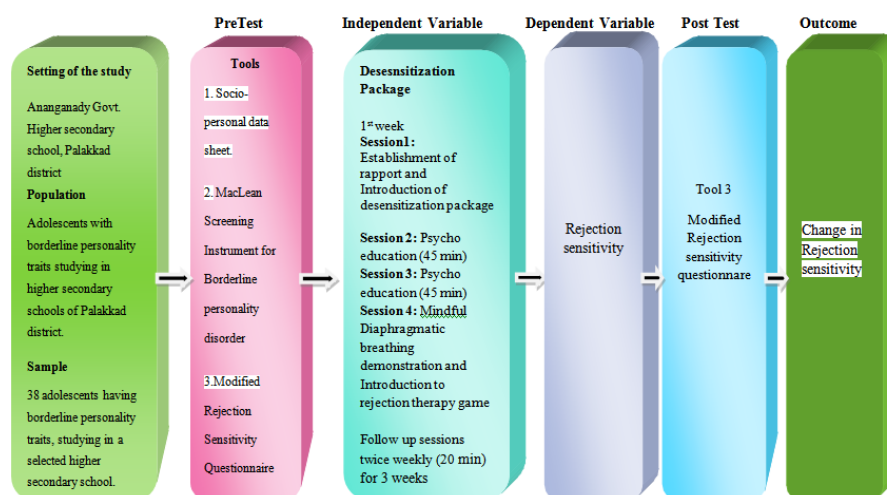


Fig 2: Schematic representation of Study design

Tools and techniques

The technique used for data collection in the present study was self reporting. The following tools were used to collect data regarding socio personal variables, borderline personality traits and rejection sensitivity among adolescents.

Tool 1: Socio personal Data sheet

Tool 2: MacLean Screening Instrument for Borderline personality disorder (MSI-BPD)

Tool 3: Modified Rejection Sensitivity Questionnaire (MRSQ)

Description of the tools

Tool 1: Socio personal Data sheet

It is a 9 item self reporting questionnaire developed by the researcher after consulting with experts and reviewing the literature to collect socio personal variables of the student. Socio personal variables include age, gender, religion, type of family, economic status of family, living with parents, occupation of parents number of siblings and birth order of the adolescent student.

Tool 2: MacLean Screening Instrument for Borderline personality disorder (MSI-BPD)

It is a 10 item standardized self report measure developed by Mary zannarini and colleagues in 2003. It is a useful tool for detecting individuals who have borderline personality features.¹²²The first eight items of the MSI-BPD represent the first eight borderline personality traits, while the last two items assess, the paranoia/dissociation criterion. Yes or no responses are given for each item and each item is rated as a "1" if it is yes. A score of 7 has been determined to be a good diagnostic cut-off where the person can be diagnosed as borderline personality. Tool has adequate one week test – retest reliability $r = 0.72$, and good internal consistency $\alpha = 0.74$.

Tool 3: Modified Rejection Sensitivity Questionnaire

It is developed on the basis of standardized short rejection sensitivity questionnaire developed by Downey & Feldman in 1996.⁷³The modified rejection sensitivity questionnaire is an 8-item self-report measure to assess adolescents' level of rejection sensitivity. In this tool the Scenarios are rated on two dimensions:

- The degree of anxiety or concern about the outcome
- The expectations of acceptance or rejection.

Each item is scored from 1-6 and rejection sensitivity is measured by multiplying the level of rejection concern (the response to question a.) by the reverse of the level of acceptance expectancy (the response to question b.). The formula is rejection sensitivity = (rejection concern) X (7-acceptance expectancy).

The mean value obtained is the rejection sensitivity of the person. Maximum score for each question is 36 and minimum Score for each question is 1. Based on the scores obtained rejection sensitivity is interpreted as the following:

1-18 = Low rejection sensitivity.

19- 36= High rejection sensitivity.

Content validity and reliability of the tool

Tools 1 and 3 were developed by investigator after review and consultation with experts. Experts comprises of 1 Psychiatrist, 2 Psychologists and 5 experts from Psychiatric Nursing. Necessary modifications were done according to the comments given by experts. It has been asked to rate individual items to calculate content validity of the instruments and tools 1 and 3 found to have 1 and 0.99 respectively.

The reliability of modified rejection sensitivity questionnaire was checked using Test Retest method. The score of the tool administered at two different occasions i.e. day 1 and day 7 was compared and calculated using Karl Pearson coefficient test and the score of modified rejection sensitivity tool was found to be 0.76 which indicates an acceptable level of reliability of tool.

Translation of tool

The tools were first translated into Malayalam by a language expert and back translated to English by another language expert who has not seen the actual tool and necessary language modifications were done on comparison with the actual tool.

Pre testing

The tools were administered to five students aged 16-19 years from a similar population. The tools were found to be feasible, relevant and clear.

Development of desensitization package

The following steps were used to prepare the content area:

- Review of literature
- Consultation and discussion with experts from Psychiatry, Psychology and Psychiatric Nursing.

Contents of desensitization package:

It consists of three sections including psycho-education, relaxation technique and a rejection therapy game.

Section 1: Psycho education

1. Rejection sensitivity
2. Identification of maladaptive thoughts
3. Strategies to change thinking and behavior

Section 2: Relaxation Technique

- Mindful diaphragmatic breathing

Section 3: Rejection Therapy Game: Self help game aimed to reduce rejection sensitivity by repeated exposure to rejections situations created artificially.

Validation

The content validity of desensitization package was done by 4 experts from Psychiatry (1), Psychology (1) and Psychiatric Nursing (2)

Pilot study

Pilot study was conducted in Vivekananda College Of Arts And Science, Ottapalam. Data was collected after obtaining permission from the Principal of Vivekananda College Of Arts And Science, Ottapalam. Data collection period for the study was from 12/01/2015 to 19/01/2015. Twenty three students were selected initially and the purpose of the study explained to them. Informed consents were obtained from both parents and adolescents under study.

The tools to assess socio personal data and borderline personality traits were given to them. Students took 10-15 minutes to complete the tools. Data was analyzed to identify adolescents with four or more borderline personality traits. Six samples were obtained who met the inclusion criteria. Modified rejection sensitivity questionnaire was given to them to assess their rejection sensitivity. Psycho education on behavior modification was done for 45 minutes each for 2 days, third day relaxation techniques on Mindful activity and Mindful breathing were practiced in class and given as home assignment to be done for at least 15min each day for one week, Rejection therapy game was introduced to students and they were asked to take up new challenges each day for a period of one week. The participants were cooperative. Post test was conducted one week after the intervention package.

Investigator did not face any difficulty during the pilot study. Data was amenable for analysis and the practicability of the study could be established.

Data collection process

The investigator obtained prior permission from the Principal of AnanganadyGovt.Higher Secondary School, Palakkad for conducting the study. Ethical clearance was obtained from Institutional Review Board of Govt. Medical College, Thrissur on 24/05/2013. The data collection period was from 28/01/2015 to 8/03/2015.

The investigator approached the participants of the study who were from science, commerce and humanities departments and established good rapport with them. The purpose of the study was explained and informed consent from parents was obtained. The data regarding socio personal variables were collected using socio –personal data sheet. MacLean Screening Tool was used to identify the adolescent’s borderline personality traits and those who obtained a total score of 4 and above were taken as sample for further investigation as per the inclusion criteria. 38 students were selected for the intervention programme. They were administered modified rejection sensitivity questionnaire to assess their rejection sensitivity scores. Desensitization package was provided in 4 sessions on alternate days for 45 minutes each to the whole group in a separate hall with adequate audio visual aids. In the first three sessions psycho education was given and in the fourth session relaxation technique and rejection therapy game was introduced to the group. Relaxation technique ie Mindful diaphragmatic breathing technique was taught through video demonstration and students were asked to practice it 2-3 times a day for 15 minutes, For rejection therapy game, the rules and regulations of the game were told to the students and a box containing written tasks were kept in the classroom for students to choose each day and practice. They were asked to maintain a notebook to write down the tasks done on each day as home work assignments. Review meetings were conducted on monday and friday of each week for the next 3 weeks, during their lunch interval time to check their notebook and assess their progress. Post test was conducted at the end of fourth week using the same tool which assessed the rejection sensitivity. The data collection was terminated by thanking Principal, teachers, and the students who participated in the study for their whole hearted cooperation

IV. Analysis and Interpretation of Data

The purpose of the study was to evaluate the effect of desensitization package on rejection sensitivity among 38 adolescents with borderline personality traits.

Socio personal data of adolescents with borderline personality traits.

Socio-personal characteristics of adolescents were presented in frequency distribution, percentage, mean and standard deviation. Socio personal data collected are: age, gender, religion, type of family, living with parents, economic status, occupation of parents, birth order and number of siblings.

Table 1: Distribution of adolescents with borderline personality traits based on age (n=38)

Socio-personal characteristics	f	%	Mean	SD
Age in years				
16	03	08		
17	27	71		
18	07	18	17.5	0.61
19	01	03		

Table 1 shows that majority (71%) of the adolescents with borderline personality traits were 17 years old. Mean age of the group was 17.5±0.61

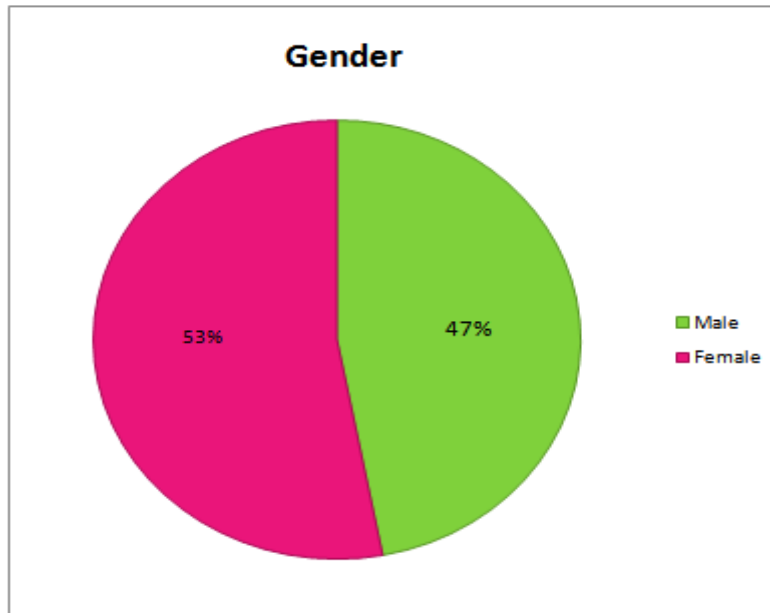


Figure 3: Distribution of adolescents with borderline traits based on gender.

Figure 3 illustrates that half of the adolescents with borderline personality traits were males(53%) and 47% were females.

Table 2: Distribution of adolescents with borderline personality traits based on religion and type of family

(n=38)		
Socio-personal characteristics	f	%
Religion		
Hindu	10	26
Christian	01	03
Muslim	27	71
Type of family		
Nuclear family	32	84
Joint family	06	16

Table 2 shows that 71% adolescents with borderline personality traits were muslims and majority (84%) belonged to nuclear family.

Table 3: Distribution of adolescents with borderline personality traits based on living with parents

(n=38)		
Socio-personal characteristics	f	%
Living with parents		
Yes	17	45
No	21	55

Table 3 depicts that 55% of adolescents were not always living with their parents.

Table 4: Distribution of adolescents with borderline personality traits based on economic status and occupation of parents

(n=38)		
Socio-personal characteristics	f	%
Economic Status		
APL	33	87
BPL	05	13
Occupation of father		
Coolie	10	27
Skilled Labour	16	42
Business	08	21
Private Job	02	05
unemployed	02	05
Occupation of mother		
Coolie	01	03
Skilled Labor	01	03
Home maker	34	89
Private Job	02	05

Table 4 reveals that the economic status of majority of adolescents (84%) was above poverty line. Regarding parents occupation, fathers were employed as skilled labourers for 42% of adolescents and 5% were unemployed. 89% mothers of adolescents were home makers.

Table 5: Distribution of adolescents with borderline personality traits based on birth order and number of siblings

(n=38)		
Socio-personal characteristics	f	%
Birth order in the family		
First born	14	37
Second born	16	42
Third born and above	08	21
Number of Siblings		
No Siblings	02	05
One	08	21
Two	17	45
Three	07	18
More than three	04	11

Table 5 shows that 42% of adolescents were second born in their family and regarding the number of sibling's majority of them (45%) had 2 siblings, and 5% adolescents were without siblings.

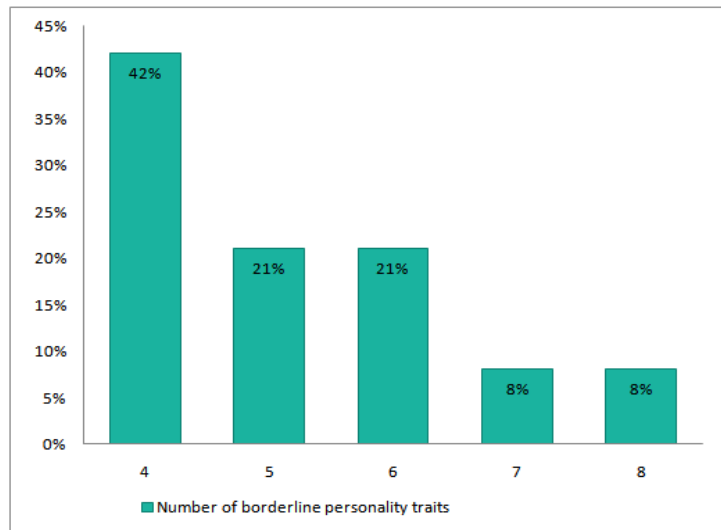


Figure 4: Distribution of adolescents with borderline personality traits based on number of traits

Figure 4 shows that majority of adolescents (42%) were with four borderline personality traits, and 16% were with seven or more traits.

Section II: Rejection sensitivity of adolescents with borderline personality traits

The rejection sensitivity score ranges from 1-36. Rejection sensitivity is arbitrarily categorized into Low Rejection sensitivity [1-18] and High Rejection sensitivity [19-36].

Table 6: Distribution of adolescents with borderline personality traits based on rejection sensitivity (n=38)

Rejection sensitivity	f	%
Low [1-18]	32	84
High [19-36]	06	16

Table 6 shows that 16% adolescents were having high rejection sensitivity before the intervention.

Section III: Effect of desensitization package on rejection sensitivity among adolescents with borderline personality traits.

Table 7: Rejection sensitivity in adolescents with borderline personality traits before and after Intervention (n=38)

Rejection Sensitivity	Mean score	SD	df	t value
Before intervention	14.11	4.75	37	15.27***
After intervention	6.48	2.59		

***Significant at 0.001 level

Mean score of rejection sensitivity in adolescents with borderline personality traits after administration of desensitization package is 6.48 which is lower than the mean rejection sensitivity score before intervention (14.11). The calculated 't' value reveals that there is statistically significant difference in mean scores of rejection sensitivity before and after desensitization package. 'p' value calculated is less than 0.001 at the level of significance. Hence it could be interpreted that the rejection sensitivity decreased due to the effect of desensitization package.

Section IV: Relationship between borderline personality traits and rejection sensitivity in adolescents with borderline personality traits

Borderline personality traits and rejection sensitivity was found to have a weak positive correlation in the present study, that is as the borderline personality traits increases rejection sensitivity also increases 'r' value calculated ($r=0.14$) is less than 0.05 level of significance and hence it could be interpreted that borderline personality traits and rejection sensitivity are positively correlated to each other.

Section V: Association between rejection sensitivity and selected socio personal variables

χ^2 value obtained for selected socio personal variables was less than table value at 0.05 level of significance which signifies that there is no association between rejection sensitivity in adolescents with borderline personality traits and selected socio personal variables like gender, type of family, living with parents, and occupation of mother.

V. Discussion

Discussion

The findings of the study are discussed below in terms of review of literature available and the findings and interpretations from previous studies.

The study was focused on the effect of desensitization package on Rejection sensitivity among adolescents with Borderline personality traits. 38 adolescents who had greater than or equal to four Borderline personality traits were selected for the study from 136 adolescents aged 16-19 years studying in a selected higher secondary school.

In the present study, the subjects selected are in the age group of 16-19 years. Systematic review conducted by Miller et al in 2008 found that borderline personality traits and borderline personality disorder are common in adolescents less than 18 years.¹⁵

The present study shows 79% of adolescents with borderline personality belonged to the age group of 16-17 years and remaining 21% belonged to the age group of 18-19 years this data goes hand in hand with the study results of Stepp DS and colleagues that development of borderline personality symptoms in adolescents found that symptoms appeared to peak by age 15, decline through age 18, and remain steady between ages 18 and 19 years.⁵³

Borderline personality traits were found equally distributed among males and females in the present study though randomization not done This findings are matching with the study by Randy A.R and Lori A.R.³⁹ At the same time the present study finding is contrary to the findings of a number of studies including that of Kaehler, &Freyd, and DSM IV-TR. which states that borderline personality disorder is found more among females than males.¹²³

In the present study the mean rejection sensitivity score among the sample was found to be 14 which is similar to the mean rejection sensitivity obtained in the study by Downy et al (14.9%) in the study they conducted to explore the rejection rage contingency in borderline personality disorder using the rejection sensitivity questionnaire.³¹ We can thus assume that rejection sensitivity is found comparable in similar populations.

The present study shows that desensitization package was effective in reducing the rejection sensitivity among the adolescents with borderline personality traits. This study finding is supported by the Meta analysis study done by sinnaeve and group on nineteen randomized control trials which concluded that there are definite evidences that psychotherapeutic interventions have beneficial effects on some aspects of interpersonal functioning in people with borderline personality.¹²⁰ The results of the study were positive, which indicated that the adolescents with borderline personality traits might benefit most from the individually prepared desensitization package which is a combination of main aspects of cognitive behavioral therapy, diaphragmatic breathing exercise practice using mindful technique and a game to play based on the principle of 'flooding' in psychiatry to reduce rejection sensitivity in adolescents.

The present study shows that a positive relationship exists between borderline personality traits and rejection sensitivity. The fact that both rejection sensitivity and borderline personality disorder are related to each other have been explored in several studies among which Rosenbach&Renneberg found out that peer rejection, borderline personality traits and parental rejection are associated with each other. Rejection may lead to the dysfunctional emotion regulation strategies common in borderline personality disorder, such as impulsive responses to distress, anger rumination, difficulties engaging in goal-oriented behavior, non acceptance of emotions and low emotional clarity. Rejection sensitivity might be one mechanism leading to the negative social impact associated with borderline personality disorder symptoms. Hence it could be concluded that both borderline personality disorder and rejection sensitivity are positively related to each other.⁹³⁻¹⁰²

In the present study it was found that both, adolescents with borderline personality traits who were living with parents and whose parents are away due to work situations were almost equally distributed. The absence of association between rejection sensitivity and adolescent's living status with parents is yet another finding of this study. Martin J Ho in his study found that there are definite links between adolescent feelings of acceptance from their parents and later rejection sensitivity.¹²⁴ So always living together with parents or separation from either one or both due to their work may not be a reason for developing psychological problems, but the attitudes of parents towards their children when they are together in a family may be the main reason.

Certain additional findings were obtained during the study process. Thirty eight adolescents who met the inclusion criteria were selected from 136 participants. Out of which 4% (6) met the criteria for borderline personality disorder diagnosis according to the screening tool used in present study (MSI-BPD). Present study finding of 4% is more than the 2% prevalence of borderline personality disorder in adolescents obtained in the study conducted by Leung and Leung who used the same screening tool.¹⁴ Increase in this percentage may be due to the methodological limitations of the present study.

The present study which used MSI-BPD to assess the borderline personality traits obtained the following results i.e 68% were having 1-4 features, 16% were having more than 5 features and 15% were not having any features. This finding is matching to the study findings of Stepp DS and team where they found in a sub-sample study with Structured Interview for DSM- IV Personality (SIDP-IV), that, 67% reported 1-4 symptoms, 13% reported 5 or more symptoms and 20% reported zero symptoms. Slight differences may be due to the differences in the methods of assessments where one is a self report and another is interview method. These findings are relevant as per the study findings of Zimmerman and colleagues who found out that that even low severity levels of borderline personality disorder pathology i.e. presence of even a single criterion have sufficient relevance and validity. The sample selection in the present study could also be justified as per the findings of Miller and group that borderline personality features even if fewer than 5 may cause significant distress and dysfunction.^{15, 62, 125}

Nursing Implications

The findings of the present study generate some implications to the health care delivery system. It has implications in nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

Psychiatric nurse is a valuable member of the multidisciplinary team who can play a major role in promoting mental health and preventing mental illness. They can identify the risk groups, provide counseling services, and provide psycho education to the vulnerable population who needs mental health services.

Community health nurse as well as school health nurse can play a major role in screening services. She is an ideal member of the health team who can be trained to identify adolescent mental health problems and administer interventions targeting specific issues like Rejection sensitivity in order to prevent major mental illnesses in the community. Screening adolescents at the community level will reduce the disease burden and improve referral services thereby decreasing the disability.

Each session of the Desensitization package carries specific strategies with the objective to reduce the rejection sensitivity and its associated malfunctions. Self awareness about one's thoughts, emotions and associated behaviours may help adolescents to find alternative thoughts and thus modify their behaviour. Mindful diaphragmatic breathing helps the adolescents to relax and develop a nonjudgmental orientation to inner self. The rejection therapy game improves the self confidence and reduces rejection sensitivity by exposure to repeated rejections.

School health nurses should be aware about the mental health problems of adolescents and they can be trained to implement desensitization package for adolescents with an aim to improve their mental health. Teachers dealing with adolescents can be trained for screening and management of psychological conditions like rejection sensitivity. In the pediatric ward also the children can be screened for rejection sensitivity using appropriate version of the rejection sensitivity questionnaire and interventions may be undertaken by the pediatric nurse.

It is well accepted fact that psycho education on mental health issues will definitely improve the awareness and awareness indeed will help to prevent such issues in future to a great extent. Targeted intervention programme for rejection sensitivity can be effectively practiced at school/college, as well as in community level as part of adolescent mental health programme.

Nursing Education

The curriculum of nursing education should give more emphasis on making postgraduate nursing students aware about the problems like borderline personality disorder and rejection sensitivity among adolescents and train to use this knowledge in their teaching setup. The Post graduate nursing students must be equipped with scientific knowledge of personality development and various psychosocial interventions. There should be adequate exposure to the concepts of Borderline personality disorder, Rejection sensitivity, Intervention programmes like Desensitization package and similar, which help them to handle various issues while dealing with adolescent student population.

Nursing Administration

Nurses as administrators should take initiative in formulating policies and protocols for short and long term training programmes for nurses on psychosocial interventions. Rejection sensitivity screening can be included in the selection process and proper intervention can be done based on the findings.

To improve the knowledge of nurse personnel, nurse administrator must assume the responsibility of organizing in service education programme for nurses to make them aware of the use of psychosocial interventions in preventing serious mental health problems associated with rejection sensitivity by intervening at right time and age. Head nurses need to be trained in identifying rejection sensitivity among staff members and implementing individual strategies to manage it. She should encourage nurses to adopt desensitization package under various situations.

The administrator must ensure that all nurses working in psychiatry department is competent to deliver the essential components of desensitization package as per need assessment. The administrator can make budgetary provisions for training nursing personnel on psychosocial therapies. Nurse administrator can help in providing adequate infrastructure facilities for practicing psychosocial interventions for clients admitted in hospitals. The nurse administrator should make provisions for recognizing the services provided by nurse in the psychiatric unit which will inspire the staff in delivering such services.

Nurses working in the community mental health area should get adequate training to adopt the desensitization package and implement it for the vulnerable adolescents for better outcomes. They should be given training for carrying out such interventions through continuing education programmes. It should be kept mandatory that each adolescent who suffer from psychosocial problems due to rejection sensitivity must receive desensitization package. Nurses must also receive incentives for the successful implementation of the package.

Nursing research

Findings of the present study suggest that more research should be conducted in the areas of adolescent mental health and preventive aspects. Research should be carried out to evaluate the long term effect of desensitization package. Comparative studies also should be conducted. On the basis of this more research to be done on adolescents to understand different aspects of rejection sensitivity and relationship areas which help to identify this as a problem area so that different interventions can be developed and tested.

Limitations of the study

- Generalization of finding is limited due to the small sample size and purposive sampling technique.
- Long term effect of desensitization package could not be assessed due to time constraints.
- Study was limited to only one setting.
- Projective technique to assess the personality characteristics could not be employed.

VI. Recommendations

On the basis of the findings of the study, the following recommendations have been made for further study

- Similar study can be done in different settings.
- True experimental study can be conducted on a large sample.
- A Longitudinal study can be carried out to evaluate the long term effectiveness of desensitization package.
- A Qualitative study on rejection sensitivity can be done to explore the themes.
- A study can be done to develop and test family oriented interventions for rejection sensitivity.
- A study can be one to test different interventions for rejection sensitivity.
- A Study can be conducted to assess rejection sensitivity in various personality traits.

Conclusion

The present study was conducted to assess the effect of desensitization package on rejection sensitivity among adolescents with borderline personality traits. The following conclusions were made after analyzing the data of the study participants.

- The present study revealed that there is significant relationship between rejection sensitivity and borderline personality traits.

- Findings of the present study suggested that desensitization package can be used as an effective intervention programme to reduce rejection sensitivity among adolescents with borderline personality traits.
- The present study suggests that rejection sensitivity was prevalent among adolescents irrespective of selected socio personal variables.

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