

# Evaluation of the Effect of Taheri Consciousness Fields on Reducing Borderline Personality Disorders in Patients Visiting Psychology Clinic in the Capital of Iran

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## ABSTRACT

Every particle in the universe is influenced by different fields, such as gravitational field, electromagnetic field, weak nuclear force, and strong nuclear force. According to the theory of Mohammad Ali Taheri, the founder of two complementary medicines, Faradarmani & Psymontology, there is another field with an immaterial and non-energetic nature, different from known physical fields, which is called Taheri Consciousness Fields (TCFs). These Fields can be currently examined only through empirical methods. One of the results of the application of TCFs is the diagnosis and treatment of mental disorders in human beings. Borderline personality disorder is a multidimensional disorder characterized by numerous deficiencies in interpersonal relationships, self-concept, and cognitive functions. This study aimed to investigate the possibility of reducing borderline personality disorder by being exposed to the TCFs. The present research method is quasi-experimental, including two control and experimental groups, and the pre-test scores are controlled during the analysis process. The statistical population was selected from clients with borderline personality disorder who visited one of the psychological clinics in Tehran's District 5 in 2019. The statistical sample included 28 females diagnosed with borderline personality disorder using the Borderline Personality Questionnaire [STB]. Selecting the sample was random, and they were assigned to the control and experimental groups. In this study, the experimental group included patients who were exposed to the TCFs for 60 minutes. In order to determine the effects of this treatment, the ANCOVA test with the pre-test control was used. The results demonstrated that 27% of the variance between the two groups was due to the effects of TCFs. Therefore, the main hypothesis of the research is confirmed. The MANCOVA test was also used to explore the sub-hypotheses. There was a significant difference between the two groups in the dependent variables and the effects of treatment were 32%, and also the statistical power indicated the sample size was relatively adequate. According to the results, the effect of TCFs in reducing disappointment, impulsivity, and Dissociative identity disorder/paranoia was 25% and 14%, respectively. Therefore, sub-hypotheses number 1 and 2 were confirmed, and sub-hypothesis number 3 about the effects on the Dissociative identity disorder/paranoia was rejected.

**Keywords:** Taheri Consciousness Fields, Faradarmani, Psymontology, Borderline Disorder

## INTRODUCTION

Borderline personality disorder is recognized as a pervasive pattern of instability in interpersonal relationships, self-concept, emotions, and impulsivity, and manifests itself in a variety of contexts (American Psychiatric Association, 2013). Patients with borderline personality disorder are on the verge of neurosis and psychosis and are characterized by instability in their emotional state, mood, behavior, objective relationships, and self-image. This disorder has also been referred to as ambulatory schizophrenia, the as-if personality (a term coined by Helene Doutsch in 1934), pseudo-neurotic schizophrenia (described by Paul Hoch and Philip Polatin in the 1940s), and psychotic disorder (cited by John Force) (Baltes and schaeie, 2013). In ICD-10, it is also called emotionally unstable personality disorder (Sadock 2007). The primary cause of this disorder is still unknown (Dubovskyy and Kiefer, 2014). However, researchers have associated it with specific factors, such as heredity (Amad et al., 2014), and brain disorders (Bohus et al., 2003; Schmahl et al., 2003), and early life experiences (Lobbestael et al., 2015).

So far, there is no precise report of the definite prevalence of this disorder, but it seems to affect one to two percent of the world population (Paris, 2002; Stone, 1993), and is twice as common in women as in men (American Psychiatric Association, 2013). The disorder begins in adolescence, peaks in early adulthood, and declines in middle age (Paris, 2019). This disorder is five times more common among first-degree biological relatives than in the general population (Oldham et al., 2010). According to the DSM-IV-TR, if the disease meets at least five criteria from early adulthood (general instability, interpersonal relationships, emotions, perceptual impulsivity, and despair), a borderline personality disorder can be diagnosed. Biological tests can also help diagnose,

as in some patients with borderline personality disorder, the REM period is shortened, and sleep continuity is impaired. Abnormal results on the dexamethasone suppression test are observed as well as the test of stimulation with thyrotrophic-releasing hormone (Kosten et al., 1990). But these changes are also seen in some patients with depressive disorders.

Patients with borderline personality disorder almost always appear to be in crisis. Rapid mood swings are common in patients: one moment they may be quarrelsome, the next moment they may be depressed, and the next time they may complain that they have no feelings (Eysenck, 2013). Such patients may have short-lived psychotic attacks, called micro psychotic attacks, but severe and full-blown psychotic attacks are not seen in them. The symptoms of psychosis patients with borderline personality disorder experience are almost always limited, transient, and suspicious (Kaplan and Sadock, 2010).

The behavior of such patients is very unpredictable; therefore, they rarely achieve the maximum efficiency they have. The inherent pain of their lives is obvious in their repeated self-harm attacks. Such patients may stroke their veins or beat themselves in other ways to get help from others, to express anger, or to become benumbed facing their crippling emotional state. Since patients with borderline personality disorder have a sense of dependence and hostility at the same time, their interpersonal relationships are disturbed. They may become attached to someone with whom they feel close, and on the other hand, if they feel disappointed with their best friends, they may express a great deal of anger (Sadock and Sadock, 2010).

Patients with borderline personality disorder cannot tolerate loneliness and seek insanely to establish a relationship to recover themselves, even if that relationship is not sat-



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isfactory for them. To relieve their loneliness, even if it has not lasted long, they make friends with strangers or fall into debauchery (Ewen, 2014). They often complain of chronic feelings of emptiness, boredom, and lack of a uniform sense of identity (Identity diffusion), and when they are under pressure, they complain that despite the intense expression of other emotional states, they are often very depressed. Kernberg describes a defense mechanism called projective identification used by patients with borderline personality disorder. In this primitive defense mechanism, one projects his intolerable aspects to another person, thus forcing him/her to play the role projected to him/her so that they both act the same way (Kernberg 1967).

The therapist must be well aware of this process in order to be neutral in dealing with such patients. Most therapists believe that patients with borderline personality disorder show normal reasoning power in structured tests such as the WAIS and that only in unstructured projection tests, such as the Rorschach test, the disorders of the thought process can be seen. Patients with borderline personality disorder also function in such a way that disrupts their relationships because they consider everyone to be either absolutely good or absolutely bad. That is, they think that people are either their supporters and therefore should be loved or hated (sadistic) and disturb their sense of security, so they are considered as a threat to the patient. As the result of the mechanism of splitting, the patient sees the good people as ideal and the bad people as worthless. This is why these patients support different people or groups from time to time.

Some therapists cite the main characteristics of patients with borderline personality disorder with the following concepts: general fear (fear of everything), general anxiety (anxiety about everything,) general hesitation (being

hesitant in everything) and Chaotic sex behavior. Differentiation between borderline patients and schizophrenia could be based on the fact that in borderline patients, psychotic attacks, thought disorders or other classic symptoms of schizophrenia never last for a long time. Patients with schizotypal personality disorder also have very unique ways of thinking and strange and repetitive thoughts. Patients with paranoid personality disorder are characterized by excessive skepticism (American Psychiatric Association, 2013).

Patients with borderline personality disorder generally have chronic feelings of emptiness and short-lived psychotic attacks; they act impulsively and expect to have unconventional relationships; they may commit self-harm and deceptive suicides. Therefore, such features and consequences of such disorders can affect the personal, professional, and family life of patients and those around them.

The nature of consciousness and its place in science has received much attention in the current century. Many philosophical and scientific theories have been proposed in this area. In the 1980s, Mohammad Ali Taheri introduced novel fields with a non-material/non-energetic nature named Taheri-Consciousness Fields (TCFs). In this perspective, T-Consciousness is one of the three existing elements of the universe apart from matter and energy. According to this theory, there are various TCFs with different functions, which are the subcategories of a networked universal internet called the Cosmic Consciousness Network (CCN). The major difference between the theory of TCFs and other theoretical concepts about consciousness is related to the practical application of the TCFs. TCFs can be applied to all living and non-living creatures, including plants, animals, microorganisms, materials, etc.

Mohammad Ali Taheri, the founder of Erfan Keyhani Halqeh, a school of thought, intro-

duced a new science in 2020 as a branch of this school. He coined the term Sciencefact for this new science because it utilizes scientific investigations to prove the existence of T-Consciousness as an irrefutable phenomenon and a fact. Although science focuses solely on the study of matter and energy and Sciencefact, by contrast, explores the effects of the [non-material/non-energetic] TCFs, Sciencefact has provided a common ground between the two by conducting reproducible laboratory experiments in various scientific fields, and it has used the scientific approach in proving TCFs.

The influence of the TCFs begins with the Connection between CCN as the Whole Taheri Consciousness of the universe and the subjects of study as a part. This Connection called "Ettesal" is established by a Faradarmangar's mind (a certified and trained individual who has been entrusted with the TCFs). The human mind has an intermediary role (Announcer) which plays a part by fleeting attention to the subject of study and then the main achievement obtained as a result of the effects of the TCFs. These fields cannot be directly measured by science, but it is possible to investigate their effects on various subjects through reproducible laboratory experiments (Taheri, 2013).

The research methodology in the study of T-Consciousness has been founded on the process of Assumption, Argument, and Proof, in which the basic Assumption is: The Cosmos was formed by a third element called T-Consciousness that is different from matter and energy.

The Argument: The existence of TCFs can be demonstrated by its effects on matter and energy (e.g., humans, animals, plants, microorganisms, cells, materials, etc.)

The Proof: is the scientific verification of the effects of TCFs on matter and energy (according to the Argument) through various reproducible scientific experiments.

Accordingly, to investigate and verify the existence, effects, and mechanisms of TCFs, the following five research phases (Phases 0 through 4), and the aims of each phase are outlined below.

Phase-0 studies aim to prove the existence of TCFs by observing their effects. The nature of T-Consciousness and what it is will not be addressed in this phase. Phase-1 explores the varied effects of different TCFs. Phase-2 examines the reason behind the varied effects of these fields. Phase-3 investigates the mechanism of TCFs effects on matter and energy. Finally, Phase-4 draws significant conclusions, particularly with regard to the mind and memory of matter and their relation to the T-Consciousness, etc. This study aimed to evaluate the effect of TCFs on reducing borderline personality disorders in patients visiting the psychology clinic in the capital of Iran.

Application of Taheri Consciousness Fields TCFs were applied to the samples according to the protocols regulated by the COSMOintel research center ([www.COSMOintel.com](http://www.COSMOintel.com)). A re-request for Connection to the CCN to utilize TCFs can be placed through the COSMOintel website in the "Assign Announcement" section. This access is available for everyone at no cost. In order to study and experience this Connection, the researchers can register on the website at any time and in order to report the experiment to the COSMOintel research center. Certain details of the experiment must be provided to the center; for example, the characteristics or number and name of samples and controls must be specified. This entire experiment was carried out as a double-blind method where lab technicians were completely unaware of TCFs theory, and the Faradarmangar at the COSMOintel research center who established the Connection was unaware of the details of the study. Double-blind is a gold standard that is common in science experiments in the field of medicine and psychology, involving theoretical and practical testing.

## Procedure

Borderline Personality Scale (STB): The STB Personality Scale consisted of 18 questions that were answered yes-no. However, in this scale, 6 more items were added from the authoritative texts of pathological psychology to cover the DSM-IV-TR definition of BPD, so the STB scale has 24 items (Jackson and Claridge, 1984). The retest reliability coefficient for STB was 0.61. In addition, Rawlings (2001), have reported an alpha coefficient of 0.80 for STB. Concurrent validity of STB with EPQ scales of neuroticism and psychoticism in the main lexicon was 0.64 and 0.44, respectively. The revised form of the Eysenck personality questionnaire (EPQ-R) was used as an alternative tool on 65 subjects to achieve the concurrent validity of the STB. The reliability of the retest reported by the main constructors of the test was also a number between a minimum of 0.76 for the psychosis index and a maximum of 0.90 for the extraversion index (Eysenck, 2013). In counseling centers, the STB scale was distributed among the clients and then the target sample was screened. After determining the number of people in the control and experimental groups, participants were randomly assigned into two groups of 14 people and were asked to answer the questionnaires related to each variable in the pre-test stage. After the intervention, the post-test was performed and the data were entered in version 20 of the SPSS software and analyzed descriptively and inferentially. Two-month training sessions, 3 sessions per week for 60 minutes, during which patients with borderline personality disorder were exposed to Faradarmani Consciousness Field. The total number of sessions was 22 face-to-face training sessions.

Insights and definitions are given in these sessions, including the definition of borderline personality disorders, existential dimensions that consist of different bodies of existence, such as psychological body, mental body, astral body and physical body, the definition of psychosomatic disorders, definition of dual behaviors and defense

mechanisms, definition of different types of Conflicts such as conflict against self, existence, God and others, the definition of Psychology and the status of human being in the ecosystem were some of the theoretical topics.

This procedure was performed for the patients in the experimental group three days a week. Their condition was recorded in the daily report table and reviewed until the end of the course, which lasted about 2 months and at the end of the procedure, post-test (STB) was taken from both experimental and control groups.

## Data Analysis Method

In order to objectively and systematically analyze the research and the possibility of descriptive comparison between the two groups of control and experiment, descriptive statistical methods including mean, standard deviation, skew, and elongation was used. In the statistical inference section, the ANCOVA and the MANCOVA tests to examine inferential presumptions were used. In order to check the presumption of variance and covariance equality and normality, the Levene, Mbox, and Shapiro-Wilk tests were employed.

## Results

In this section, the results of the analysis of information obtained from the use of the stated statistical methods are presented. The research results are presented both descriptively by using tables and graphs as well as inferential and hypothesized tests. An attempt has been made to provide a brief description of the values of the tables and graphs.

Table 1 shows the frequency and percentage of demographic variables in the sample and control groups in the present study. As you can see in this table, based on the marital status and education variables, all the people in the control group were married, and nearly 29% were divorced. In the experimental group, about 29% were single. Also, the educational level of the majority of people in the control and experimental groups was a diploma.

**Table 1 .** Frequency and percentage of research samples based on demographic variables

Variable	Sub-scale	Experimental Group		Control Group	
		Frequency	Percentage	Frequency	Percentage
Marital Status	Married	6	42.85%	10	71.42%
	Single	4	28.57%	0	0%
	Divorced	4	28.57%	4	28.57%
Education Level	High school	6	42.85%	3	21.42%
	High school diploma	6	42.85%	6	42.85%
	Associate Degree	1	7.14%	1	7.14%
	Bachelor	0	0%	4	28.57%
	Master	1	7.14%	0	0%

Table 2 shows the mean and standard deviation of the age variable in control and experimental groups

for a sample of 14 people. The mean difference in age between the two groups is about 36 units.

**Table 2 .** Mean and standard deviation of the research sample based on the age variable

Variable	Group	Mean	Standard Deviation	Quantity
Age	Control	29%	/(	14
	Experimental	33%/	/%.	14

Main Hypothesis: TCFs are effective in reducing borderline personality disorders. Table 3 shows the coefficients and values of the Shapiro-Wilk test for testing the normality of variable distribution in the control and exper-

imental groups. Based on the significant probability of the test, the normality of the variable distribution of general symptoms of borderline personality disorder in both control and experimental groups is confirmed.

**Table 3 .** Shapiro-Wilk test to check for normality

Variable	Group	Shapiro-Wilk test		
		Statistic	Degrees of freedom	Significance
General symptoms of borderline personality disorder	Control	0.98	14	0.14
	Experimental	0.61	14	0.43

Table 4 shows the mean and standard deviation of the general symptoms of borderline personality disorder. The mean of the varia-

ble in the two groups has a difference of about 4 units, and the control group has a higher mean.

**Table 4 .** Mean and standard deviation of general symptoms of borderline personality disorder

Group	Mean	Standard Deviation
Control	10.07	3.62
Experimental	6.50	3.50

In Table 5, the results of the Levene test are presented to examine the assumption of the equality of variance in the variable of general symptoms of

borderline personality disorder. According to the findings, the significance of the test was higher than 0.05, and this assumption was confirmed.

**Table 4 .** The Levene test

Significance	Degrees of freedom 1	Degrees of freedom 2	F
0.277	26	1	1.23

In Table 6, the results of the ANCOVA test are shown by controlling the pre-test scores and comparing the post-test scores of the two control and experimental groups. According to the results, the scores were controlled correctly, and

the results of comparing the two groups indicated the effectiveness of the intervention. In fact, 27% of the variance between the two groups was due to the intervention. Therefore, the main hypothesis of the research was confirmed.

**Table 6 .** The ANCOVA Test

Source	Total squares	Degrees of freedom	Mean Square	F	Significance	Eta <sup>2</sup>	Statistical Power
pre-test	69.05	1	69.05	6.605	0.017	0.209	0.695
Group	99.69	1	99.69	9.53	0.005	0.276	0.843
Bias	261.37	25	10.455	-	-	-	-

**Sub-hypothesis testing:**

Table 7 shows the mean and standard deviation of the subscales of borderline personality dis-

order in two groups, control and experimental. According to the results, the total score of the experimental group was lower.

**Table 7 .** Mean and standard deviation of subscales of borderline personality disorder in the post-test stage.

Variable	Group	Mean	Standard Deviation
Disappointment	Control	3.285	1.81
	Experimental	1.857	1.56
Impulsivity	Control	4.428	1.949
	Experimental	3.357	1.73
Dissociative identity disorder /Paranoia	Control	2.357	1.15
	Experimental	1.285	1.28

MANCOVA test was used to test the sub-hypotheses. But before the MANCOVA test, the assumption of the equality of variance and covariance must be checked. Table 8 shows the

Shapiro-Wilk test has been done to examine the normality of the subscales of borderline personality disorder. According to the results, the distribution of all subscales was normal.

**Table 8 .** Shapiro-Wilk test to check for normality

Variable	Group	Shapiro-Wilk test		
		Statistic	Degrees of freedom	Significance
Disappointment	Control	0.205	14	0.113
	Experimental	0.249	14	0.09
Impulsivity	Control	0.125	14	0.200
	Experimental	0.185	14	0.200
Dissociative identity disorder /Paranoia	Control	0.084	14	0.061
	Experimental	0.202	14	0.126

In Table 9, the results of the Mbox test for checking the equality of covariance are shown.

According to the results, the presumption of equality of covariance has not been rejected.

**Table 9 .** The MBox test

Mbox	F	Degrees of freedom 1	Degrees of freedom 2	Significance
2.50	0.364	6	4898.31	0.902

Table 10 presents the results of the Levene test for examination of the presumption of equality of variances among dependent variables. According

to the results, the presumption of equality of variances for the dependent variables has also been confirmed, so the MANCOVA test can be used.

**Table 10 .** The results of the Levene test

Variable	F	Degrees of freedom 1	Degrees of freedom 2	Significance
Disappointment	3.32	1	26	0.058
Impulsivity	3.15	1	26	0.087
Dissociative identity disorder /Paranoia	2.78	1	26	0.107

MANCOVA test was used to compare the dependent variables in the two groups, the results of which are presented in Table 11. According to the results, in general, there is a significant dif-

ference between the two groups in the dependent variables, and the effectiveness of treatment is about 32% and the statistical power also indicates the relative adequacy of the sample size.

**Table 11 .** MANCOVA test

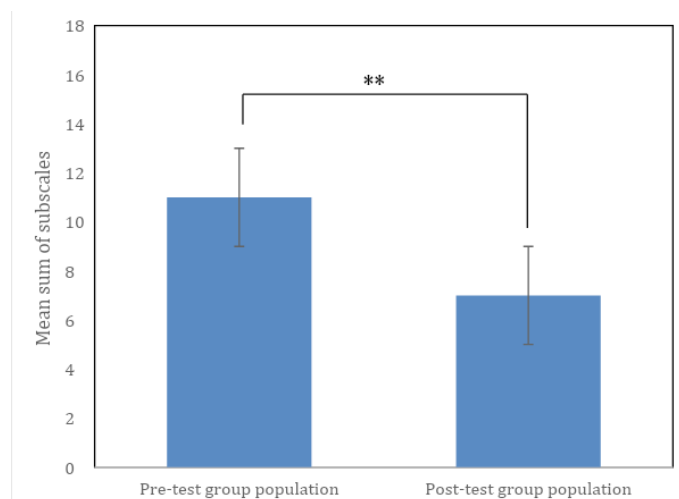
Effect	Value	F	Significance	Statistical Power	Eta <sup>2</sup>
Group					
Pillais	0.327	3.40	0.036	0.683	0.327
Wilks Lambda	0.673	3.40	0.036	0.683	0.327
Hotellings	0.487	3.40	0.036	0.683	0.327
Roy's largest root	0.487	3.40	0.036	0.683	0.327

Table 12 presents the results of the MANCOVA test for each of the subscales separately. According to the results, the theory of TCFs was effective in reducing disappointment and impulsivity and its effectiveness was 25% and 14%, respectively.

Therefore, the first and second sub-hypotheses are confirmed; and only the third sub-hypothesis was rejected Furthermore, Figure 1 in the following illustrates that the changes in the post-test stage decreased compared to the pre-test stage.

**Table 11 .** The MANCOVA test results

Dependent Variable	Total squares	Degrees of freedom	Mean Square	F	Significance	Eta <sup>2</sup>
pre-test	18.775	1	1.452	7.67	0.011	0.25
Group	10.72	1	33.90	3.84	0.042	0.143
Bias	0.198	1	0.198	0.185	0.671	0.008



**Figure 1.** The mean changes of the parameters measured in the sample population in the pre-test and post-test stages are shown to be decreasing changes in the post-test stage. \*\*: p-value < 0.01.

## Discussion and Conclusions

To objectively examine the main hypothesis, the ANCOVA test was employed by controlling pre-test scores and comparing post-test scores between the control and experimental groups. According to the results, controlling the scores and comparing the results of the two groups indicated the effectiveness of the intervention. In fact, 27% of the variance between the two groups was due to the effects of TCFs. Therefore, the main hypothesis of the research was confirmed. In addition, the MANCOVA test was used to compare the dependent variables in the two groups and to examine the sub-hypotheses. According to the results, in general, there was a significant difference between the two groups of dependent variables. The effectiveness of

treatment was about 32%, and the statistical power also indicated the relative adequacy of the sample size. The results of the MANCOVA test are also examined separately for subscales. According to the results, the effect of TCFs was effective in reducing disappointment and impulsivity, and their effectiveness was 25% and 14%, respectively. Therefore, the TCFs effectively reduced disappointment and impulsivity, and their significance was confirmed. Due to the low significance level of the Dissociative identity disorder/paranoia variable, which was more than 0.05 percent, the hypothesis of the effect of TCFs on the symptoms of Dissociative identity disorder/paranoia was not significant that seeks further investigation in future studies.

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