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Borderline Personality Disorder Symptoms, Emotion Regulation, and Self-Compassion

Priya Loess

University of Montana - Missoula, priyadarshani.loess@umontana.edu

Jennifer Waltz

University of Montana - Missoula, jennifer.waltz@umontana.edu

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People who meet criteria for Borderline personality disorder (BPD) typically experience a pattern of instability in interpersonal relationships, self-image, emotional experience, and have marked impulsivity (American Psychiatric Association, 2013). The disorder affects approximately 2% of the general population, and is seen in 10% of outpatients and 20% of inpatients (APA, 2013). A core feature of BPD is emotion dysregulation: an inability to efficiently regulate emotions (APA, 2013). Such dysregulation leads to emotions spiraling out of control, hindering reason, and leading to out-of-control maladaptive behaviors (Conklin, Bradley, Westen, 2006). People with BPD also tend to experience self-hatred, intense shame, and negative self-schemas. Invalidating environments, coupled with biologically based emotional vulnerability, are thought to account for the development of BPD (Linehan, 1993). Selfcompassion (SC) involves extending kindness toward oneself, having an understanding of common humanity (rather than feeling isolated) and being mindful (Neff, 2003). This study proposed that SC may be related to a decrease in BPD features as it relates to emotional dysregulation. It was hypothesized that SC would moderate the relationship between emotion dysregulation and BPD characteristics, such that those with higher levels of SC will have lower BPD characteristics, and those with lower levels of SC will have higher BPD characteristics, in the context of emotion dysregulation. Methods. Undergraduate University students, over the age of 18, enrolled in Psychology courses completed surveys during designated dates throughout the Spring, Summer, and Fall 2014 semesters (age: M=21.6, SD=5.5, 82% White, 88% Heterosexual, 73% female). Participants completed the following measures: a demographic questionnaire, Difficulties in Emotion Regulation Scale (DERS), Affect Intensity Measure (AIM), Self-Compassion Scale (SCS), Rosenberg Self-Esteem Scale (RSES), and the Borderline Symptom List (BSL). Simultaneous multiple regression was conducted to test two hypothesized models. In the first model, self-compassion (SCS) was tested as a moderator of the relationship between the predictor, emotion dysregulation (DERS), on the criterion, BPD characteristics (BSL). In the second model, self-compassion (SCS) was tested as a moderator of the relationship between the predictor, affect intensity (AIM), and the criterion, BPD characteristics (BSL). For exploratory purposes, self-esteem (RSES) was similarly independently tested as a moderator of the relationship between emotion regulation (DERS) and BPD characteristics (BSL), and of the relationship between affect intensity (AIM) and BPD characteristics (BSL). Results. Results from this study were in partial support of the stated hypotheses. Self-compassion (SCS) served as a moderator in the relationship between emotion dysregulation (DERS) and BPD characteristics (BSL), and this explained 38.2% of the variance, F(3, 286) = 60.483, p < 0.05. Self-esteem (RSES) served as a moderator in the relationship between emotion dysregulation (DERS) and BPD characteristics (BSL), and this explained 41.5% of the variance, F(3, 286) = 67.330, p < 0.05). The models utilizing AIM as a predictor were marginally significant or not significant. Conclusions. Self-compassion may help individuals who have a tendency toward emotion dysregulation from developing BPD symptoms. When a person who has a tendency toward emotion dysregulation experiences a difficult life experience, for example, if he/she has the ability to respond to that experience with self-compassion, he/she may be less likely to resort to impulsive or self-destructive behaviors. Self-esteem also served as a moderator such that those with higher, versus lower, levels of self-esteem reported lower levels of BPD characteristics. Self-esteem in this context should be studied further as Neff (2011) distinguishes between self-esteem and self-compassion in that self-esteem relies on self-evaluations and drawing social comparisons with others, both of which can be harmful in the long-run. Implications. Inclusion of the teaching of self-compassion practices into existing treatments may be useful for those with emotion dysregulation and/or BPD, or those with characteristics of BPD.

Keywords: Borderline personality disorder, emotion regulation, self-compassion