


**Exploring the Role of Self-Compassion: Does It Moderate the Relationship Between Self-Criticism and
Borderline Personality Disorder pathology?**


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We have no conflicts of interest to disclose.

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Abstract

Objectives: This study aimed to examine the potential moderating effect of self-compassion in the relationship between self-criticism and borderline personality disorder (BPD) pathology. Although current literature indicates that self-compassion may mitigate self-criticism, its influence in the relationship between self-criticism and BPD remains unclear.

Methods: The positive facet of the Self-Compassion Scale - Short Form (SCS-SF) was used to assess self-compassion. The Inadequate Self (IS) and Hated Self (HS) subscales from the Forms of Self-Criticizing/Attacking & Self-Reassuring Scale (FSCRS) were used to measure self-criticism. The BPD scale from the Assessment of DSM-IV Personality Disorders (ADP-IV) was used to measure BPD pathology. Data were collected through self-report from a sample of 151 patients at a treatment center for personality disorders.

Results: Moderation analyses, which included the ADP-IV BPD pathology score, positive facet of self-compassion, and FSCRS subscales (HS and IS), revealed no significant moderating effect of self-compassion in the relationship between self-criticism and BPD pathology. The HS subscale demonstrated a moderate association with BPD pathology, whereas the IS subscale showed a small association. Self-compassion was inversely and moderately associated with BPD pathology.

Conclusions: No support was found that self-compassion moderates the relationship between self-criticism and BPD pathology. The independent associations of self-compassion and self-criticism with BPD suggest separate pathways that warrant further exploration. Future research should aim to clarify these dynamics to inform better treatment strategies for BPD.

Keywords: borderline personality disorder pathology; self-compassion; self-criticism; moderation

Exploring the Role of Self-Compassion: Does It Moderate the Relationship Between Self-Criticism and Borderline Personality Disorder pathology?

Borderline personality disorder (BPD) is a significant mental health condition characterized by emotional instability, identity issues, and difficulties in interpersonal relationships and behavior (American Psychiatric Association, 2013). A representative psychiatric cohort study in the Netherlands reported a 1.1% prevalence of BPD in the general population, with approximately 8-10% of those affected committing suicide and 75% exhibiting suicidal behaviors (ten Have et al., 2016).

Affect regulation problems and high self-criticism are common in BPD patients (Costa et al., 2016; Henriques-Calado et al., 2014). Self-criticism, a form of affect regulation involving negative self-evaluations, often serves as a defense mechanism to avoid feelings of guilt or shame (Gilbert, 2010). It is more prevalent in BPD than in other mental disorders and is a known predictor of psychopathology and interpersonal issues (Arntz et al., 2011; Kopala-Sibley et al., 2012; Sato et al., 2020; Vansteelandt et al., 2020), highlighting its significance in BPD.

Self-compassion, the practice of kindness towards oneself in distress, may counteract self-criticism (Gilbert, 2014). It fosters positive emotions, reduces stress and negative symptoms (Neff et al., 2007; Neff, 2022), and is considered a resilience factor against self-criticism (Barnard & Curry, 2011; MacBeth & Gumley, 2012). However, its moderating role in the relationship between self-criticism and BPD pathology remains unclear.

This study examined the potential moderating effect of self-compassion in the relationship between self-criticism and BPD pathology.

Method

Sample

Participants were admitted to a treatment center for personality disorders and received one or more diagnoses of personality disorders. The characteristics of the participants ($N= 151$) are shown in Table 1.

Instruments

The Forms of Self-Criticising/Attacking and Self-Reassuring Scale (FSCRS; Gilbert et al., 2004) is a 22-item self-report tool that assesses self-criticism and self-reassurance on a five-point Likert scale. It comprises three subscales: 'inadequate self' (FSCRS-IS) with 9 items, 'hated self' (FSCRS-HS) with 5 items, and 'reassuring self' (FSCRS-RS) with 8 items. The FSCRS-IS and FSCRS-HS subscales, which measure negative self-judgment and self-directed anger and punishment, respectively, were used to assess self-criticism, as suggested by Spijkerman et al. (2018).

The Self-Compassion Scale – Short Form (SCS-SF; Neff, 2003) is a 12-item measure that evaluates self-compassion, including self-kindness, common humanity, and mindfulness, on a seven-point Likert scale. This study used the positive self-compassion items from the SCS-SF, following Muris and Otgaar (2020), to distinguish between compassionate and uncompassionate self-responses.

The Assessment of DSM-IV Personality Disorders (ADP-IV; Schotte et al., 2004) questionnaire includes 94 items that measure DSM-IV/5 personality disorder traits and associated distress on seven-point and three-point Likert scales, respectively. The ADP-IV BPD pathology score was derived from the nine ADP-IV BPD criteria, with a score of 5 or higher on the trait question and > 1 on the distress scale indicating the presence (1) or absence (0) of each criterion, yielding a range from 0 to 9.

Procedure

Participants were recruited after intake and prior to the start of the treatment. Informed consent was obtained, and the study received ethical approval from a Dutch medical research ethics committee (NL59529.044.16). During a single session lasting approximately 40 minutes, participants completed questionnaires assessing self-criticism (FSCRS), self-compassion (SCS-SF), and personality disorder pathology (ADP-IV).

Statistical analysis

Statistical analyses were conducted using IBM SPSS Statistics 27. Descriptive statistics and Pearson's r correlations were calculated for the main variables, with r values interpreted as small (0.1 –

0.3), medium (0.3-0.5), and large (0.5-1.0) according to Cohen (1988). Internal consistency was assessed using Cronbach's alpha (Cronbach, 1988), with coefficients ranging from unacceptable (0.1-0.5) to excellent (0.9-1.0).

Moderation analyses were performed using PROCESS (Hayes, 2018) in SPSS 27 to examine the effects of the positive facets of self-compassion (M) and self-criticism (X: FSCRS-IS or FSCRS-HS) on BPD pathology (Y). Two separate analyses were conducted, one with FSCRS-HS and the other with FSCRS-IS as the predictor.

Results

Descriptives analysis

Table 1 shows participant characteristics including gender, age, education, marital status, and psychopathology. The mean score, standard deviation (SD) and Cronbach's alpha were 3.11 ($SD = .59$, $\alpha = .86$) for the FSCRS-IS, and 2.31 ($SD = .98$, $\alpha = .74$) for the FSCRS-HS, 2.90 ($SD = 1.02$, $\alpha = .79$) for the positive facet of self-compassion and 4.19 ($SD = 2.40$, $\alpha = .72$) for the ADP-IV BPD pathology. Table 2 reports the Pearson correlations, revealing a medium positive correlation between self-criticism and BPD pathology ($r = .31$, $p < .001$), a small correlation for the FSCRS-IS ($r = .198$, $p = .015$), and a moderate correlation for the FSCRS-HS ($r = .356$, $p < .001$). The positive facet of self-compassion was moderately negatively correlated with BPD pathology ($r = -.301$, $p < .001$) and strongly negatively correlated with self-criticism ($r = -.711$, $p < .001$).

Moderation analysis

In the first moderation analysis with ADP-IV BPD pathology (Y), positive facet of self-compassion (M), and FSCRS-HS (X), the model explained a significant proportion of the variance ($R^2 = 18.66\%$, $p < .001$). Significant main effects were found for the FSCRS-HS ($B = 0.61$, 95% CI [.17 – 1.04], $p < 0.01$) and for the positive facet of self-compassion ($B = -.60$, 95% CI [-1.05 – -.16], $p < 0.01$), but their interaction was not significant ($B = .22$, 95% CI [-.16 - .59], $p = .25$).

The second moderation analysis with the ADP-IV BPD pathology score (Y), positive facet of self-compassion (M), and FSCRS-IS (X) also yielded a significant model ($R^2 = 13.87\%$, $p < .001$). A significant main effect was found for the positive facet of self-compassion ($B = -.78$, 95% CI [-1.16 - -.39], $p < 0.010$) but not for the FSCRS-IS ($B = 0.29$, 95% CI [-.36 - .94], $p = .374$). The interaction between the FSCRS-IS and the positive facet of self-compassion was not significant ($B = .16$, 95% CI [-.38 - .71], $p = .55$).

Discussion

This study examined the moderating role of self-compassion in the relationship between self-criticism and BPD pathology in treatment-seeking patients with personality disorders. Contrary to our hypothesis, self-compassion did not moderate this relationship.

Consistent with previous research, self-criticism was positively correlated with BPD pathology, with the FSCRS-IS showing a small but significant association and the FSCRS-HS showing a medium correlation. Higher levels of FSCRS-HS in individuals with BPD pathology are in line with previous findings by Biermann et al. (2021), who found higher levels of FSCRS-HS in patients with BPD than in a mixed clinical group and healthy controls. This study further supports the utility of the FSCRS in distinguishing between self-criticism dimensions in individuals with BPD pathology.

Self-compassion was negatively and moderately inversely associated with BPD pathology, suggesting that individuals with BPD pathology may have limited self-soothing abilities, as previously reported by Pohl et al. (2021), who observed that individuals with BPD had a lower level of self-compassion than healthy controls. Despite the known benefits of self-compassion in reducing negative emotions, it did not moderate self-criticism in this study. This finding suggests that therapeutic interventions for self-criticism in BPD pathology might benefit from addressing negative self-evaluations directly, alongside fostering self-compassion.

The limitations of the current study include a sample that was not limited to individuals diagnosed with BPD and the sample had a higher educational level than other BPD samples

(Thormählen et al., 2003; Arntz et al., 2015)., which may have affected generalizability. These results should be considered exploratory.

In conclusion, we found no evidence that self-compassion moderated the relationship between self-criticism and BPD pathology. The independent associations of self-compassion and self-criticism with BPD suggests separate pathways that warrant further exploration. Future research should aim to clarify these dynamics to better inform treatment strategies for BPD

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Table 1
Demographic and Clinical Characteristics

	Participants	
	(n = 151)	
	%	n
Assigned sex at birth (female)	79.5	120
Education		
Elementary	2	3
High school	15.2	23
College/university	6	9
Marital status		
Single	51.7	78
Married	11.9	18
Psychopathology		
Mood disorders	35.8	54
Anxiety disorders	42.4	64
Eating disorders	13.9	21
Attention-deficit disorders	17.2	26
Borderline PD	41.1	62
Avoidant PD	29.1	44
Dependent PD	2	3
PD NOS	27.2	41

Note. PD = Personality Disorder; NOS = Not Otherwise Specified. Percentages may add up to more than 100% because most patients received more than one diagnosis.

Table 2.*Pearson's correlations between the scales (N = 151)*

	1	2	3	4	5
1. FSCRS (<i>n</i> = 150)	-				
2. FSCSR-IS	.794***	-			
3. FSCSR-HS	.860***	.565***	-		
4. SCS-SF-pf	-.582***	-.351***	-.441***	-	
5. ADP-IV, BPD	.310***	.198*	.356***	-.366***	-

Note. FSCRS = Forms of Self-Criticising/Attacking and Self-Reassuring Scale; FSCRS-IS = Forms of Self-Criticising/Attacking and Self-Reassuring Scale - Inadequate Self; FSCRS-HS = Forms of Self-Criticising/Attacking and Self-Reassuring Scale - Hated Self; SCS-SF-pf = Self-Compassion Scale - short form - positive facet; ADP-IV - BPD = Assessment of DSM-IV Personality Disorders, Borderline Personality Disorder pathology score.

****p* < .001, ***p* < .01, **p* < .05