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[A PREMIEM RESEARCH ARTICALES ARE INVITED FROM THE | MEDICAL-HEALTH SCIENCES | PARAMEDICAL SCIENCES| ENGINEERING TECHNOLOGY SCIENCES | SOCIAL-BEHAVIOURAL SCIENCES | PHARMACY | NURSING SCIENCES]

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IJSKSRP is an NGO non government organization which was started in 1997 august 6th it is registered under the Karnataka societies registration act 1960 which was legal binding by the Indian societies registration act 1860 Which was monitor by the government of India constitution .

The society registered body is consisting by the Prof.Dr. Shivalingaiah Mallappa. During post doctoral degree program 1996-1997-98 in Jnanabharathi campus BUB. Bangalore.560056. initially constitute with 9 member of classmates. those who are all discussed and finalised in the name of Suvarna Karnataka Institute of Studies and Research Center[R]. Irrespective of cast creed color and religious with un bonding of geographical area across the globally establishment it aims and objectives of the activities. Thane came to the native district of Tumkur Madhugiri Taluk Nittarahalli village given communication/contact address for register address to the district registrar office Tumkur. Prepared by-law for legal registration with 9 executive body members for the various programs are sorted which are like health education economic social cultural religious development where has reach to the unreachable area of underprivileged people in the globally.

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ORIGINAL RESEARCH ARTICLE

EFFECT OF COGNITIVE BEHAVIOUR THERAPY IN THE MANAGEMENT OF PERSONALITY DISORDERS AMONG COLLEGE STUDENTS

Authors: 1' Kiruthiga, M 2' Dr V Chandramohan

ABSTRACT

“Personality” refers to distinctive patterns of behaviour that characterize each individual’s adaptation to the situations in life. “Personality” is defined as an enduring pattern of psychological and behavioural characteristics by which each person can be compared and contrasted with each other. “Personality” is more or less stable and enduring organization of a person’s character (conative), temperament (affective), intellect (cognitive) and physique (neuroendocrine endowment). Abnormal behaviour or personality disorders are categorised as psychotic and neurotic features such as Schizophrenia, Paranoia, Mania, Depression, Anxiety, Hysteria and Psychopathic deviates. Cognitive behaviour therapy emphasises identifying and changing dysfunctional thinking patterns. Cognitive behaviour therapy functions to identify and challenge automatic and faulty interpretation of the environment by replacing them with more accurate, rational interpretations of the environment that are driven by core beliefs. Individuals correct

these faulty interpretation of the environment by replacing them with more accurate, rational interpretations. With a more accurate interpretation, new more core beliefs are formed to overcome personality disorders. Cognitive behaviour therapy helps to replace negative reactions with improved self-image, new stress coping mechanisms, problem-solving skills and more of self-control. Cognitive behaviour therapy helps to carry out daily activities in life, academic and family life. The aim of the study is to find out the effect of cognitive behaviour therapy on the management of personality disorders among college students. Personality disorders impair academic, family and workplace life. Once it is identified at an early stage, college students can be helped to overcome personality disorders and be successful in academic, family and workplace life. Other objectives are to find out gender differences, if any, among boys and girls, in the management of personality disorder symptoms through cognitive behaviour therapy. Murthy uses Multi Phasic Questionnaire to find out the personality disorder symptoms in college students. Out of 200 college students with psychiatric morbidity, 120 students are allotted randomly to control and experimental groups, 60 students in each group, with 30 boys and 30 girls, for the final study. The experimental group is exposed to cognitive behaviour therapy for one month. Results clearly indicate that there is a significant difference ($p < 0.001$) existing in the performance. Experimental group college students are lower ($p < 0.001$) than the control group on personality disorder symptoms such as Schizophrenia, Paranoia, Mania, Depression, Hysteria and Psychopathic deviate after practicing cognitive behaviour therapy. College students are successful on academic, family and workplace life after intervention. Cognitive behavior therapy is one of the best methods in the development of personality among college students.

Keywords: Psychiatric morbidity, college students boys and girls, personality disorder symptoms, success on academic, family and workplace life, cognitive behaviour therapy

® Kiruthiga, M., Research scholar, Central Christian University, Malavi Country

© Dr V Chandramohan, Professor of Clinical Psychology, Central Christian University, Malavi Country

INTRODUCTION

"A healthy mind rests only in a healthy body". Man's happiness in life depends upon good health, vigour and vitality. Without health is misery - a virtual death. "If wealth is lost nothing is lost. If health is lost, something is lost. If character is lost, everything is lost.. "Personality" refers to distinctive patterns of behaviour that characterize each individual's adaptation to `situations in life. "Personality" is defined as an enduring pattern of psychological and behavioural characteristics by which each person can be compared and contrasted with each other "Personality" is more or less stable and enduring organization of a person's character (conative), temperament (affective), intellect (cognitive) and physique (neuroendocrine endowment). "Personality" as the dynamic organisation within the individual of those psychophysiological systems that determine his / her characteristics thought and action (Gordon W Allport) "Personality" permits a production of what a person will do in a given situation (Cattell, RB., 1970).

"Personality" deals with the individual's style of life on characteristics manner of responding to life's problems including life goals (Alfred Adler, 1943). "Personality" as person's unique pattern of traits (Guilford, JP., 1959). "Structure of the personality" is the id, ego, superego (Sigmund Freud, 1986). "Personality" is the sum of activities that can be discovered by actual observation of behaviour over a long period of time to give a reliable information (John B Watson, 1920). "Personality" is the theoretical interpretation derived from all of a person's behaviour (David C Mc Clelland, DC., 1971).

Life is not a bed of roses for many individuals. They have to come across a lot of hurdles and problems to reach the present state. These hurdles are nothing but stress. Stress is conceived as pressure from the environment, then as a strain on the individual. Stress emanates from interaction between the situation and the individual. Stress is the psychological

and physical state that results when the resources of the individual are not sufficient to cope with the demands and pressures of everydaylife events. Individual has the ability to withstand the stresses. There are always individual differences.

Sometimes, petty ailments, if neglected, can cause a lot of pain and damage to the body. It is, therefore, our primary duty to give utmost importance to our health, which alone is our real wealth. Health is the fundamental condition of happiness and contentment. Health, happiness and peace of mind are those assets and treasures that cannot be purchased. A healthy person can meet the struggles, dangers and difficulties of life bravely. Life is struggle for existence. Healthy people with courage, stamina, vigor and vitality can be successful in the battle of life. It is great delight to meet a person, who is physically fit, mentally sound and morally high (Kaul, 1986).

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

Students in colleges are facing more emotional, social and behavioural problems. There has been a great concern regarding the mental well-being of the students. Students in developed countries are likely to face more difficulties because of poor socioeconomic backgrounds. Although Student Counseling has been widely developed and accepted in

developed countries, Students Counselor skills and practices are still underdeveloped in many countries (Turki Alotaibi, 2015).

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

dysfunctional thinking patterns. Cognitive behaviour therapy functions to identify and challenge automatic and faulty interpretation of the environment by replacing them with more accurate, rational interpretations of the environment that are driven by core beliefs. Individuals correct these faulty interpretations of the environment by replacing them with more accurate, rational interpretations. With a more accurate interpretation, new core beliefs are formed to overcome personality disorders. These positive and affirming experiences result in updating their core beliefs about the world.

Review of worldwide literature reveals that cognitive behaviour therapy is more effective in the management of personality disorders (Leichmse & Leibng, 2010 Linch, et al., 2007; ; Weinberg, et al., 2006; Enmelkamp, et al., 2006; Straws, et al., 2006; Davidson, et al., 2006 and 2009; Blum, et al., 2002; Evan, et al., 1999; Young, 1999; Barely et al., 1998; Lineham, et al.,

1991; Alexis, et al., 1990; Renneberg, et al., 1990; Beck & Freeman, 1990; Williams, 1988; Branch, 1987)

PROBLEMS OF THE STUDY

Cognitive behaviour therapy helps to replace negative reactions with improved self-image, new stress coping mechanisms, problem-solving skills and more of self-control.

Cognitive behaviour therapy helps to stamp-in desirable behaviour and stamp-out undesirable behaviour (Beck, 1996; Gliatto & Rai, 1999).

The aim of the study is to find out the effect of Cognitive behaviour therapy in the management of personality disorders among college students. Personality disorders impair academic, family and workplace life. Once it is identified at an early stage, college students can be helped to overcome personality disorders and be successful on academic, family and workplace life. Other objectives are to find out the effect of cognitive behaviour therapy in the management of personality disorders among

college students and to find out gender differences, if any, among boys and girls, in the management of personality disorder through cognitive behaviour therapy. Hence, the present study is an attempt in this direction.

HYPOTHESIS

The following hypothesis are formulated

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

PILOT STUDY

A pilot study is carried out on 500 well-motivated college students. Out of 500 students, 300 (60%) college students are normal and asymptomatic on personality

disorders, 200 (40%) students have personality disorder symptoms. Out of 200 college students with psychiatric morbidity, 120 college students are allotted randomly to control and experimental groups, 60 students in each group, 30 boys and 30 girls (Table 2), for the final study.

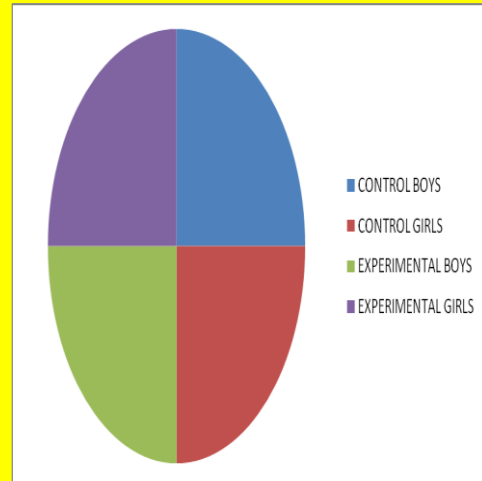


Figure 2 : Sample characteristics

Table 1

Pilot study (n=500)

MULTI PHASIC QUESTIONNAIRE		
Levels	Number	Percentage (%)
Normal	300	60
Personality disorder	200	40

Table 2

Sample Characteristics

CONTROL		EXPERIMENTAL	
BOYS	GIRLS	BOYS	GIRLS
30	30	30	30

SAMPLING DESIGN

Tables 1-2 and Figures - Phi Graphs 1-2 show the Pilot study and Sample characteristics. Out of 500 college students, 300 students (60%) are normal and free from psychiatric morbidity. 200 (40%) college students are suffering from personality disorders. Out of 200 college, 120 students are allotted randomly to control and experimental groups, 60 students in each group, 30 boys and 30 girls, for the final study.

TOOL FOR TESTING

Murthy (1965) has developed Multi Phasic Questionnaire, an Indian adaptation of

Minnesota Multiphasic Personality Inventory, to assess the personality traits among college students. Short details of the psychological test are given below:

Multi Phasic Questionnaire –Murthy (1965) has developed the Muti Phasic Questionnaire, an Indian adaptation of the Minnesota Multiphasic Personality Inventory, to assess different clinical conditions of individuals. First it is constructed by Murthy (1964; Murthy, HN., & Laximinarayanan, CS., 65; Murthy, HN., 1968), later it is developed by Murthy and Lakshmi Narayan. Multi Phasic Questionnaire is an Indian adaptation of Minnesota Multiphasic Personality Inventory (Hathaway& McKinley, 1942; 47; Hathaway & Meehl, 1951; Hathaway & McKinsley, 1967). The Multi Phasic Questionnaire is developed and validated in India. The test significantly differentiates normal with personality disorder symptoms. Multi Phasic Questionnaire diagnoses individuals with depression (and also other personality

disorders). This scale is used in the present study for substantiating clinical diagnosis. It is a forced choice test, true/ false inventory that evaluates the personality profile for schizophrenia, paranoia, mania, depression, anxiety, hysteria and psychopathic deviation. Multi Phasic Questionnaire has 100 statements and it usually takes 30 minutes to complete the test.

Scoring: Standard scoring procedure is adopted

STATISTICS

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

RESULTS AND DISCUSSION

The findings of the present study are discussed on Tables 3-14 and Figures 3-

Table 3

Mean Multi Phasic Questionnaire Raw scores of control (n=60) Vs. experimental (n=60) group during pretest phase of training

MULTI PHASIC QUESTIONNAIRE		
SCALES	CONTROL	EXPERIMENTAL
K - Scale	2	0
Schizophrenia (Sc)	5	5
Paranoia (Pa)	8	8
Mania (Ma)	6	5
Anxiety (A)	11	11
Hysteria (Hy)	4	4
Psychopathic deviates (Pd)	18	17
Total Raw score	52	50

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

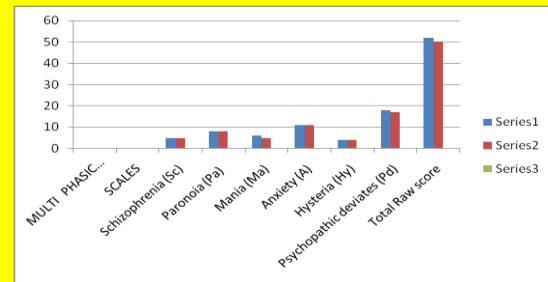


Figure 3: Mean Multi Phasic Questionnaire various clinical scales raw scores of control Vs. experimental group during pretest phase

Parameters	Sum of Square	df	Mean Square	F- Value	P Value
Various Clinical Scales Mean raw score Pretest	3.9381	119	3.9381	0.5516	NS
Posttest	163.6543	119	163.604	221.53	p<.0001
Follow-up	165.4012	119	163.686	357.03	p<.0001

of training

Tables 3-4 and Figure 3 Bar diagram show MeanMulti Phasic Questionnairevarious clinical scales raw scores of control Vs. experimental group during pretest phases of training. It is seen from the table that control and experimental group are high on MeanMulti Phasic Questionnairevarious clinical scales raw scores during pretest. Calculated F - Value (0.5516) is lower than the tabular value,hence, the sample selected for the study is a homogeneous sample. Both the groups of college students are suffering from personality disorder symptoms during pretest.

Posttest and follow-up analysis reveal that experimental group is low on various clinical scale raw scores, compared to the pretest. Calculated posttest F- Value (221.53)and Follow - up F - Value (357.03) are higher than the tabular value, hence, there is an extremely significant difference ($p < .0001$) existing in the performance. Experimental group islower ($p < .0001$) than the control group.on Mean Multi Phasic Questionnaire various clinical scales raw scores

Experimental group is faster ($p > .0001$) than the control group in the management of personality disorder symptoms. Experimental group is normal, free from psychiatric morbidity. On the other hand, control group college students are showing the signs of psychiatric morbidity symptoms.

With intervention, the experimental group is lower ($p < .0001$)than the control groupMean Multi Phasic Questionnaire various clinical scales raw scores. This may be due to regular practice of cognitive behaviour therapy. Experimental group college students are capable of overcoming personality disorders symptoms and remain emotionally well balanced. Experimental group college students are lower ($p < .0001$)than the control groupon personality disorder symptoms and psychologically wellbeing after intervention.

Parameters	Sum of Squares	df	Mean Square	F Value	P Value
Pretest	34.13403307	119	34.13004	0.9987	NS
Posttest	642.0120998	119	6642.01178	129.32	p<.0001
Follow-up	667.4114118	119	667.41120	337.42	p<.0001

Value

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Table 6 NOVA: Mean Multi Phasic Questionnaire Pa Raw scores of control (n=60) Vs. experimental group (n=60) over three phases of training

Tables 6 show Mean Multi Phasic Questionnaire Pa Clinical scale raw scores of control Vs. experimental group over three phases of training. It is seen from the table that the control and

experimental group are high on Pa clinical scale raw score during pretest. Calculated F - Value (0.9987) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both groups of college students are suffering from mild personality disorder symptoms. Posttest and follow-up analysis reveal that experimental group is low on Pa clinical scale raw scores, compared to the pretest. Calculated posttest F - Value (139.27) and Follow - up F - Value (598.28) are higher than the tabular value, hence, there is an extremely

Parameters	Sum of Square	df	Mean Square	F Value	P Value
Pretest	0.67541.32	1119	0.6750.35	1.63	NS
Posttest	612.01209.98	1119	672.011.78	249.37	p<.0001
Follow-up	667.41141.18	1119	667.411.20	524.52	p<.0001

	Tables 7 show Mean Multi	Sum of Square	df	Mean Square	F Value	P Value
significant difference ($p<.0001$) existing in the performance. Experimental group is lower ($p<.0$ 01) than the control group on Pa clinical scale raw scores . Experimental group is faster ($p<.0001$)than the control group in overcoming the personality disorder symptoms through Cognitive behaviour therapy.With intervention, the experimental group is low on Pa clinical scales than the control group. This may be due to regular practice of Cognitive behaviour therapy. They are capable of overcoming personality disorder symptoms and remain emotionally well balanced. Experimental group college students are lower ($p<0.001$)than the control group on personality disorder symptoms after intervention. Control group college students are suspicious, guarded, resentful, argumentarian and tend to externalise blame on others. On the other hand, experimental college students are free from personality disorder symptoms and	Phasic QuestionnaireMa Clinical scale raw scores of control Vs. experimental group over three phases of training. It is seen from the table that the control and experimental group is high on Ma clinical scale raw score during pretest. Calculated F - Value (1.63) is lower than the tabular value,hence, the sample selected for the study is a homogeneous sample. Both groups of college students are suffering from mild personality disorder symptoms. Posttest and follow-up analysis reveal that the experimental group is low on Ma clinical scale raw scores, compared to the pretest. Calculated posttest F - Value (249.37) and Follow - up F - Value (524.52) are higher than the tabular value, hence, there is an extremely					
18 Page	($p<.0001$) significant difference ($p<.0001$) existing in the performance.					

psychologically wellbeing after intervention.

Table 7 ANOVA: Mean Multi Phasic Questionnaire Ma Raw scores of control (n=60) Vs experimental group (n=60) over three phase of training

With intervention, the experimental group is low on Ma clinical scales of Multi Phasic Questionnaire than the control group. This may be due to regular practice of Cognitive behaviour therapy. They are capable of overcoming personality disorders symptoms and remain emotionally well balanced. Experimental group college students are lower ($p < 0.001$) than the control group on personality disorder symptoms after intervention. Control group college students are energetic, impulsive, overtly optimistic, irritable, moody, and impatient. They are suffering from mood disturbance and flight of ideas. On the other hand, experimental college students are free from personality disorder symptoms and psychologically wellbeing after intervention.

Table 8 ANOVA: Mean Multi Phasic Questionnaire D clinical scale Raw scores of control (n=60) Vs. experimental group (n=60) over three phases of training

Tables 8 show Mean Multi Phasic Questionnaire D Clinical scale raw scores of control Vs. experimental group over three phases of training. It is seen from the table that control and experimental group are high on D clinical scale raw score during pretest. Calculated F - Value (1.3) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both groups of college students are suffering from mild personality disorder symptoms.

Posttest and follow-up analysis reveal that experimental group is low on D clinical scale raw scores, compared to the pretest. Calculated posttest F - Value (320.12) and Follow - up F - Value (565.67) are higher ($p < .0001$) than the tabular value, hence, there is an extremely ($p < .0001$) significant difference ($p < .0001$) existing in the performance.

Experimental group are lower ($p < .0001$) than the control group on Ma clinical scale raw scores. Experimental group is faster ($p < .0001$) than the control group in overcoming the suicidal ideation symptoms.

With intervention of	Sum of Squares	df	Mean Square	F Value	P Value
, the experimental group is lower than the control group on Multi Phasic Questionnaire Dclinical scale. This may be due to regular practice of Cognitive behaviour therapy. They are capable of overcoming personality disorder symptoms and remain emotionally well balanced. Control group college students are low on mood and self-esteem, feeling inadequate, shy, guilt - ridden and depressed. On the other hand, experimental college students are free from suicidal ideation symptoms and psychologically well being after intervention. Table 9					
					ANOVA: Mean Multi Phasic Questionnaire
					A Raw scores of control (n=60) Vs. experimental group (n=60) over three phases of training
					Tables 9 show Mean Multi Phasic QuestionnaireA Clinical scale raw scores of control Vs. experimental group over three phases of testing. It is seen from the table that the control and experimental groups are high on A clinical scale raw score during pretest. Calculated F - Value (1.04) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both groups of college students are suffering from mild personality disorder symptoms. Posttest and follow-up analysis reveal that experimental group is low on A clinical scale raw scores, compared to the pretest. Calculated posttest F - Value (245.27) and Follow - up F - Value (445.55) are higher than the tabular value, hence, there is an extremely (p<.0001) significant difference (p<.0001) existing in the performance.

Experimental group is lower ($p<.0001$) than the control group on A clinical scale raw scores. Experimental group is faster than the control

Parameters	Sum of Square	df	Mean Square	F Value	P Value
Pretest	1.63922.33	1119	103791.08	1.04	NS
Posttest	179001.97	1119	1790.86	465.23	$p<.0001$
Follow-up	1980115.83	1119	1980.58	620.35	$p<.0001$

group in overcoming the personality disorders symptoms. With intervention, the experimental group is lower than the control group on Multi Phasic Questionnaire Dclinical scales. This may be due to regular

practice of Cognitive behaviour therapy. They are capable of overcoming suicidal ideation symptoms and remain emotionally well balanced. Experimental group college students are lower ($p<.0001$) than the control group on personality disorders symptoms after intervention. Control group college students are high on anxiety, lacking self-confidence and very tense. On the other hand, experimental group college students are free from personality disorders symptoms and psychologically wellbeing after intervention.

Table 10

ANOVA: Mean Multi Phasic Questionnaire Hy Raw scores of control ($n=60$) Vs. experimental group ($n=60$) over three phases of training Tables 10 show Mean Multi Phasic Questionnaire Hy Clinical scale raw scores of control Vs. experimental group over three phases of testing. It is seen from the table that control and experimental group are high on Ma clinical scale raw score during pretest. Calculated F - Value (1.04) is

Parameters	Sum of Square	df	Mean Square	F Value	P Value
Pretest	372.42	1119	372.42	1.236	NS
Posttest	1904.02115.83	1119	1904.020.98	134.25	$p<.0001$
Follow-up	29078.52929.23	1119	29078.52	298.72	$p<.0001$

lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both groups of students are suffering from mild personality disorder symptoms. Posttest and follow-up analysis reveal that experimental group is low on Hy clinical scale raw scores, compared to the pretest. Calculated posttest F - Value (465.23) and Follow - up F - Value (620.35) are higher than the tabular value, hence, there is an extremely significant difference ($p < .0001$) existing in the performance. Experimental college students are lower ($p < .0001$) than the control group on Hy clinical scale raw scores. Experimental group is faster than the control group in overcoming the personality disorder symptoms.

With intervention, the experimental group is low on Multi Phasic Questionnaire Hy clinical scales than the control group.

This may be due to regular practice of Cognitive behaviour therapy. They are capable of overcoming personality disorders

symptoms and remain emotionally well balanced. Experimental group college students are lower ($p < 0.001$) than the control group on personality disorder symptoms after intervention. Control group college students are demanding in nature, develop physical symptoms under acute stress, refuse to manage their conflict, manipulative and non-insightful. On the other hand, experimental college students are free from suicidal ideation symptoms and psychologically wellbeing after intervention.

Table 11

ANOVA: Mean Multi Phasic Questionnaire Pd Raw scores of control ($n=60$) Vs. experimental group ($n=60$) over three phases of training

Tables 11 show Mean Multi Phasic Questionnaire Pd raw scores of control Vs. experimental group over three phases of

training. It is seen from the table that control and experimental groups are high on Pd scale raw score during pretest. Calculated F - Value (1.236) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both groups of college students are suffering from mild personality disorder symptoms.

Posttest and follow-up analysis reveal that experimental group is low on Pd scale raw scores, compared to the pretest. Calculated posttest F - Value (134.25) and Follow - up F - Value (298.78) are higher than the tabular value, hence, there is an extremely ($p < .0001$) significant difference ($p < .0001$) existing in the performance. Experimental group is lower ($p < .0001$) than the control group on Pd scale raw scores. Experimental group is faster ($p < .0001$) than the control group in overcoming the personality disorder symptoms. They remain well disciplined and free from antisocial behaviour after intervention

With intervention, the experimental group is lower than the control group on Pd Multi Phasic Questionnaire. This may be due to regular practice of Cognitive behaviour therapy. They are capable of overcoming personality disorders symptoms and remain emotionally well balanced.

Experimental group college students are lower ($p < 0.001$) than the control group on personality disorders symptoms after intervention. Control group college students are impulsive, poor on social judgement, disregard rules and authority, have difficulties in interpersonal relationships. On the other hand, experimental college students free from personality disorders symptoms and psychologically wellbeing after intervention.

Table 12

Mean Multi Phasic Questionnaire Overall total Raw scores of control (n=60) Vs. experimental group (n=60) over three phases

MULTI PHASIC QUESTIONNAIRE		
SCALES	CON TRO L	EXPERIM ENTAL
K - Scale	2	0.07
Schizophrenia (Sc)	5	0.67
Paranoia (Pa)	8	0.03
Mania (Ma)	6	0.05
Anxiety (A)	11	0.83
Hysteria (Hy)	4	0.23
Psychopathic deviates (Pd)	18	1.69
Total Raw score	52	3.67

of training

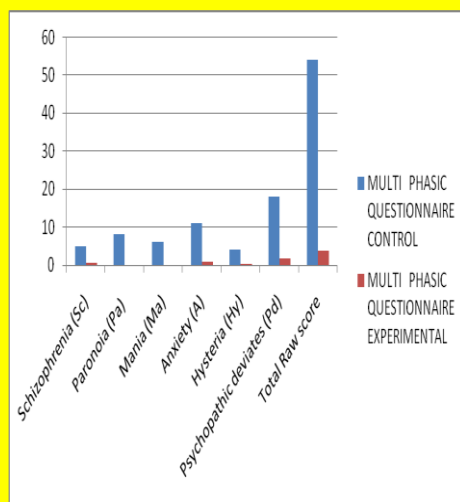


Table 13

Figure 3: Mean Multi Phasic Questionnaire

Overall total Raw scores of control Vs.

experimental group during posttest phase of

training Tables 12-13 and Figure 3 show

Mean Overall Multi Phasic Questionnaire

ANOVA: Mean Multi Phasic Questionnaire Overall total Raw scores of control (n=60) Vs. experimental group (n=60) over three phases of training	Sum of Square	df	Mean Square	F Value	P Value
Pretest	12.10699.59	119	12.105.9	1.05	NS
Posttest	5240.45617.58	119	5240455.23	356.27	p<.0001
Follow-up	5508.01580.92	119	5508.014.	678.84	p<.0001

raw scores of control Vs. experimental

group over three phases of training. It is seen

from the table that control and experimental

group are high on raw score during pretest.

Calculated F - Value (1.05) is lower than

the tabular value, hence, the sample selected

for the study is a homogeneous sample. Both

groups of college students are suffering

from mild personality disorder symptoms.

Posttest and follow-up analysis reveal that the

experimental group is low on Overall raw

scores, compared to the pretest. Calculated

posttest F - Value (356.27) and Follow - up F - Value (678.84) are higher than the tabular value, hence, there is an extremely ($p < .0001$) significant difference ($p < .0001$) existing in the performance. Experimental group are lower ($p < .0001$) than the control group on Overall raw scores. Experimental group is faster ($p < .0001$) than the control group in overcoming the personality disorder symptoms after intervention.

With intervention, the experimental group is lower than the control group on Multi Phasic Questionnaire Overall raw scores. This

MULTI PHASIC QUESTIONNAIRE OVERALL RAW SCORE		
SCALES	CONTROL	EXPERIMENTAL
Sc	5	0.07
Pa	5	0.67
Ma	6	0.03
D	5	0.05
A	11	0.83
Hy	4	0.23
Pd	16	2.13
Overall raw score	52	3.41

may be due to regular practice of Cognitive behaviour therapy. Experimental college students are capable of overcoming personality

disorder symptoms and remain emotionally well balanced. Experimental group college students are lower ($p < 0.001$) than the control group on personality disorder symptoms after intervention. Control group college students are having unusual ideas, moody withdrawn, feel confused and personality disorganisation is seen; suspicious, guarded, hostile, argumentarian, resentful and externalise blame on others; irritable, moody and remain impatient. There is evidence of mood disturbance and flight of ideas seen; shy, pessimistic, moody, feeling inadequate, over-controlled, guilt-ridden and depressed; refuse to manage conflict, develop physical symptoms under acute stress, shy, demanding in nature, non-insightful and lacking in experience, wisdom and judgement. On the other hand, experimental group college students are free from personality disorder symptoms and psychologically wellbeing after intervention.

Hypothesis stated “Ha Cognitive behaviour therapy is more effective in the management of

personality disorder symptoms among college students” is accepted. Cognitive behaviour therapy helps in the management of personality disorder symptoms and leads to successful academic, family and workplace life

The findings of the present study is corroborated with the research findings of Rebekka Busher (2020) and Abbas Abdollah, et al., (2016). (Leichmse & Leibng, 2010 Linch, et al., 2007; ; Weinberg, et al., 2006; Enmelkamp, et al., 2006; Straws, et al., 2006; Davidson, et

Parameters	Sum of Square	df	Mean Square	F -	P -
Pretest	22.53 199.33	1 29	22.53	0.3	N
Posttest	132.3 115.87	1 29	132.3	3	<.00
Follow-up	64.53 136.33	1 29	64.53	1	<.00

al., 2006 and 2009; Blum, et al., 2002; Evan, et al., 1999; Young, 1999; Barely et al., 1998; Lineham, et al., 1991; Alexis, et al., 1990; Renneberg, et al., 1990; Beck & Freeman, 1990; Williams, 1988; Branch, 1987. They have

brought out the fact that Cognitive behaviour therapy is more effective in the management of personality disorder symptoms. Intervention enhances their self - confidence and motivates them to work well in the academic and workplace.

COMPARISION OF GENDER SIFFERENCES

Table 14

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

Table 15

ANOVA : Mean Various Mult Phasic Questionnaire Raw scores of control boys (n=30) Vs. experimental girls (n=30) over

three phases of training

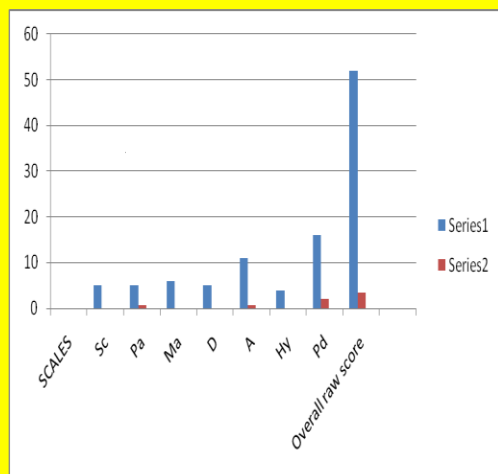


Figure 4 : Mean Multi Phasic Questionnaire Various Scales Raw scores Raw scores of control boys Vs. experimental females over pretest and posttest phase phase of training

Tables 14-15 and Figure 4 show Mean Various Scales Multi Phasic Questionnaire Raw scores of control boys Vs. experimental girls over pretest and posttest phase. It is seen from the table that control males and experimental females are high on Mean Multi Phasic Questionnaire Raw scores during pretest. Hence, the sample selected for the study is a homogeneous sample. Both groups of college

students are suffering from mild personality disorder symptoms

Posttest and follow-up analysis reveal that experimental girls are low on mean Various Multi Phasic Questionnaire Raw scores, compared to the control boys. Calculated Posttest F- Value (34.25) and Follow - up F - Value (14.1) are higher than the tabular value, hence, there is an extremely significant difference ($p < 0.0001$) existing in the performance. Experimental group girls are faster ($p < 0.0001$) than the control boys in overcoming personality disorder symptoms after intervention.

With intervention, the experimental group is low on Multi Phasic Questionnaire Raw scores than the control group. This may be due to regular practice of Cognitive behaviour therapy. They are capable of overcoming their personality disorder symptoms and are emotionally well balanced. Control group college students boys are having unusual ideas, moody withdrawn, feel confused and personality disorganisation is seen; suspicious,

guarded, hostile, argumentarian, resentful and externalise blame on others; irritable, moody and remain impatient. There is an evidence of mood disturbance and flight of ideas seen; shy, pessimistic, moody, feeling inadequate, over-controlled, guilt ridden and depressed; refuse to manage conflict, develop physical symptoms under acute stress, shy, demanding in nature, non-insightful and lacking in experience, wisdom and judgement; maladjusted tense, lacking self-confidence and anxious.. On the other hand, experimental females are free from personality disorders symptoms and psychologically wellbeing after intervention. Experimental group girls are free from Schizophrenia, Paranoia, Mania, Depression, Anxiety and Hysteria symptoms. Experimental group girls students are lower ($p < 0.001$) than the control group on various Multi Phasic Questionnaire clinical scales after intervention.

With intervention, the experimental females are low on Multi Phasic Questionnaire raw scores than the control males. This may be due to

regular practice of Cognitive behaviour therapy. Experimental females are lower ($p < 0.001$) than the control males on personality disorders symptoms after intervention.

Hypothesis “H_a Boys are faster than girls in overcoming the personality disorder symptoms through Cognitive behaviour therapy” is rejected. In fact, girls are faster than boys in overcoming personality disorders symptoms. Girls are lower than boys in personality disorder symptoms after intervention..

The finding of the present study is not corroborated with the study conducted by Tanwir Kaur Sidhu, et al., (2019). They delineated the fact that boys are better than girls in the management of personality disorder symptoms. In fact, girls are better than boys in the management of personality disorder symptoms through Cognitive behaviour therapy.

SUMMARY AND CONCLUSIONS

The matched design, experimental study clearly indicates that Cognitive behaviour

therapy helps in the management of personality disorder symptoms. The study also shows that the changes in the wellbeing have been carried out for a longer duration of time, indicating that real learning has taken place. Cognitive behaviour therapy enables psychological wellbeing, positive outlook and positive emotional state as assessed through Multi Phasic Questionnaire.. This study strongly suggests that Cognitive behaviour therapy enhances psychological wellbeing and helps in the management of personality disorder symptoms among college students.

MAJOR FINDINGS OF THE STUDY

- Experimental group is found to be faster in overcoming the ill-effects of personality disorder symptoms compared to the control group after Cognitive behaviour therapy
- Experimental group is found to be low on personality disorder

symptoms such as Schizophrenia, Paranoia, Mania, Depression, Anxiety and Hysteria as compared to control group after the Cognitive behaviour therapy intervention

- Girls are better than the boys in overcoming the ill-effects of personality disorders symptoms than the boys
- Of all the techniques, Cognitive behaviour therapy is one of the best therapeutic techniques in the management of personality disorder symptoms among college students

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QUIRIES :

CONTACT : 1' Kiruthiga, M ,

2.Dr.V Chandramohan.

Mobile. No. :919500655512

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