

MITIGATING PERSONALITY DISORDERS AMONG UNDERGRADUATE STUDENTS IN KENYAN UNIVERSITIES

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ABSTRACT

This paper is based on a study whose aim was to examine the types of counseling therapies and facilities availed to undergraduate students in the Kenyan universities. The information generated by the study was to inform university authorities on ways to improve their student therapy services, all in a bid to avert escalating student suicides, depression and poor interpersonal relationships persisting among the undergraduate students struggling with personality disorders. The study design was cross sectional, employing both quantitative and qualitative tools and techniques in data collection. The study population included undergraduate students from 2 public and 2 private universities, their Deans and the Medical Officers attending to the student body. Mixed sampling methods were used to identify the subjects whose sample size was 384. Descriptive statistics were used to provide answer the research question. It was found that the most frequently used counseling therapy approaches and techniques included Role playing, Free Association, Cognitive Therapy, Dialectical Behavior Therapy and Interpersonal Therapy Techniques. Results also revealed that 14% out of a possible 16% reported that they would indeed recommend the counselor to a friend, and that university counselors demonstrate empathy, congruence and unconditional positive regard toward their clients. Findings from direct observation revealed some major shortfalls regarding the counseling environment.

Keywords: Personality Disorder, Undergraduates, Quality Counselling Therapies.

INTRODUCTION

Conflict is an inevitable aspect of human life. Often, the social disruption comes from people afflicted with personality disorders that go undiagnosed and therefore untreated Personality disorders are associated with high levels of dysfunction. The American Psychiatric Association defines a personality disorder as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in the areas of cognition (that is, ways of perceiving and interpreting self, other people and events); affectivity (that is, the range, intensity, ability, and appropriateness of emotional response); interpersonal functioning; and impulse control. The enduring pattern of inner experience and behaviour (that is, the symptoms) usually lead to significant distress or impairment in social, occupational or other important areas of functioning (APA, 2000). The psychosocial functioning of people with personality disorders can vary widely. Their history of interpersonal relationships, educational and work history, psychiatric and substance abuse history indicate marked impairments; significant areas of the patient's life, such as intimate

relationships or occupational functioning are adversely affected (Ward, 2004). The primary goal of universities is to prepare students for successful careers in the outside world. At the end of their studies, the students are expected to emerge equipped both physically and mentally to play their role contributing to national development. While universities expend vast resources to ensure the intellectual aspects of the students are catered for, their mental and emotional health does not receive as much attention. The emotional health is impaired by the personality disorders. Counselling is a critical therapeutic intervention in the management of personality disorders. Knowledge of the core characteristics of these disorders allows physicians to recognize, diagnose, and treat affected patients (Ward, 2004). It is a common misconception to think that only seriously ill or "crazy" people need counseling help. Studies show that over eighty percent of people can benefit from counselling at some time in their lives. So, it is normal to need counseling when special concerns or difficult feelings arise. Most people have a problem with anxiety, depression, stress, relationships, etc., at some point. Counselling provides a special setting in which individuals learn about themselves, thereby enabling them to be more effective in their relationships with others and with themselves. There are different types of therapies available to address the disorders, based on the preference of the counselor and the situation.

A recent report by KNCHR (2011) reveals that in Kenya in general, the mental health infrastructure is not as developed as it should be. The report highlights, among other things, that there is entrenched stigma and discrimination against persons with mental disorders and low level of awareness on mental health. It also points out that the mental health sector has been severely neglected; persons with mental disorders have been neglected and abandoned in facilities; and that basic mental health facilities, services and goods are unavailable or inaccessible to majority of the Kenyan population. This implies a weakness in the referral and supportive administrative structures that are supposed to undergird the provision of counseling therapy and mental health services in Kenyan universities. It also gives an indication that students affected by mental disorders such as personality disorders will likely shy away from seeking out the services due to the prevailing stigma associated with mental ill health in Kenya. The purpose of the study was to examine the types of counseling therapies and facilities availed to undergraduate students in the Kenyan universities

LITERATURE REVIEW

Undergraduate students in Kenyan universities by and large struggle with conflict. These internal and external conflicts come from personality disorders. (Nyaga, *et al.*, 2014) assert that although counselling services are usually provided in various Kenyan universities, there still seems to be noticeable students' anti-social behaviour in public universities, implying the services may not be correctly addressing the students' mental health issues. Personality disorders result in disrupted lives and relationships. People with Avoidant Personality disorder, for instance, tend to be hypersensitive to social rejection or criticism. They also subject themselves to self-imposed social isolation, and have problems in occupational functioning (Millon & Davis, 1996). Those with Paranoid Personality Disorder are burdened with an irrational suspicion and mistrust of others, interpreting motivations as malevolent (Waldinger, 1997), while the ones with Anti-Social Personality Disorder harbour a pervasive pattern of disregard for and violation of the rights of others, lack of empathy, bloated self-image, manipulative and impulsive behavior (Kreisman & Strauss, 2004). A Borderline Personality Disorder leads to suicide, a phenomenon frequently witnessed among undergraduate students in Kenyan public universities. Studies show that the lifetime risk of suicide among people with BPD is between 3% and 10% (Gunderson & Links, 2008). A

Histrionic Personality Disorder, in which the person is plagued with a pattern of attention-seeking behavior and excessive emotions, which can also seriously hamper the undergraduate's interpersonal relationships, especially with lecturers and the academic fraternity. The same applies for persons with Narcissistic Personality Disorder whose craving for grandiosity and admiration, combined with a lack of empathy can result in harm to others through their insensitivity (Ronningstam, 2011). The final outcome of most personality disorders is a high vulnerability to suicide and impulsivity (Brady *et al.*, 2010). This necessitates the provision of quality and appropriate counseling and other services by the department of students' welfare managed by the dean of students. University Counsellors find the presenting problems in undergraduate students normally include difficulty in decision making, broken relationships, family problems, financial challenges and academic problems. A variety of therapy options and their associated techniques are necessary to adequately address the personality disorders, but the universities and counsellors may not have adequate skilled staff and facilities to help the students. Experts recommend that the counselor to counsee ratio in institutions like universities be not more than 1 to 300. In most cases, however, counselors are few and therefore, overworked. As a result, the impact of their services is not felt. In fact, despite the presence of counselors in Kenya's universities, alcoholism, violence and other crimes still happen, one of the major reasons being that counseling services have not been fully appreciated and used here in Kenya (Nyaga *et al.*, 2014). Sometimes the problem is one of awareness of the availability of the services on the part of the students, or the misconception that counseling is only for those with severe emotional and mental problems. Many have come from the secondary school where guidance and counseling was more of a disciplinary measure rather than a positive, healthy option one can seek out. The experiences of this high school 'counselling' creates a negative bias in the mind of the undergraduate, thereby acting as a barrier for the university counsellor ((Nyaga *et al.*, 2014).

METHODOLOGY

The study design was a descriptive cross sectional survey in which students were asked to fill a semi structured questionnaire about the counseling therapy services availed to them. Qualitative data was also collected using Key Informant Interviews and Direct observation techniques. The unit of observation was the universities. The study population included close peers of the respondents, the Deans of students, and the Medical Officers in the Universities. The Fisher *et al.* (2003) formula for sample size determination where the population (N) is known to be greater than 10,000 was applied, and yielded a sample size of 384 students. The study employed, mixed methods sampling techniques, where different methods were used at different phases of selection. In the first stage was random sampling of the universities using the lottery method. This was followed by the second stage of assigning cluster codes to the selected universities, and then non-proportional quota sampling, where a fixed number of 96 students was apportioned to the 4 clusters. Finally, a randomizing technique was employed in identifying the actual subjects to be interviewed.

RESULTS AND DISCUSSION

The most frequently used approaches and techniques included Role playing, Free Association, Cognitive Therapy, Dialectical Behavior Therapy and Interpersonal Therapy Techniques. This latter was found particularly appropriate in the university setting, as it is a time-limited treatment that encourages the patient to regain control of mood and functioning typically lasting 12–16 weeks.

Table 1: Most Frequently Used Counselling Therapy Approaches and Techniques

Therapy Type	Frequency of Responses on Usage
Behaviour Therapy (BT)	100%
Role Playing	75%
Free Association Technique	100%
Cognitive Therapy (CT)	100%
Dialectical Behavior Therapy (DBT)	100%
Interpersonal Therapy Techniques	75%

Source: Field Data, 2015

One of the most common approaches in use was found to be Behavior Therapy (BT), with all (100%) counselors reporting that they use it. As was seen in literature, BT focuses on helping an individual understand how changing their behavior can lead to changes in how they are feeling. BT was used to help the students change their conduct, especially with regards to excessive alcohol intake and violence. Since BT includes techniques of Self-Monitoring, Schedule of Weekly Activities, Role Playing and Behavior Modification, the counselors said they encourage the students to participate more in daily and weekly sports and other recreational activities that do not involve substance abuse. It was also reported that the techniques of role playing were used by 75% of the counselors, to help the student get in touch with their own emotions and find ways of responding better to adverse situations, such as when a girl friend or boyfriend left them which, unfortunately, was reported to be a common occurrence among undergraduates. The change response counsellors aim for through this technique, is to effect behavior modification.

Another common approach found to be in use was Cognitive therapy, with 100% of the counselors reporting they use it often. As literature elaborates, CT is based on the theory that much of how people feel is determined by what they think. Disorders, such as depression, are believed to be the result of faulty thoughts and beliefs (Margolies, 2013). All the Counsellors in the universities were found to commonly face depressed students, and therefore reported to rely on this approach to help them correct the inaccurate beliefs, and perception of events in the affected students, in a bid to alter their emotional state. The study found that the Counselors and Deans indeed function as cognitive therapists, working with the student to challenge thinking errors. The counsellors reported that they indeed point out to the affected students alternative ways of viewing their situation, and in that way the student's mood improves.

In universities, the undergraduates who are young adults emerging from the adolescent age category, invariably get caught up in romantic relationships. Often times, however, counsellors revealed that these are short-lived, leaving the participants emotionally shattered, particularly the jilted ones. Yet the parties to the broken relationship are forced to co-exist on campus since they need to continue attending classes. This is the case even if one or the other becomes suicidal. A counsellor in one of the universities narrated an example where, following one such traumatic break up, the two undergraduate students were completely unable to bear the sight of each other on campus, leading the office to request one of them to defer their studies, in order to allow the other a chance to finish and vacate campus with minimal disruption. However, this is not always possible or feasible; the Deans and Counsellors must then teach the students how to manage the emotional trauma rather than physically taking them out of their crises. This approach is essentially the Dialectical Behavior Therapy (DBT) treatment, which is a cognitive-behavioral approach, emphasizing

the psychosocial aspects of treatment. It was in use by all (100%) of the counselors interviewed. As reviewed earlier, the theory behind the approach is that some people are prone to react in a more intense and out-of-the-ordinary manner toward certain emotional situations, primarily those found in romantic, family and friend relationships. DBT theory suggests that some people's arousal levels in such situations can increase far more quickly than the average person's, attain a higher level of emotional stimulation, and take a significant amount of time to return to baseline arousal levels. In the example of the split couple in given by the key informant, it took a semester for the emotional stimulation in the traumatized couple to return to baseline. Counsellors revealed that through DBT, their aim was to help the student restore their self-respect and self-image. Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship. This is in line with what Kyalo & Chumba (2011) found; the scholars maintain that the fundamental goals in counselling services are essential in increasing the students' feeling of personal adjustment and effective interaction in their immediate environment.

All (100%) counsellors in the study also said they often use the 'Free Association' technique developed by Sigmund Freud, one of the founding fathers in the field of psychology. In free association, psychoanalytic patients are invited to relate whatever comes into their minds during the analytic session, and not to censor their thoughts. This technique is intended to help the patient learn more about what he or she thinks and feels, in an atmosphere of non-judgmental curiosity and acceptance. This is possible because, as seen earlier in the literature reviewed, psychoanalysis assumes that people are often conflicted between their need to learn about themselves, and their (conscious or unconscious) fears of and defenses against change and self-exposure. (Bollas, 2008). When used in this spirit, free association is a technique in which neither therapist nor patient knows in advance exactly where the conversation will lead, but it tends to lead to material that matters very much to the patient, because, as Berne (1976) put it, 'in spite of the seeming confusion and lack of connection...meanings and connections begin to appear out of the disordered skein of thoughts...some central themes' The university counsellors' goal in using free association is to instigate a journey of co-discovery which can enhance the patient's integration of thought, feeling, agency, and selfhood.

From the responses of Key Informants, the study learned that the Interpersonal therapy techniques are commonly used by 75% of the counselors. During such times they have individual therapy sessions, where the client works toward learning and improving many basic social skills. The Interpersonal psychotherapy (IPT) is particularly appropriate in the university setting, as it is a time-limited treatment that encourages the patient to regain control of mood and functioning typically lasting 12–16 weeks. Being based on the principle that there is a relationship between the way people communicate and interact with others and their mental health, Interpersonal Psychotherapy of Depression is well adapted for the treatment of ambulatory depressed, nonpsychotic, non-bipolar patients. Further, IPT is appropriate for effective treatment for Bulimia nervosa, (Weissman & Markowitz, 1998) and Major depressive disorder (Joiner & Kistner, 2006), both of which manifest in personality disorders. University counsellors' choice of this therapy is also commendable because, according to Weissman & Markowitz (1998), although originally developed as an individual therapy for adults, IPT has been modified for use with adolescents and older adults, the age bracket in which most undergraduates fall. Moreover, the study finds this method appropriate because researchers (Mufson *et al.*, 1993) report that it is particularly accessible to patients who find dynamic approaches mystifying, or the 'homework' demands of Cognitive

Behavioural Therapy (CBT) daunting. The scholars assert that IPT has been specially modified for adolescents (Mufson *et al.*, 1993) as it addresses relationships — a primary concern. However, the study conducted by (Barkham *et al.* 1996) showed a tendency for symptoms to recur, thus limiting the long term-effectiveness of this psychological therapy. This implies the students given this therapy would still require close follow up after graduating from university. Deans of students, in their individual interviews, stated that all their counselors have received sufficient training and experience to work with the students. The counselors are accountable to the university for the quality and appropriateness of the work they offer. Students have a choice of changing counselors. The Dean at a private university said,

“There are times a student may feel I am overly authoritative as a Dean of students, and they are therefore unable to be counseled by me. So I refer them to my colleague. I find out they need to switch when they don't want to come back again or are not open”. There is a staff shortage; most of the universities only had 3 counselors.”

When students were asked about the characteristics of the people that had counseled them, they gave responses summarized in Table 2. From the results indicated, 12.4% out of the total 16% that actually underwent therapy felt that the counselor exhibits the key characteristics of a good therapist as outlined by Carl Rogers, a renowned psychologist. He describes what he called the "core conditions" constituting the essence of the healing or growth experience, namely empathy, congruence and unconditional positive regard. As is displayed in the table, the core characteristic of empathy was reportedly present in the counselors; 10.7% out of a possible 16.4%, felt the university counsellor was warm and approachable; 15.1% indicated that the counsellor was available to them between sessions, either on phone or in person; 12.2% claimed the counsellor's availability contributed to a feeling of being well supported and cared for; 13.3% reported that the counsellor provided support before the student faced challenging events; and 13% indicated that they felt the counsellor was genuinely interested in helping the student. These findings are positive with regards to the enquiry of the study, to establish if the therapies offered to students are effective in addressing personality disorders, because, as Rogers theorized, therapy works when the client is in a relationship with someone who has faith in them, listens empathetically and accurately for the deeper meanings of what they are communicating, and who deals with them honestly without roles or manipulation.

Table 2: Demonstrated Characteristics of University Counsellors

Characteristics of University Counsellor	Strongly Agree	Agree	Disagree	Unsure	N/A
Student Feels the University Counsellor is Warm and Approachable (<i>empathetic</i>)	3.40%	7.30%	3.60%	2.10%	83.60%
Student feels the University Counsellor Acts natural (<i>Congruency</i>)	6.30%	4.40%	0.00%	5.70%	83.60%
The University Counsellor is Committed to treating Student as Equals (<i>Unconditional Positive Regard</i>)	4.90%	4.40%	3.90%	3.10%	83.60%
Counsellor was Available to the student Between Sessions, Either on	8.10%	7%	0.50%	0.80%	83.60%

Phone or In Person (<i>Empathetic</i>)					
Counsellor's Availability Contributed to a Feeling of being well Supported and cared For in the student (<i>Empathetic</i>)	5.20%	7%	3.40%	0.80%	83.60%
Counsellor Provided Support Before Student Faced Challenging Events (<i>Empathetic</i>)	7.60%	5.70%	1.30%	1.80%	83.60%
Counsellor Treated Student With Respect (<i>UPR</i>)	5.50%	7.80%	2.30%	0.80%	83.60%
Counsellor Was on Time for Appointments (<i>Congruency, UPR</i>)	6.80%	4.90%	3.10%	1.60%	83.60%
Counsellor Worked With the student to Set Goals For Counselling (<i>UPR</i>)	6.30%	9.60%	0.50%	0%	83.60%
Counsellor Was Genuinely Interested in Helping the student (<i>Empathetic</i>)	8.10%	4.90%	2.60%	0.80%	83.60%
Total Average	6.3%	6.1%	2.2%	1.8%	83.6%

Source: Field Data, 2015

Rogers thought it was essential for the person to feel deeply understood, and doing that meant going 'inside' the other person's frame of reference to get a real sense of what the person's experiences felt like, and then to be able to communicate that knowing and understanding back to the other person deeply and accurately. The findings also imply that the counselors must have also subscribed to what Moore (2006), suggests as empathy being also communicated in non-verbal communication such as an increase in eye contact, body posture, tone of voice and listening skills. The study also revealed that 15.9%, almost all of those who attended counseling (16%), confirmed that the counselor worked with them to set goals for counseling. This is in line with what Rogers' extensive research work contributes to successful therapy; it fulfills the condition where the clients are free to determine their own agenda for their life and therapy and to describe their own subjective experience in their own way. This fulfills the principle of unconditional positive regard on the part of the counselor, which was also displayed in what students reported about the counsellor treating them with respect (13.3%); and being on time for appointments (11.7%).

Rogers described unconditional positive regard (UPR) as an acceptance of each aspect of the other person's experience as a real part of that person; an unconditional warmth, and momentary setting aside of judgment to promote an atmosphere of trust and openness. The findings that 9.3% of the students felt the counselor treated them with respect (and as equals) is in line with the core condition described by Rogers of there being a need for the relationship to be as egalitarian as possible without a "power-over" authoritarian posture. The counsellors being reported by 11.7% of students as generally being on time for appointments, demonstrates the respect existing in the client-counsellor relationship, a critical ingredient in successful therapy. Thirdly, the study established the counselors possessed the third characteristic critical to successful therapy which is congruency. He defined it as being authentic, as opposed to being phony. The findings of the study that 10.7% out of a possible

16% student felt that their University Counsellor Acts natural fulfills the condition of congruency, and subscribes to what Rogers prescribed as being an essential part of the equation, since the therapist needs a very high degree of self-knowledge in order to maintain a consistent degree of personal transparency

Counselling Room Environment

Data on the counseling environment was collected by asking the students, as well as through direct observation. The opinions of the students regarding how they rate the counseling room are summarized in Table 3.

Table 3: Students' Assessment of their Counselling Room

Student's Description of the University Counselling Room	Yes	No	Somehow	N/A
Physical Location of the Counselling Room is Good	6.8%	9.5%	0.5%	83.6%
Counselling Room is Comfortably Furnished	7.6%	6.0%	6.9%	83.6%
Counselling room is Free from External Disturbances	9.1%	7.3%	-	83.6%
Counselling Room is a Quiet, Peaceful and Reflective Place	7.8%	7.0%	1.6%	83.6%
One Can Experience Freedom and Calm in the Counselling Room	10.7%	4.2%	1.6%	83.6%
Overall Counselling Room is Conducive	10.2%	5.5%	0.8%	83.6%

Source: Field data, 2015

Overall, most of those that attended counseling (10.2%), generally felt the counseling room they used was conducive. This may well be a question of perception, since, compared to the recommendations spelt out in the literature reviewed, and the direct observations of the data collectors, 3 out of the 4 clusters fell short. Nevertheless, the aspects the students were most dissatisfied with regarding their counseling environment were the location of the counseling room (9.5%), external disturbances (7.3%), and the lack of peace and quiet to make it a reflective place (7%). The implications of their dissatisfaction with the environment are a reduced impact in therapy outcomes.

Direct Observations

Information on the counseling environment was gathered through direct observation. Results from the observation checklists reflected data that is similar to that voiced by the students. From direct observation and key informant interviews, the counseling environment does not always have the necessary pre requisites to aid a successful counseling session. Table 4 summarises the data from the observation checklists compiled at each university. In all the universities visited, the rooms were well-ventillated and well lit.

Table 4: Observed Condition of Counselling Environment

OBSERVED CONDITION	CLUSTER ONE	CLUSTER TWO	CLUSTER THREE	CLUSTER FOUR
Room is well-ventillated	Yes	Yes	Yes	Yes
Room is well-lit and bright	Yes	Yes	Yes	Yes
Furniture for counselee	No	No	No	Yes

comfortable/ Recliners				
Drinking water/refreshment available	Yes	No	No	Yes
Level of Privacy Acceptable	No	Yes	No	Yes
Overall atmosphere is quiet, peaceful, comfortable and reflective	No	Yes	No	Yes

Source: Field Data, 2015

In 75% of the cases, the furniture was not very appropriate for counseling, even though 7.6% of the students themselves had said they were comfortable enough. In 50% of the universities visited, it was observed that water and refreshments were available for the students, the level of privacy was acceptable and overall ambiance deemed peaceful and reflective. These findings are significant in light of what other scholars have found with regard to the importance of the counseling environment to the success of the counseling effort. The qualitative study by Pearson & Wilson, (2012), establishing the preference for larger work spaces, natural light, use of aesthetically pleasing decor, and provision for clients to have choice in seating, indicates that the universities had done well in this regard, and had made good efforts towards ensuring the success of the therapy sessions. Earlier scholars had also established similar observations; the effect a healthcare environment can exert on mood and behaviour was established by Dijkstra, Pieterse, & Pruyn, (2008). Other scholars like Phelps et al., (2008) backed up this finding. Similarly, if self-disclosure is more forthcoming and extensive in a warm, intimate room Chaikin *et al.*, (1976)., then the bare cement floors and overhead fluorescent lighting observed in 50% of the universities works against their therapy goals for their student clients. All in all, because the counselee is the end beneficiary of the counseling process, and because most (10.2%) of those who attended therapy found the environment to their satisfaction, it can be concluded that they were able to attain the benefits of the therapy, and the environment was not a hindrance despite its shortcomings.

CONCLUSION

A mix of counselling approaches and techniques are used on the students in Kenyan universities, but there is a shortage of staff and facilities. Counselling rooms are poorly furnished and absent in some cases. The study recommended that counselling departments need to be enhanced both at staffing and facility levels. More staff should be hired, and training on Personality Disorders and best therapies to employ should be done. Furthermore, better rooms and furniture should be availed for counselling.

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