

# An Exploratory Study of Borderline and Narcissistic Personality Disorder among Alcohol Consumers

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## Abstract

*The rising prevalence of alcoholism has prompted numerous studies investigating its co-occurrence with mental health disorders. This research investigates the connection between alcohol dependency and the co-occurrence of borderline personality disorder (BPD) and narcissistic personality disorder (NPD) traits in individuals residing in Biratnagar. It aims to assess the prevalence of BPD and NPD symptoms in alcohol consumers using an exploratory quantitative research design. The sample consisted of 100 respondents from ward number 12 of Biratnagar Metropolitan City. BPD is associated with an addictive personality, extending beyond substances, while NPD involves distorted perceptions of one's life and others' opinions. Non-probability sampling methods were used due to the absence of official records on alcoholics in the city. Findings suggest a low likelihood of developing BPD in individuals with alcohol dependency, and alcohol consumption does not significantly contribute to the development of NPD. This research offers valuable insights into the correlation between alcohol consumption and personality disorders, shedding light on potential directions for future studies and potential clinical strategies. The research provides a foundation for improved clinical practices, future research directions, and community-based efforts to address alcohol dependency and its connection to personality disorders in Biratnagar. It underscores the need for a holistic approach to mental health and substance abuse, recognizing the complexities of individual experiences and needs..*

## Keywords

alcoholism, borderline personality disorder, narcissistic personality disorder

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## 1 Introduction

Alcohol consumption has become increasingly common in social settings, acting as a symbol of civilization and a means of socialization. People's behavior tends to change after consuming alcohol, and this fluctuation may be linked to personality disorders. Personality disorders typically emerge

during adolescence or early adulthood and can manifest in various types [1]. Alcoholism, which is formally referred to as alcohol use disorder, represents the most extreme manifestation of problematic alcohol consumption, marked by an inability to control one's drinking patterns. Furthermore, al-

cohol misuse can intensify the likelihood of suicide and other severe health issues, particularly among individuals who also have personality disorders [2]. Factors Affecting Alcohol Consumption and Alcohol-related Harm: Multiple factors at both the individual and societal levels influence alcohol consumption levels and the associated problems in populations. Environmental factors such as economic development, cultural norms, alcohol availability, and the effectiveness of alcohol policies play significant roles in shaping alcohol-related harm. The circumstances in which alcohol is ingested also influence the prevalence of alcohol-related issues, including the health consequences of being intoxicated. Individuals experiencing emotional or behavioral difficulties may turn to alcohol as a means of self-medication to cope with distress or loneliness [3].

Borderline Personality Disorder, often abbreviated as BPD, is marked by challenges in regulating emotions, which result in intense and extended emotional experiences. Individuals with BPD may experience episodes of anger, depression, anxiety, poor self-esteem, and hypersensitivity that can last for hours or days [4]. They often struggle with a fluctuating sense of self, frequently changing interests and values. Additionally, people with BPD tend to perceive things in extremes, viewing them as either entirely good or entirely insecurity a long bad [5]. Narcissistic Personality Disorder: Contrary to popular usage, narcissism in psychological terms does not denote self-love, feeling superior or special, lack of empathy, hyper sensitive reaction. Narcissistic Personality Disorder (NPD) involves a consistent pattern of egocentric and haughty thought patterns, a deficiency of empathy towards others, an exaggerated desire for admiration, Exaggerated sense of self importance and entitlement, and requiring constant excessive admiration [6]. Individuals with 'NPD' display an exaggerated belief in their own significance, continuously pursuing attention and admiration from others. They may feel discontented when they do not receive the praise or special treatment they believe they deserve. Empathy towards others is typically lacking in individuals with NPD and also they feel no guilt in taking advantage of others. The rising prevalence of alcoholism has prompted numerous studies investigating its co-occurrence with mental health disorders. This research aims to identify the research gap by investigating the connection between alcohol dependency and the co-occurrence of borderline personality disorder (BPD) and narcissistic personality disorder (NPD) traits in individuals residing in Biratnagar. While existing studies have explored the relationship between alcohol consumption, personality disorders, and mental health disorders in various settings [1-3], there remains a need to

investigate this relationship in the context of Biratnagar, a region with its unique socio-cultural characteristics. Factors affecting alcohol consumption, such as economic development, cultural norms, and availability, can significantly differ between regions, and their influence on the co-occurrence of alcohol dependency and personality disorders may also vary. This research assesses the prevalence of BPD and NPD symptoms in alcohol consumers residing in ward number 12 of Biratnagar, shedding light on the local dynamics of this issue. Existing literature has discussed the challenges in regulating emotions in individuals with BPD and the distinct traits of NPD [4, 6]. However, it is crucial to understand how these personality disorders manifest and co-occur with alcoholism in this specific community. By identifying the research gap and conducting an exploratory quantitative research design, this study aims to offer valuable insights into the correlation between alcohol consumption and personality disorders in the Biratnagar context. The findings can inform future research directions, clinical strategies, and community-based efforts, emphasizing the need for a holistic approach to mental health and substance abuse that recognizes the complexities of individual experiences and needs. This statement of the problem explicitly references the existing studies and literature, while also emphasizing the local context in Biratnagar. It highlights the need to investigate the specific relationship between alcohol consumption and personality disorders in this unique setting.

### Research Questions:

- What is the occurrence rate of borderline and narcissistic personality disorders among individuals who have alcohol use disorder, while taking into account their demographic attributes?
- To what degree is borderline personality disorder present in individuals with alcohol use disorder?

### Objectives:

- To assess the prevalence rates of borderline and narcissistic personality disorders among individuals diagnosed with alcohol use disorder, with a specific emphasis on their demographic characteristics.
- To examine the extent to which borderline personality disorder manifests in individuals affected by alcohol use disorder.
- To investigate the interrelationship between borderline and narcissistic personality disorder.

ders within the population of individuals diagnosed with alcohol use disorder.

## 2 Literature Review

Alcohol consumption has been prevalent throughout history, and it continues to be a global phenomenon in today's world. Nepal, similar to numerous other communities, suicide behaviour or self-harm encounters issues associated with alcohol consumption, and certain areas within the country have reported notably elevated rates of alcohol-related difficulties [7]. The misuse of alcohol has been recognized as a substantial contributing factor to a range of illnesses and health concerns. Research has indicated that alcohol consumption plays a role in worldwide fatalities, the loss of years of healthy living, disability-adjusted life years, and years of life impacted by disability [8]. Two dimensions of alcohol consumption, namely average volume of consumption and drinking patterns, have been defined as exposure variables. Moderate, binge and severe alcohol consumption categories are used to classify alcoholism (National Institute on Alcohol Abuse and Alcoholism; Substance Abuse and Mental Health Services Administration). Research by Helle et al. (2019) [9] has delved into the prevalence rates and potential explanations for the co-occurrence of AUD and personality disorders, emphasizing the co-occurring conditions; prognoses and the current state of treatment research. This study underscores the need for interventions targeting individuals with both AUD and personality disorders, shedding light on the complexities of managing such comorbid conditions. Alcohol use disorder (AUD) often co-occurs with other psychiatric disorders, including personality disorders, which can have pervasive and impairing effects. Alcohol use disorder also has mismanaged symptoms which often they disregards for rules. Personality disorders characterized by impulsivity and affective deregulation, such as antisocial personality disorder and borderline personality disorder, commonly co-occur with AUD [9]. The biopsychosocial model suggests that a combination of biological, psychological, and social factors contributes to the development and course of mental health disorders, including personality disorders. This model emphasizes the interplay between genetic predispositions, childhood experiences, and environmental factors in the manifestation of conditions such as borderline and narcissistic personality disorders. This review summarizes the prevalence rates, potential explanations, and causal models of the co-occurrence of AUD and personality disorders. It also discusses prognoses and the current state of treatment research, emphasizing the need for interventions targeting these co-occurring conditions [9].

Borderline personality disorder (BPD) is among the most common personality disorders worldwide, impacting millions of people. BPD frequently occurs alongside other mental health disorders, and one of the most prevalent comorbidities is alcohol use disorder. Genetic factors and common environmental causes, such as childhood maltreatment, have been identified as potential contributors to the high rate of co-occurrence between BPD and AUD also recent research has highlighted the role of genetic factors and common environmental causes, particularly childhood maltreatment, as potential contributors to the co-occurrence of borderline personality disorder (BPD) and AUD (Paul Alexander, 2018; Helle et al., 2019). Investigating the interaction between genetic susceptibility and environmental influences is essential for a comprehensive understanding. Narcissistic personality disorder, marked by a sense of self-importance and challenges in acknowledging wrongdoing, can have a substantial influence on different aspects of life, such as relationships, employment, and financial matters. Individuals with narcissistic personality disorder may have distorted perceptions of reality and exhibit manipulative behavior [10]. Through an investigation into the connection between borderline and narcissistic personality disorders in individuals with alcohol use disorder, this study seeks to enhance our comprehension of the simultaneous presence of these disorders and their consequences. The results could have significance for the diagnosis, therapy, and preventative approaches aimed at individuals who have both borderline and narcissistic personality disorders alongside alcohol use disorder. The influence of NPD on various aspects of life, including relationships, employment, and financial matters. Recent research on NPD and its effects on interpersonal dynamics, decision-making, and the broader implications for affected individuals can be instrumental in understanding the impact of NPD in individuals with AUD and its interaction with BPD [10].

## 3 Methodology

This study's objective is to investigate the correlation between alcohol consumption and two personality disorders: Borderline Personality Disorder (BPD) and Narcissistic Personality Disorder (NPD). An exploratory quantitative research design was utilized for this study, allowing for the extraction of unknown information and exploration of qualitative aspects relevant to the study objectives. By using exploratory quantitative research design quantitative information was gathered from various origins utilizing a cross-sectional research methodology. The variables were chosen from the international personality disorder assessment tool developed by the World Health Organization (WHO),

guaranteeing their appropriateness for the Nepalese setting. Primary data was gathered through scheduled surveys administered to the participants. Data analysis employed an exploratory methodology, focusing on the collected primary data, which was obtained through field visits conducted by the researchers. And, here's a brief summary of the assessment tools mentioned in the table 1:

Table 1: Brief summary of the assessment tools.

Assessment Tool	Purpose and Key Features	Validation and Reference
Alcohol Use Disorders Identification Test (AUDIT)	Assesses risks related to alcohol use and dependency. The questionnaire covers alcohol consumption, dependency, and related issues. Scores range from 0 to 40, with a threshold of 8 commonly used.	Validated in previous research (Adewuya, 2005; Bradley et al., 2003; Dawson, Grant, & Stinson, 2005).
Borderline Symptom List (BSL-23)	Designed to assess symptoms associated with Borderline Personality Disorder. It's a shortened version of the Borderline Symptom List, with 23 items, reducing patient burden and assessment time.	Developed by Bohus et al. (2009)
Narcissistic Personality Inventory (NPI)	Measures narcissism as a personality trait. While rooted in the definition of Narcissistic Personality Disorder (NPD), it's intended for subclinical or typical expressions of narcissism. It should not be used for diagnosing NPD.	Created by Raskin and Hall in 1979, validated in social psychology research (Raskin & Terry, 1988).

These assessment tools serve distinct purposes and have been validated for their intended uses. The AUDIT is for identifying risks related to alcohol use, the BSL-23 assesses symptoms associated with Borderline Personality Disorder, and the NPI measures narcissism as a personality trait.

#### 4 Results

In this part the age groups, sex of respondents, education of respondents, family types, employment status and religious status of respondents are present.

Table 2: Demographic Characterizes

Demographic Characteristics	Respondents	Percent
<b>Age Groups</b>		
(20-40) years	57	57
(40-60) years	34	34
60 years above	9	9
<b>Sex of Respondents</b>		
Male	81	81
Female	19	19
<b>Marital State</b>		
Single	32	32
Married	68	68
<b>Family Types</b>		
Nuclear	77	77
Joint	23	23
<b>Education</b>		
Under SLC	35	35
SLC	14	14
Intermediate	25	25
Bachelor	19	19
Master	7	7
<b>Religion</b>		
Hindu	96	96
Buddhist	4	4

*Data collected from a field survey in 2021*

Table 2 displays the age distribution of the survey participants. The data reveals that 40% of the respondents fall within the age range of 20 to 30 years, 17% are between 30 to 40 years, 23% are between 40 to 50 years, 11% fall in the 50 to 60 years age bracket, and 9% are above 60 years old. The predominant age group among the respondents is found to be between 20 to 40 years. Furthermore, the gender distribution among the respondents indicates that 81 are male, while 19% are female, making males the majority in the study. In terms of marital status, 68% of the respondents are married, whereas 32% are single, indicating that

the majority of participants are married. Likewise, when it comes to the educational level of the respondents, 35% are studying at the SLC level, 14% have successfully passed the SLC level, 25% have completed an intermediate level of education, 19% have attained a bachelor's degree, and 7% have achieved a master's degree. The highest number of respondents is seen to be studying at the SLC level. Lastly, religious affiliation shows that 96% of the respondents follow the Hindu religion, with only 4% adhering to Buddhism.

Table 3

Employment Status	Respondents	Percent
Government service	20	20
Private jobs	27	27
Own business	27	27
Other	26	26

*(Data collected from a field survey in 2021)*

Table 3 illustrates the employment status of the respondents. It reveals that 20% of participants are employed in government offices, 27% work in the private sector, 27% are involved in their own busi-

nesses, and 26% are employed in various other sectors.

#### **Alcohol Consumption**

In this part respondents' risk are categorized on the

basis of alcohol screening tool AUDIT developed by WHO. the score up to 7 is consider as lower risk, score between 8 to 15 is consider as increasing risk, score 16 to 19 is consider as higher risk and score 20 and above is consider as possible dependence.

Table 4: Borderline Personality Disorder

Demographic Characteristics	Lower Risk	Increasing Risk	Higher Risk	Possible Dependence	Total
<b>Age Groups</b>					
20 to 40 years	9	22	7	19	57
40 to 60 years	5	9	6	14	34
60 years above	-	-	-	9	9
<b>Sex</b>					
Male	14	23	6	38	81
Female	-	8	7	4	19
<b>Marital Status</b>					
Married	5	15	8	34	62
Single	9	16	5	8	38
<b>Family Types</b>					
Nuclear	14	22	10	31	77
Joint	9	3	11	-	23

(Data collected from a field survey in 2021)

Table 4 provides insights into the risk categories of the respondents based on their age groups. It indicates that among the participants aged between 20 to 30 years, 9% are categorized as being at lower risk, 16% fall into the increasing risk category, 7% are in the higher risk group, and 8% are classified as possibly dependent. For those aged between 30 to 40 years, 6% are in the increasing risk category, while 11% are possibly dependent. In the 40 to 50 years age range, 9% are in the increasing risk group, and 14% are possibly dependent. When it comes to respondents aged between 50 to 60 years, 5% are at lower risk, and 6% in the high-risk category. Lastly, among those above 60 years old, 9% are categorized as possibly dependent. The majority of respondents are either in the high-risk or possibly dependent categories, with the most prevalent age group for these risk categories falling between 20 to 50 years. According to the table, 14% of respondents classified as lower risk are male, while 23% in the increasing risk category are also male. Additionally, 6% in the higher risk group are male, and 38% of those classified as possibly dependent are male. Conversely, 8% of respondents in the increasing risk category are female, along with 7% in the higher risk group, and 4% possibly dependent. Regarding marital status, 5% of those at lower risk are married, 15% in the increasing risk category are married, 8% in the higher risk group are married, and 34% classified as possibly dependent are married. Similarly, 9% of respondents at lower risk are single, 16% in the increasing risk category are single, 5% in the higher risk group are single, and 8% categorized as possibly dependent are single. Furthermore, 9% of those in the increasing risk category are living in a joint family, as well as 3% in the higher risk group, and 11% in the possibly dependent category. On the other hand, 14% of respondents at lower risk are living in a nuclear family, 22% in the increasing risk group are in nuclear families, 22% in the higher risk group are in nuclear families, and 11% in the possibly dependent category are in nuclear families.

**Status of Borderline Personality Disorder**  
In this section, the status of Borderline Personality Disorder is examined in relation to marital status, age group, and family structure.

Table 5: Data collected from a field survey in 2021.

Demographic tics	Characteris-	Lower	Mild	Moderate	High	Total
<b>Age Group</b>						
20 to 40 years		35	22	-	-	57
40 to 60 years		14	5	4	9	34
60 years above		4	5	9	-	18
<b>Sex</b>						
Male		51	21	4	4	81
Female		9	6	-	5	19
<b>Marital Status</b>						
Married		33	16	4	9	62
Single		27	11	-	-	38
<b>Family Types</b>						
Nuclear		42	27	4	4	77
Joint		18	-	-	5	23

The table 5 shows the summary of responds of participants under BSL-23 and according to table 35% of respondents have lower BSL are age between 20 to 40 years, 22% of respondents have mild BSL are age between 20 to 40 years. According to table 14% of respondents have lower BSL are age between 40 to 60 years, 5% of respondents have mild BSL are age between 40 to 60 years. Similarly, 4% of respondents have moderate BSL are age between 40 to 60 years and 9% of respondents have high BSL are age between 40 to 60 years. 4% of respondents have moderate BSL are age of 60 and above years and 5% WS D2of respondents who have high BSL are age of 60 and above years. Similarly, 51% of respondents have lower BSL are male and 21% of respondents have mild BSL are male, 4% of respondents have moderate BSL are male and 4% of respondents have high BSL are male. 9% of respondents have lower BSL are female and 6% of respondents have mild BSL are female, and 5% of respondents have high BSL are female. According to table, 33% of respondents have lower BSL are married and 16% of respondents have mild BSL are married, 4% of respondents have moderate BSL are married and 9%

of respondents have high BSL are married. Similarly, 27% of respondents have lower BSL are single and 11% of respondents have mild BSL are single. Similarly, 42% of respondents have lower BSL are living in nuclear family types, 27% of respondents have mild BSL are living in nuclear, 4% of respondents have moderate BSL are living in nuclear and 4% of respondents have high BSL are living in nuclear. Similarly, 18% of respondents have lower BSL are living in joint family and 5% of respondents have high BSL are living in joint family.

#### Relation between Alcohol Consumption, BPD and narcissistic Personality Disorder

In this part the relation between alcohol screening scores, scores of BSL-23 and score of narcissistic are analysed and presented. In the provided diagram, you can observe the connections or associations among alcohol consumption, borderline personality disorder, and narcissistic personality disorder. Numeric scores are displayed in a scatter plot, and Karl Pearson correlation and t-tests are used to determine the correlation coefficient and test for significance. The scatter plot is used to display the relation which is shown in following two figures:

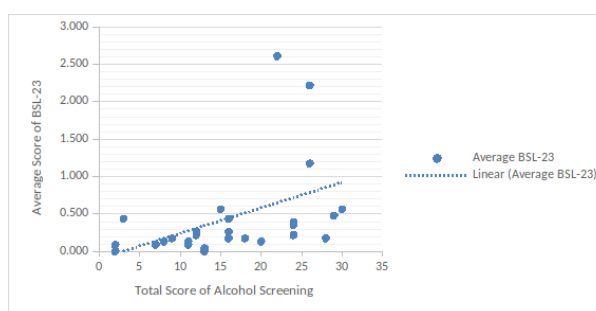


Figure 1: Relation between Narcissistic Personality Disorder and Alcohol Consumption

Figure 1 just shows the pattern which seems positive relation between alcohol consumption and borderline personality disorder.

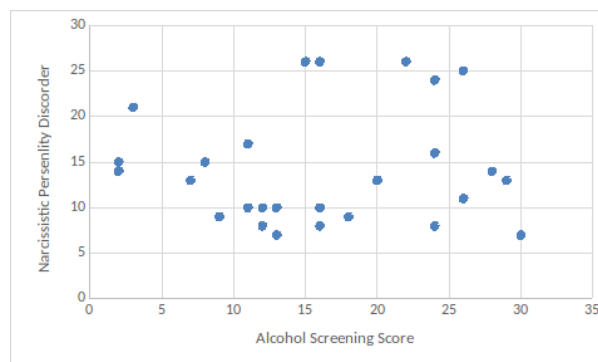


Figure 2: Alcohol Consumption and Borderline Personality Disorder

The figure 2 just shows the pattern which seems no relation between alcohol consumption and narcissistic personality disorder. The statistical calculation

of the correlation coefficient and p-value are shown in following table 6:

Table 6: Correlation Between Alcohol Consumption and Personality Disorders

Personality Disorder	Correlation Coefficient	p-value	Results
Borderline Personality Disorder	0.423	0.000	Significant Relation
Narcissistic Personality Disorder	0.058	0.676	No Significant Relation

The table 6 shows that the correlation between alcohol consumption and borderline personality disorder is 0.423 which indicates that there is a poor correlation but the p-value is 0.000 which is less than 0.05 therefore, this poor correlation is enough for a significant relationship between alcohol consumption and borderline personality disorder. Similarly, the table 5 also shows that the correlation between alcohol consumption and narcissistic personality disorder is 0.058 which indicates that there is almost zero correlation and the p-value is 0.676 which is more than 0.05 the relation between alcohol consumption and narcissistic personality disorder is not significant according to test.

## 5 Discussion

This exploratory study examined the connection between alcoholism and borderline and narcissistic personality disorders. The findings indicated a mild connection between alcohol consumption and the onset of borderline personality disorder, as indicated by the low correlation between AUDIT scores and BSL-23. However, it is important to note that alcohol dependence can still lead to other negative consequences and health issues. The study also found no significant relationship between AUDIT scores and narcissistic personality disorder, suggesting that alcohol consumption may not directly

contribute to the occurrence of narcissistic traits. Nonetheless, alcohol consumption can still affect behaviors and interpersonal relationships in other ways. The study had limitations, such as a small sample size and non-probability sampling methods, emphasizing the need for further research. Future studies should include larger and more diverse samples and rigorous research designs to provide more conclusive evidence. In general, this study underscores the significance of implementing preventive measures and interventions for dealing with alcohol dependency, considering its impact on mental health and well-being. Understanding these relationships can help professionals and policymakers develop targeted strategies to promote healthier lifestyles and mitigate the risks associated with alcohol consumption.

## 6 Conclusion

This exploratory study in Biratnagar 12 has shed light on the relationship between alcohol consumption and borderline and narcissistic personality disorders. The findings indicated a mild connection between alcohol consumption and the onset of borderline personality disorder, as suggested by the low correlation between AUDIT scores and BSL-23. However, it is crucial to recognize that while the study did not establish a direct causative link,



alcohol dependence can lead to various other negative consequences and health issues, making it a significant public health concern. Furthermore, the study found no significant relationship between AUDIT scores and narcissistic personality disorder, implying that alcohol consumption may not be a primary contributor to the development of narcissistic traits. Nonetheless, it is evident that alcohol consumption can influence behaviors and interpersonal relationships in other ways, which merits further exploration. The study's limitations, including a small sample size and the use of non-probability sampling methods, underline the need for more comprehensive research. To provide more conclusive evidence, future studies should aim for larger and more diverse samples, incorporating rigorous research designs. Moreover, the findings also hint at demographic factors, such as marital status and family structure, which might contribute to alco-

hol dependence, offering potential avenues for future investigations. In conclusion, while this study did not definitively establish a significant correlation between alcoholism and borderline or narcissistic personality disorders, it underscores the necessity of implementing preventive measures to address the potential harms associated with alcohol dependence and its associated health problems. The findings emphasize the importance of developing corrective measures to mitigate the risks of alcohol dependence, especially among individuals identified as high-risk through the AUDIT measurement developed by WHO. As we move forward, it is imperative to continue researching these complex relationships and develop targeted strategies to promote healthier lifestyles and reduce the risks associated with alcohol consumption, both in Biratnagar 12 and beyond.

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