

Association between Predictors of Borderline Personality Disorder and Quality of Life of Undergraduate Students of Lahore, Pakistan

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ABSTRACT

Borderline Personality Disorder (BPD) is a complex psychological disorder and associated with a significant effect on Quality of life (QOL). However, limited research shreds of evidence are available that directly assess the impact of BPD on QOL in community settings. The current study aimed to find out the association between BPD and QoL among young adults. Further, the factors that are primary indicators of BPD were estimated with domains of QoL. A quantitative cross-sectional survey was conducted. An estimated sample of 700 students was recruited through the stratified random sampling technique, from three different private universities of Lahore that were fulfilling the inclusion criteria of the study. The study focused on the young adults' ages between 18-25 years, who were university students. Data were collected with the help of a structured self-reported questionnaire composed of primary socio-demographic factors and two self-reported psychological assessment tools: Borderline Personality Inventory (BPI-20) and Quality of life (WHOQOL-Bref). The association of BPD and its factors with QOL and its domains was assessed through multiple regression analysis. Further, gender differences among the participants were also evaluated. Overall the results of the study revealed a significant association of BPD on QoL ($F= 14.9$, $R^2 = 0.10$). The difference was observed in males ($F= 5.40$, $R^2 = 0.08$) and females ($F= 10.95$, $R^2 = 0.13$) with $p < 0.05$, $CI = 95\%$ and effect size ranges from 0.031 to 0.124. Further, in males, 'Identity diffusion' and 'Impulsivity' were strong predictors of BPD affecting all domains of QOL, whereas in females' Impulsivity was identified as a strong predictor of BPD in all domains of QOL. Therefore, it is concluded that BPD and QOL are significantly associated while generally assessed by using the psychological tools of assessment (BPD and QoL) in a survey. However, there are significant differences observed in male and female young adults concerning these parameters.

Keywords: Borderline personality disorder, Quality of life, BPI, WHOQOL, Adults, Pakistan.

1. INTRODUCTION

Borderline Personality Disorder (BPD) is a serious emotional personality disorder, that has been widely studied worldwide. The research on BPD is increasing over time and its effects on the life of college students, especially young adults need to be observed (Meaney, Hasking, & Reupert, 2016). The symptoms of BPD are assessed in the community population among different countries. Whereas BPD is more linked with young adulthood. According to the National Institute of Mental Health, BPD is a serious psychological issue marked by intense mood swings, odd behavior, self-image, issues in relationships, and cases of suicidal attempts (Olfson et al., 2017). Suicidal attempts in an important symptom of BPD and Depression. The rate of suicides especially in young adults that are students has increased with time in Pakistan (Khan, Mahmud, Karim, Zaman, & Prince, 2008).

Pakistan, the sixth most populous country, is in the phase of demographic dividend and youth is a great resource for this developing economy. A large proportion of the population (30%) is the young population that lies in the age range of 15 to 29 (Pakistan Bureau of Statistics, 2017). This age group has a maximum likelihood of getting BPD and it is severe, especially in college and university-going age group of 18 to 25 years. Consequently, the suicidal risk is also getting higher in the younger population (Grambal et al., 2016). On the other side, Quality of Life (QoL) is found to be associated and affected by the existence of psychiatric symptoms and has important outcomes to be observed (Macy et al., 2013). While a study conducted in Pakistan found a 45% prevalence of BPD, < 18 years in age, in which 64.4% were males and 35.5% were females. Whereas it was further narrated

that there is a lack of data on prevalence of data on BPD (Khan & Kamal, 2020).

The unpredictable behavior patterns, intense changes in feelings such as all good or all bad (splitting) that intensify the severity of this personality disorder are common symptoms found among individuals suffering from BPD. These mood swings cause extreme and unstable relationships with their families, peers, and loved ones which can lead to starting idealization to delusion (Gunderson & Berkowitz, 2011). Therefore, 10 to 13 percent increase in suicidal rates were observed in individuals with BPD, specifically in younger age groups (Black et al., 2006; Szücs, Szanto, Aubry, & Dombrovski, 2018). BPD is also found associated with substantial medical morbidity, a functional impairment that may affect QoL.

Genetic factors have shown a strong association with traits of BPD. The literature has highlighted that genetic factors stimulate emotions, traits, temperament, and impulsiveness to increase the risk of BPD in individuals (Amad, Ramoz, Thomas, Jardri, & Gorwood, 2014; Lis, Greenfield, Henry, Guilé, & Dougherty, 2007; Lynam & Widiger, 2001). Further, biosocial theory defined that BPD can be caused by the interference of biological and environmental factors (Lindenboim, Chapman, & Linehan, 2007). Therefore, the definition revealed the importance of emotions that are primarily attached to biological factors can be a major cause of BPD among individuals. The systematic review has also focused on the association of emotional dysfunction (BPD) with the biological and social factors among the individuals (Lindenboim et al., 2007; Meaney et al., 2016).

Along with suicidal attempts, there are other multiple factors involved in the development of BPD. As fear of closeness, an important trait of BPD may develop impulsive behavior such as suicidal thoughts, drug addiction, self-injurious and reckless driving. Self-destructive and self-damaging acts also reflect impulsivity which could badly affect the Quality of Life (Clarkin, Hull, & Hurt, 1993; Gunderson & Berkowitz, 2011; Meares, 2012). Similarly, self-mutilation is a factor of BPD that can cause behavioral issues that leads to self-destruction. It creates feelings of hopelessness and depression which motivate the individuals to commit suicide (Oumaya et al., 2008). A study reported that aggression, suicidality, and self-injurious behavior are more prevalent in people with BPD (Zarzar & McEvoy, 2013). All these factors of BPD are prevalent in both gender, but they may vary according to the environment and individual circumstances (Kleindienst et al., 2008).

The primitive defense mechanism is another factor that plays a significant role in the occurrence of BPD from childhood to adolescent development and their Quality of Life (QOL). Primitive defense mechanisms are considered psychological responses that appear spontaneously during anxiety, conflict, and internal/external stress (Vaillant, 1994). It works with emotions and thoughts which are the internal psychological states. The studies have found that there is a strong relationship between BPD and characteristics of primitive defense mechanisms like denial, splitting, primitive projection, devaluation, passive aggression, and disassociation (Perry, Presniak, & Olson, 2013; Zanarini, Frankenburg, Reich, & Fitzmaurice, 2010). Moreover, studies revealed that two dimensions of primitive defense mechanism, dependency, and interpersonal instability explain the primitive idealization and devaluation (Presniak, Olson, & MacGregor, 2010).

Identity diffusion is another important factor from the common traits of BPD that can affect the QOL because identity formation is a crucial part of the developmental tasks of adolescence. Identity disturbance and diffused identity may lead to poor social functioning of life and low quality of life (Zanarini et al., 2010). The feelings of emptiness and fear of insecurity are produced due to identity diffusion (Lind, Vanwoerden, Penner, & Sharp, 2019). However, it is a subjective approach characterized by fragmentation, lack of cohesion, and boundary confusion (Sollberger & Walter, 2010).

On the other side, fear of closeness is another important factor of BPD which is characterized as unstable relationships, disassociation, detachment, and dysregulation. Emotional dysregulation and insecure attachment enhance the fear of closeness which may lead to BPD. Attachment theory helps in understanding the process of emotion regulation and dysregulation (van Dijke, Hopman, & Ford, 2018). Similarly, Levy, Johnson, Clouthier, Scala, and Temes (2015) argued that attachment problems in childhood may directly contribute to BPD. Unstable relationships with family, peers, and loved ones can become the cause of fear of closeness which might disturb normal life patterns (Tusiani-Eng & Yeomans, 2018).

Overall, BPD and its factors (as discussed above) can negatively distress the QOL of individuals. QOL has overall satisfaction with life and a general feeling of personal well-being. However, QOL is a multidimensional concept and can have different forms. Conventionally, QOL is composed of various domains like social, psychological, physical, and environmental. BPD patients generally have a poor impaired QOL and reported high psychiatric comorbidity and behavioral issues (Bender et al., 2001; Black et al., 2006; IsHak et al., 2013). While the limited literature is available to describe subjectively the relationship between BPD and QOL.

The QoL of individuals especially of young adults can be affected due to several reasons. While discussing the association of QoL with BPD in Individuals with symptoms of BPD, it was found that anti-social behaviors that lead to poor social functioning can cause declined QoL in individuals. Along with different stages of life (career,

and education) family system, environmental influence, peer pressure, and genetic factors (the psychological history of family) can raise the risk of BPD. All these issues directly affect all domains (physical, psychological, social, and environmental) of QOL (Skodol, Geier, Grant, & Hasin, 2014; Wilks, Korslund, Harned, & Linehan, 2016). The existence of other psychological issues (like; depression, and anxiety) along with BPD adversely affect the QOL of young adults as well. Aggression, anxiety, suicidal attempts, and self-harm are frequent outcomes of BPD among people that can indirectly describe their low psychological well-being (Harned, Tkachuck, & Youngberg, 2013). Further, BPD can also be linked with severe impairment (high risk for self-harm and suicide), and it significantly increases the intensity of co-existing mental health illnesses. Similarly, a significant decrease in life expectancy was also observed in BPD patients which could reveal the effect of BPD on all domains of QOL (Theofilou, 2013). Symptoms of BPD affect both males and females, the symptoms usually emerge during adolescence (Guilé, Boissel, Alaux-Cantin, & de La Rivière, 2018). According to the scientific literature, gender differences were also revealed while BPD was assessed with QOL. The studies suggested that men have a higher rate of aggression, anti-social behavior, and impulsivity than women in the presence of BPD (Korsgaard, Torgersen, Wentzel-Larsen, & Ulberg, 2016). The nature of BPD can also differ, like women with BPD showed eating disorders but men were engaged in aggressive and intense behaviors (Mancke, Bertsch, & Herpertz, 2015). However, there are different interpretations about the association between gender and BPD. A study found that women have a higher prevalence of BPD as compared to men (Busch, Balsis, Morey, & Oltmanns, 2016; Karim et al., 2019). While another study found contrary findings (Woodward, Taft, Gordon, & Meis, 2009). Whereas there are studies that proposed no evidence of a relationship between BPD and gender, in the literature as well (Strain, 2004). But there is also evidence of a reverse relationship that showed a change in the gender incline (Sansone & Sansone, 2011). These research arguments about the role of gender in BPD prevalence influence the researchers to find further about the particular context.

Therefore, it is highly needed to investigate the consequences of traits of BPD on QOL and its domains. This study quantitative survey study aimed to assess the association of BPD and QoL among young adults at the initial stage of studies. Therefore, the young adults specifically the undergraduates studying in private universities of Lahore were chosen as a sample of this study to meet the objective of this study. As the main objective of the present study is to find out the association of Borderline Personality Disorder (BPD) with Quality of life (QOL) in young adults. Further, the influence of factors of BPD on domains of QOL and gender differences among BPD and QOL were also observed.

2. METHOD

To examine the objectives of the study, the quantitative research method was used. A cross-sectional survey was conducted to assess the BPD and its factor (the primary indicators of symptoms of BPD) with QOL and its domains.

The targeted population of this was young adults. The required sample was collected from the universities of Lahore (capital of Punjab which is the largest province of the count. The three well-known private universities located in the middle of Lahore were randomly selected from the list of HEC with strict inclusion criteria. The data was further collected by the universities through a stratified random sampling technique, from the most populated department of the universities. A list of the enrolled students in the undergraduate degree program was collected from the record of the respective departments of the university. The population of students of three universities was estimated and the sample size was calculated through the standard statistical procedure. Young adults (university students) of ages between 18-25 years, who were the undergraduates (enrolled in science degree programs) were taken as a sample. Fulfilling the inclusion criteria of the study, data of approximately 700 students were collected, which comprised 325 males and 375 females. The numbers of males and females were selected as per the proportional allocation method. All of the students were unmarried, had health issues, were regular university students enrolled in undergraduate degree programs, attending the morning session of the selected departments of the universities.

A self-reported structured questionnaire composed of two standardized self-reported assessment tools, Borderline Personality Inventory (BPI) and the World Health Organization Quality of life (WHOQOL) was used. A brief version of the scale, Borderline Personality Inventory, (BPI cut 20) developed by Leichsenring (1999) was used to assess BPD among young adults. This BPI cut 20 is a dichotomous scale comprised of twenty closed-ended items, that are further divided into four sub-categories that are primary factors of BPD, assessed through this scale. These factors are abbreviated by the researcher of this present study to present the results in tables (PDM= Primitive Defense Mechanism, ID= Identity Diffusion, FC= Fear of Closeness, SM=Self-Mutilation, I= Impulsivity).

The Quality of life was assessed by using QOL-Bref developed by the World Health Organization (2014), which

consisted of twenty-six closed-ended, self-reported questions with Likert scale options. There are four domains of WHOQoL-Bref such as Physical, psychological, social, and environmental, that have been discussed in results. These standardized, brief English versions were used. These psychological tests were piloted in the community population of Pakistan by the research of the current study to validate cultural appropriateness. The frequencies, percentage, and mean were assessed further multiple regression analysis was applied to assess multiple independent variables of BPD and QoL.

Before the study, approval for the research from the Institutional Review Board (IRB) was taken from one of the health education institutions. The researcher obtained the prerequisite permission from the person in authority from the selected universities to collect the required data. The students were verbally informed about the aim of this particular research and their written consent was taken before they participated in this survey.

3. RESULTS

The objective of the study was to assess the association of BPD with QOL. The objectives of the study were assessed through multiple regression using statistical software SPSS 21.0. The sample of 700 undergraduate students was collected, excluding the missing values. There were 325 males (46%) and 375 females (54%). The participants were of age between eighteen to twenty-five years. All of the participants were university enrolled students, they were single (unmarried, as reported by them in socio-demographic factors). Data were collected from 3 Universities, the same sample size (35.7%) from 2 universities, and the remaining 30% in 3rd universities depending upon the enrollment in the universities.

The mean age of the participants was 21 years (SD= 1.92, 1.66). The prevalence of BPD among young adults was 62%, further 61% in males, and 62% in females. The Multiple Regression analysis was applied to study multiple independent variables to assess the effects of BPD on QOL. The significant findings were observed between the factors of BPD (Identity Diffusion and Impulsivity) and domains of QoL.

Table 1. Association of Borderline Personality Disorder with Quality of Life of Young Adults.

Models	Quality of Life (QOL)									
	1		2		3		4		5	
	Overall		Physical		Psychological		Social		Environmental	
BPD factors	β^*	p	β^*	p	β^*	p	β^*	p	β^*	p
1. PDM	-0.03	.45	-0.02	.55	-0.06	.13	.02	.70	-0.01	.86
2. ID	-0.18	<.05	-0.17	<.05	-0.19	<.05	-.06	.16	-0.11	.01
3. FC	-0.05	0.15	-0.03	0.41	-0.04	.26	-.07	.08	-0.05	.23
4. SM	-0.16	<.05	-0.18	<.05	-0.11	<.05	-.11	.01	-0.09	.02
5. I	-0.09	0.02	-0.11	<.05	-0.02	.64	-.07	.09	-0.08	.05
F-value	14.9*		16.1*		10.6*		4.4*		5.6*	
Adjusted R ²	0.10		0.11		0.07		0.03		0.04	

Note. * $p < .05$. PDM= Primitive Defense Mechanism, ID= Identity Diffusion, FC= Fear of Closeness, SM=Self-Mutilation, I= Impulsivity

Table 1 is based on the overall sample of the study (n =700). According to the results, BPD and its factors had a negative association with the overall QOL score. However, identity diffusion, self-mutilation, and impulsivity had significant regression coefficients (<0.05). While BPD and its factors had a negative effect on the physical domain of QOL. There was a significant association (<0.05) of identity diffusion and self- mutilation on the Psychological domain of QOL. The social domain of QOL had three significant predictors; fear of closeness, self-mutilation, and impulsivity with a very small R-square value (3%). The overall results are highly significant between BPD and QoL. That further suggested the high effect of the prevalence of BPD on QoL and all of its domains.

Table 2. Association of Borderline Personality Disorder with Quality of Life among male adults (n =325)Quality of life (QOL)

Models	1			2		3		4		5
	Overall			Physical		Psychological		Social		Environmei
Factors of	B	p	β	p	β	p	B	p	β	P
BPD										
PDM	0.02	0.79	-0.02	0.75	-0.01	0.84	-0.01	0.87	0.06	0.33
ID	-0.13	0.03	-0.13	0.02	-0.14	0.01	-0.10	0.08	-0.05	0.43
FC	-0.10	0.08	-0.09	0.10	-0.10	0.10	-0.08	0.16	-0.06	0.31
SM	-0.12	0.04	-0.18	0.00	-0.06	0.29	-0.05	0.34	-0.07	0.25
I	-0.12	0.04	-0.09	0.12	-0.10	0.09	-0.11	0.07	-0.09	0.13
F-value	5.40*		6.10*		4.37*		3.31*		1.52	
Adjusted R ²	0.08		0.10		0.07		0.05		0.03	

Note: **p*<.05, PDM= Primitive Defense Mechanism, ID= Identity Diffusion, FC= Fear of Closeness, SM=Self-Mutilation,I= Impulsivity

Table 2 is a presentation of the results of BPD and QOL among males. The overall negative association of BPD and its factors were observed on QOL as overall. Whereas the physical domain of QOL has a negative association with BPD and its factors, significant results have been obtained between the physical domain and self-mutilation (<0.001). Noteworthy variations have been observed in the results of impulsivity for all domains of QOL.

Table 3. Association of Borderline Personality Disorder with Quality of Life among female adults Quality of life (QOL)

Models	1			2		3		4		5
	Overall			Physical		Psychological		Social		Environmental
BPD factors	B	p	β	p	β	p	B	p	β	P
PDM	-0.07	0.17	-0.02	0.69	-0.10	0.06	0.03	0.53	-0.08	0.13
ID	-0.24	0.00	-0.22	0.00	-0.23	0.00	-0.02	0.77	-0.19	0.00
FC	-0.03	0.59	0.02	0.72	-0.01	0.85	-0.05	0.33	-0.06	0.28
SM	-0.20	0.00	-0.18	0.00	-0.17	0.00	-0.15	0.01	-0.12	0.03
I	-0.04	0.47	-0.11	0.03	0.06	0.25	0.00	0.97	-0.05	0.39
F-value	10.95*		9.80*		8.33*		2.01		6.55*	
Adjusted R ²	0.13		0.12		0.10		0.03		0.08	

Note: **p*<.05, PDM= Primitive Defense Mechanism, ID= Identity Diffusion, FC= Fear of Closeness, SM=Self-Mutilation,I= Impulsivity

Table 3 is a presentation of results obtained from females about the association of BPD on QoL. A significant association has been observed. The physical and psychological domain of QOL has shown a highly significant and negative effect on identity diffusion and self-mutilation. However, the social domain of QOL was not sufficiently predicted through factors of BPD in females. The overall model for QOL is stronger in prediction in females as compared to males (can be seen through R-square values).

According to the obtained results, in females, identity diffusion and self-mutilation were strong predictors as compared to males. For the physical domain of QOL, a similar finding was observed as overall QOL and identity diffusion is very different in behavior in males and females. Identity diffusion in addition to self-mutilation is strong predictor in females for psychological QOL but not in males. Primitive defense mechanisms also appear as important factors. BPD showed insignificant effects on the social domain of QOL in females while significant in males. Identity diffusion has significant effects on the social domain of QoL in males. While in females, self-mutilation is the only factor of BPD that is significantly associated with social domain of QOL. The BPD effect significantly environmental and psychological domain of QOL in females while insignificant in males. Overall there is a significantly negative effect of BPD observed on QOL, among young adults.

4. DISCUSSION

The current study was aimed to assess the association of BPD on QOL, among young adults, studying in the private universities of Lahore, Pakistan. Further, the factors of BPD and domains of QOL were assessed. The results

of the study revealed that BPD and its factors (primitive defense mechanism, identity diffusion, and fear of closeness, self-mutilation, and impulsivity) have a strong association with QOL and its domains (physical, psychological, social, and environmental). There were significant gender differences have been revealed. As in males, BPD and its factors have a lesser effect on the environmental domain of QOL. Whereas, in females, a lesser effect has been observed between the BPD and social domain of QOL. Identity diffusion, self-mutilation, and impulsivity were the most influential factors in the overall sample of the study. In males, identity diffusion and impulsivity were strong predictors of QOL and its domains. On the other side, identity diffusion and self-mutilation were the significant factors for the majority of QOL and its domains.

According to the study in literature by Zanarini et al. (2010), the primitive defensive mechanism is one of the factors of BPD that affects the development of adolescence and overall QOL. It is a spontaneous psychological response to the internal and external conflicts of an individual and its balance maintains the QOL. However, in the current study, primitive defense mechanisms as a factor of BPD did not show any significant effect on overall QOL and its domains. There is a possibility that in the presence of some other more influential factors of BPD, the role of primitive defense mechanisms is minimized.

On the other side, the results of the current study revealed the significant association of identity diffusion as a factor of BPD with QOL and its domain. These results are supported by the previous studies of literature by Sollberger and Walter (2010) and Goth et al. (2012) focusing on the decrease of social functioning, causes the dejected life, and reverses the QOL of individuals. This is because identity diffusion is an element that constantly prevails in the life of an individual and played a vital role in the normal functioning of humans irrespective of gender.

According to the findings of the previous studies, self-mutilation and impulsivity are self-destructive and self-damaging acts which affect physical and psychological health. These acts reflect impulsivity and self-mutilation which could badly affect the QOL (Gunderson & Berkowitz, 2011; Oumaya et al., 2008). More than 70% of BPD individuals have histories of suicide attempts and they commonly exhibit impulsivity which leads to self-mutilation. The results of the current study are highly supported by the findings of these previous studies, revealing the significant existence of self-mutilation and impulsivity as factors of BPD and causing an adverse effect on QOL and its domains among males as well as females. Where males were more found these negative factors, maybe due to the male's aggressive behavior.

The findings of the previous studies by Levy et al. (2015); Perry et al. (2013) and Zarzar and McEvoy (2013) suggested that BPD and its factors were associated with the of QOL of adults on all domains. These findings are highly supporting the results of the current study concluding that BPD overall and negatively impacts the QOL of young adults. BPD and its factor impact the domains of QOL as well. These results of the current study have highly supported a study conducted by IsHak et al. (2013).

The results of the current study revealed the relationship of the social domain of QOL with three significant factors of BPD that are fear of closeness, self-mutilation, and impulsivity. The results are supported by the previous studies of literature conducted by Wilks et al. (2016); Skodol et al. (2014) that addressed that fear of closeness and poor social functioning have a significant relationship. This problem may lead to social isolation and unstable relationships. The intense condition of these BPD factors directly affects the life of adolescents in all aspects. That portrays that individuals with BPD have identity problems, emotional instability, unstable relationships, and feelings of emptiness.

The results of the current study suggested that identity diffusion, impulsivity, and self-mutilation had a significant association with the physical and psychological domain of QOL. The results are supported by the literature of the previous study by Harned et al. (2013) exhibited that BPD and other psychiatric disorders can influence the psychological domain of QOL. Aggression, anxiety, suicidal attempts, and self-harm are frequent problems of people with BPD.

The results of the present study suggested that factors of BPD are prevalent in both males and females but it may vary according to the environment and individual circumstances. These results are supported by the previous study by (Kleindienst et al., 2008). The results of the current study revealed the overall impact of BPD on QOL was more in females as compared to males. These findings are supported by the previous studies by Busch et al. (2016); Karim et al. (2019); Sansone and Sansone (2011) reflecting that the BPD factors can be more problematic in females as suggested by many researchers in the past.

The results obtained from the current study about the physical and psychological domain of QOL were also significantly more in females than male adults. Identity diffusion and impulsivity with social QOL were significantly high in males than females. The results are supported by previous research by Carey, Walker, Rossouw, Seedat, and Stein (2008) and Zanarini et al. (1998) suggesting that males were four times more likely to develop the impulsive disorder as compared to females. It was further found that gender differences in are BPD may be a

function of impulsivity. Though the results of the previous and current studies suggested more intense outcomes of impulsivity can be seen in males, there is the overall impact of BPD and QOL among males and females that cause a decline in QOL. Therefore, these current findings of the study should be considered by practitioners for the reduction of BPD and low quality of life, especially in the young generation.

BPD and QoL are two important psychological terms that are rarely studied together all over worldwide. This study was an effort in which BPD and QOL were assessed among the young adults who were specifically the students, undergraduates. The results of this study revealed a high percentage of BPD, a similar result was found in one of the previous studies conducted to assess the prevalence of BPD in Pakistan by Khan and Kamal (2020). The difference in the percentage of BPD in these two studies was because of the population. As one was conducted in clinical settings while this current study was conducted on the general population of young adults (undergraduates, Science degree students) that

could be more commonly found with symptoms of BPD due to stressfully life cycle period, which is a transitional phase, full of adjustments in personal, education and career life settings.

In the current study, the primary symptoms of BPD were 'commonly' prevalent among most of the participants, as they were 'generally' assessed with the help of psychological tools in a quantitative survey through self-report measures. The results should not be mixed or get confused with longitudinal studies or studies conducted in clinical settings. As the current study highlighted the percentage of 'at-risk population' of young adults. This means that students would be dealing with an 'emotional burden' at the time of assessment and evaluation. There could be other several unidentified reasons behind common and high prevalent symptoms of BPD; like the genetic family history, family structure, environmental causes (unsafe environment, and lack of facilities), peer pressure, burden of studies, and examination. Therefore, it is highly recommended to further assess the BPD among young adults in clinical settings and on regular basis to identify and treat serious cases of psychological illness.

5. CONCLUSION

The results of the study concluded that Borderline Personality Disorder and Quality of Life are important psychological terms significantly associated with young adulthood. The results of the study signify the importance of emotional well-being and its association with Quality of life and its domains such as environment, psychological, physiological, and social among individuals. Though it seems simple correlation between two psychological terms, in actual they are highly and strongly connected and adversely affecting if remain neglected.

6. LIMITATION

The study is limited to the students, undergraduates, and studying particularly most populated department of selected private universities. The study is specified to the city of Lahore and day scholars only. Young Adults were targeted to collect the data. Therefore, it is highly recommended to proceed with this study on the more extensive level and to the students studying in the universities/colleges of other studies.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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