

The Mediating Role of Borderline Personality Features in the Relationship between Self-Compassion and Rejection Sensitivity with Interpersonal Problems

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Abstract

Introduction: Interpersonal problems contribute to psychological distress in the general population. This study aimed to explore the mediating effect of Borderline Personality Traits (BPT) on the relationship between self-compassion and rejection sensitivity with interpersonal problems.

Method: This cross-sectional study employed a descriptive-correlational design analyzed through path analysis to test mediation effects. The statistical population comprised students from Tabriz Azad Medical Sciences University during the second quarter of 2024. A total of 200 individuals were recruited using a convenience sampling method. Study measures were the Self-Compassion Scale, the Interpersonal Problems Questionnaire, the Rejection Sensitivity Scale, and the Borderline Personality Disorder Scale. Data analysis was performed using Pearson's correlation coefficient with SPSS-26 and path analysis with AMOS-20.

Results: The findings revealed that interpersonal problems had a significant negative correlation with self-compassion and a positive correlation with rejection sensitivity. Additionally, BPT were significantly associated with interpersonal problems. Path analysis indicated that rejection sensitivity ($p=0.05$, $\beta = -0.21$) and self-compassion ($p = 0.05$, $\beta = -0.58$) indirectly influenced interpersonal problems through borderline traits. The model demonstrated a good fit with the data.

Conclusion: The findings show that rejection sensitivity and self-compassion indirectly influence interpersonal problems through BPT. The findings underscore the potential for developing targeted interventions to address interpersonal difficulties.

Keywords: Borderline Personality Disorder, Rejection, Self-Compassion, Interpersonal Relations

Introduction

Interpersonal problems refer to challenges individuals face in their relationships, often leading to psychological distress, and can be organized into four primary classifications: anxiety/shyness, interpersonal sensitivity, interpersonal aggression, and social isolation [1]. A growing body of evidence underscores that psychological health is strongly influenced by an individual's ability to engage in socially adaptive behaviors—navigating interactions with flexibility, awareness, and goal-directed responsiveness [2]. It has been found that self-compassion impacts interpersonal relationships [3]. Self-compassion is a multidimensional construct comprising three core elements: self-kindness, a sense of common humanity, and mindfulness. It entails maintaining an equilibrated awareness of one's emotional experiences, wherein distressing thoughts and feelings are approached with acceptance rather than avoidance, suppression, or excessive self-indulgence. This balanced perspective allows individuals to acknowledge suffering without overidentification or dramatic amplification [4]. Several studies indicate that self-compassion positively correlates with

interpersonal closeness and social connection [5]. For instance, it has been found that individuals with increased self-compassion are often perceived as less controlling and aggressive [3]. Individuals with low levels of self-compassion, often due to impaired self-control and emotion regulation, have struggle to balance their needs with others' during conflicts [6]. One study revealed that low self-compassion is associated with difficulty resolving interpersonal conflicts in compromise, balance, and satisfying both parties' needs [7]. Furthermore, evidence suggests that self-compassion is related to various aspects of interpersonal skills, such as the ability to apologize and engage in effective social communication and experiencing fewer interpersonal problems when receiving others' critical opinions [8].

Rejection sensitivity serves as another underlying factor contributing to interpersonal problems. Rejection sensitivity is characterized as a tendency to anticipate, rapid perception, and intense reactions to interpersonal rejection [9]. Individuals with high rejection sensitivity often experience considerable distress following perceived rejection and exhibit heightened emotional, physiological, and behavioral responses [9]. Research suggests that those with elevated rejection sensitivity are more likely to interpret positive or neutral behaviors as indicative of rejection. This leads them to blame others, experience feelings of hurt or anger, and respond with withdrawal or aggression [10]. Consequently, individuals with high rejection sensitivity are more likely to anticipate, interpret, and respond strongly to perceived rejection, increasing their vulnerability to interpersonal conflicts.

Borderline Personality Traits (BPT) may help explain the association between rejection sensitivity and low compassion with interpersonal problems. Borderline Personality Disorder (BPD) is a severe psychological condition characterized by impulsivity, unstable self-image, and difficulties in emotional regulation and interpersonal relationships [11]. The disorder exhibits a prevalence rate ranging from 10% to 18% in psychiatric outpatient settings and up to 25% among hospitalized psychiatric patients, whereas its estimated occurrence in the general population is comparatively lower, at approximately 1.4% to 2.7% [12]. Interpersonal difficulties are central to BPD and are associated with unstable and intense relationships that fluctuate between idealization and devaluation, as well as heightened interpersonal sensitivity, aggression, a need for affirmation, and reduced sociability, all of which contribute to interpersonal dysfunction [13]. Empirical studies also demonstrate that individuals with BPD are highly interpersonally sensitive, often distorting social cues, making extreme judgments about others, and making negative attributions about the actions and even facial expressions of others [14].

Regarding the relationship between rejection sensitivity and BPT, research indicates that individuals with high BPT frequently engage in frantic efforts to avoid perceived rejection [15]. For instance, a study by Sato et al. [16] demonstrated a direct link between rejection sensitivity and BPT. Furthermore, another study revealed that BPT

mediated the relationship between rejection sensitivity and self-compassion with aggressive behavior so that heightened rejection sensitivity and low self-compassion are associated with increased BPT, which in turn are related to elevated aggressive behavior [10]. Elevated rejection sensitivity can also contribute to maladaptive interpersonal behaviors, including excessive self-blame, defensive reactions, and pervasive distrust, which undermine relationship stability and function as a self-fulfilling prophecy seen in BPD symptomatology [17]. Emerging research indicates that rejection sensitivity in BPD is not merely a symptom, but rather a core pathogenic mechanism contributing to self-injurious behaviors, emotional and interpersonal instability during distress, and broader functional impairment [18].

On the other hand, some studies have shown that self-compassion acts as an antidote to shame, which is one of the core emotions underlying BPD, and adopting a compassionate view of oneself may reduce one's tendency to internalize feelings of shame or self-invalidation, which may be caused by repeated experiences of invalidation and childhood trauma [19]. Some studies also show that self-compassion is related to emotional regulation and healthier coping strategies, reducing maladaptive processes such as rumination and avoidance, which are common in people with BPD [20]. In a recent study, Sommerfeld [10] reported a relationship between self-compassion and BPT. So elevated self-compassion is associated with low BPT. In another study, Pohl et al. [21] showed that individuals with BPD exhibit significantly lower self-compassion and self-esteem than healthy controls. Notably, developing self-compassion may buffer against childhood trauma's effects and reduce BPD symptoms [21, 22]. Yet, studies on the relationship between self-compassion and BPT are limited, and more studies are needed in this area [23].

While research demonstrates associations between self-compassion, rejection sensitivity, BPD traits, and interpersonal difficulties, key gaps persist. First, most studies have examined these constructs through pairwise relationships, leaving their complex interplay unexplored. Second, although theoretical models suggest BPD traits may mediate how self-compassion and rejection sensitivity affect relationships, empirical studies remain scarce, especially in subclinical samples. Furthermore, despite strong theoretical rationale [24], few studies examine whether self-compassion mitigates rejection sensitivity's impact on BPD traits. This study tests an integrative mediation model to elucidate how self-compassion and rejection sensitivity influence interpersonal problems via BPD traits, potentially revealing intervention targets. Also, the directionality of these relationships remains unclear. One hypothesis posits that heightened rejection sensitivity and deficits in self-compassion may serve as key vulnerability factors in the development of BPD. These traits are thought to exacerbate emotional dysregulation and foster maladaptive interpersonal behaviors, thereby perpetuating cycles of relational conflict and instability [18]. This possibility is consistent with the psychoanalytic views showing that appropriate response to the child's needs,

acceptance, and admiration are the basis of a healthy personality [25]. Integrating self-compassion, rejection sensitivity, borderline traits, and interpersonal problems is crucial, as a mediation analysis can reveal intervention targets, particularly how increased self-compassion may alleviate borderline traits and interpersonal issues. Also, unlike categorical diagnoses of BPD, examining the mediating role of BPT from a dimensional perspective examines the possibility that subthreshold traits of BPD continue to impair functioning (26). Therefore, the present study aims to investigate the mediating role of BPT in the relationship between self-compassion and rejection sensitivity with interpersonal problems.

Method

This study employs a cross-sectional descriptive-correlational design, utilizing path analysis as its methodological framework. The statistical population comprised all the students of the Tabriz Azad Medical Sciences University during the second quarter of 2024. A sample of 215 individuals from this population was recruited using a non-probability convenience sampling method. The data collection process involved the distribution of printed questionnaires to students of Tabriz Azad University of Medical Sciences, conducted by the first author of the paper between April and June 2024. To counter convenience sampling biases, participants were recruited from diverse academic programs within the university. Convenience sampling was used due to practical constraints (e.g., accessibility, time, resource limitations), enabling efficient data collection but risking selection/sampling biases (e.g., subgroup overrepresentation, limited generalizability), addressed further in the Discussion. The sample size was based on the rule of 10 times the number of parameters [27]. Our model has 10 parameters (direct paths, covariances, and variances), and a minimum of 100 participants is required. The sample of 215 participants exceeds this threshold, ensuring adequate power to detect mediation effects. Inclusion criteria comprised: age 18–45 years, provision of written informed consent for study participation, and confirmed absence of current psychiatric diagnoses through self-report. Exclusion criteria encompassed: an incomplete questionnaire and unreliable responses identified (e.g., inconsistent answers). The final sample consisted of 123 women (61.5%) and 77 men (38.5%), with a mean age of 29.3 years and a standard deviation of 6.24. The research design was approved by the Research Ethics Committee of Tabriz Azad University of Medical Sciences (IR.IAU.TABRIZ.REC.1403.054). Participants provided informed consent, emphasizing research objectives, confidentiality, the anonymity of participants' identities, voluntary participation, and withdrawal rights without penalty. Data were anonymized, stored securely, and accessible only to researchers. To encourage thorough and careful responses, participants were informed they could note their email addresses if they wished to receive their results. Notably, of the initial cohort of 215 participants, nine were excluded for incomplete questionnaire submissions, three reported receiving

treatment for psychiatric disorders, and an additional three were eliminated by the researcher owing to suspected random responding. The subsequent analysis was therefore performed on the remaining 200 individuals. Finally, the data was entered into SPSS-26 and Amos-20 statistical software for statistical analysis, including percentage, mean, correlation analysis, and path analysis. Pearson correlations verified foundational relationships for mediation analysis. Path analysis tested the structural model, evaluating concurrent direct and indirect effects, accounting for covariance between predictors (self-compassion and rejection sensitivity), and quantifying mediation through Borderline Personality Features (BPF). While bivariate associations confirm potential relationships, the path model specifically tests the study's main hypotheses regarding BPF as a mediator. Data collection was conducted using the following instruments:

Self-Compassion Scale (SCS): This scale was developed by Neff [28] and comprises 26 items across six subscales: Self-Kindness (e.g., I am tolerant of my flaws and inadequacies), Self-Judgment (e.g., When times are really difficult, I tend to be tough on myself), Common Humanity (e.g., I see my struggles as part of life), Isolation (e.g., When something painful happens, I tend to feel alone in my experience), Mindfulness (e.g., When something upsets me, I try to keep my emotions in balance), and Over-Identification (e.g., When something upsets me, I get carried away with my feelings). Scoring is done on a five-point Likert scale, with total scores ranging from 0 to 130; higher scores indicate a greater level of self-compassion. The original version demonstrated strong reliability, with a Cronbach's alpha coefficient of 0.93, as well as construct, convergent, and discriminant validity [28]. For the Persian version, Cronbach's alpha coefficients ranged from 0.79 to 0.85. Confirmatory factor analysis confirmed the original six-factor structure and convergent validity was established through correlations with mental health measures [29].

Inventory of Interpersonal Problems (IIP-32): This 32-item questionnaire, developed by Barkham and Startup comprises six subscales: Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Non-assertive, Overly Accommodating, Self-Sacrificing, Intrusive/Needy. The items (e.g., I often act hostile toward people who disagree with me) are scored on a five-point Likert scale, with a score above 96 indicating a higher likelihood of interpersonal problems. For the original version, Cronbach's alpha coefficient for the total questionnaire was 0.82, while the subscales reported coefficients ranging from 0.60 to 0.83 [30]. The Persian version demonstrates established construct validity and confirmed reliability, showing Cronbach's alpha coefficients ranging from 0.61 to 0.88 [31].

Borderline Personality Disorder Scale: (PAI-BOR): This 24-item self-report scale was developed by Morey [32] and assesses the characteristics of BPD in both clinical and nonclinical samples. It includes four subscales: affective instability (e.g., I felt helpless), identity problems (e.g., I feel empty inside), negative relationships (e.g., My

relationships have been stormy), and self-harm (e.g., When upset, I hurt myself). The four-point Likert scale ranges from false or completely false" (1) to "completely true" (4). The validity of this scale was found to be 0.91, with an internal consistency coefficient of 0.76 in Trull's study [33], indicating good psychometric properties. In the Iranian sample, the internal consistency of this questionnaire for its subscales is from 0.69 to 0.82, and it demonstrates robust construct validity through its theoretically grounded four-factor structure and convergent correlations with other BPD measures [34].

Rejection Sensitivity Questionnaire, Adult Version (A-RSQ): This questionnaire was developed by Downey and Feldman [35] and comprises 18 items divided into two parts. The first part assesses the level of anxiety a person experiences in situations related to each question, while the second part evaluates the likelihood of receiving a positive response from others (e.g., You approach a close friend to talk after doing or saying something that seriously upsets him/her. How likely is it that your friend would forgive you and be willing to talk?) The items are measured using a six-point Likert scale. In the original version, the reliability of the questionnaire was

determined to be 0.84, as assessed by Cronbach's alpha method [36]. For the Persian version, the positive associations with anxiety scales and negative associations with self-esteem instruments confirm convergent and discriminant validity. The scale also exhibited high internal consistency, with a Cronbach's alpha of 0.84 [37].

Results

The study sample consisted of 123 women (61.5%) and 77 men (38.5%), with a mean age of 29.3 years and a standard deviation of 6.24. More details are provided in Table 1.

Examining the relationship between variables with Pearson correlation analysis (Table 2) revealed a negative correlation between rejection sensitivity and self-compassion ($r = -0.22, P < 0.01$). Also, a significant positive correlation was found between rejection sensitivity with interpersonal problems ($r = -0.21, P < 0.01$) and rejection sensitivity with BPT ($r = 0.67, P < 0.001$).

Our analysis confirmed that the proposed relationships between self-compassion, rejection sensitivity, BPD traits, and interpersonal problems accurately reflect real-world patterns in the data.

Table 1. Demographic and Descriptive Characteristics of the Study Variables

Variable	N (%)	M	S.D.	K-S	P
Age		29.3	6.54		
20 - 25	35 (17.5)				
26 - 30	90 (45)				
31-35	60 (30)				
36 and higher	15 (7.5)				
Education level					
Bachelor	96(48)				
master	93(46.5)				
Doctoral	11(5.5)				
Marital status					
Single	143(71.5)				
Married	57 (28.5)				
A-RSQ		45.5	18.20	1.16	0.08
SCS		75.91	5.12	0.92	0.36
IIP-32 (total)		100	12.11	0.78	0.56
PAI-BOR		49.04	7.37	0.60	0.52

Note. M=Mean, S.D.=Standard. Deviation, K.S = Kolmogorov-Smirnov test, IIP-32 = Inventory of Interpersonal problems, PAI-BOR= Personality Assessment Inventory-Borderline Scale, A-RSQ = Rejection Sensitivity Questionnaire, Adult version, SCS= Self- Compassion Scale,

Table 2. Pearson Correlation among the Main Study Variables (N = 200)

	1	2	3	4
1- Rejection Sensitivity	-			
2- Self- Compassion	-0.22**	-		
3- Interpersonal problems	0.16*	-0.21**	-	
4- Borderline personality	0.67***	-0.37**	0.23**	-

*P < .05, **P < .01, ***P < .001

Table 3. Path Analysis Model Fit Indices

Category	Fit indices	Meaning	Value	Recommended value	Result
Absolut Fit	GFI	Goodness of Fit Index	0.98	>0.90	Optimal fit
	AGFI	Adjusted Goodness of Fit Index	0.96	0.90>	Optimal fit
	RMSEA	Root Mean Square Error of Approximation	0.05	<0.08	Optimal fit
Incremental Fit	NFI	Normed Fit Index	0.95	0.90>	Optimal fit
	NNFI (TLI)	Non-Normed Fit Index	0.97	0.95>	Optimal fit
	CFI	Comparative Fit Index	0.99	0.95>	Optimal fit
Parsimonious Fit	χ^2/df	chi-square to degrees of freedom ratio	2.4	<3	Optimal fit

As presented in Table 3, all statistical indicators showed strong model performance: The chi-square ratio ($\chi^2/df = 2.4$) indicates an excellent balance between model complexity and explanatory power. The RMSEA value of 0.05 demonstrates that our model closely matches the observed data, with values below 0.06 considered very good. Three different comparison indices (CFI = 0.99, NFI = 0.95, and NNFI = 0.97) all exceeded their 0.90-0.95 benchmarks, meaning our model explains the data significantly better than a basic null model would. Similarly, the goodness-of-fit indices (GFI = 0.98 and AGFI = 0.96) show our model accounts for nearly all the important patterns in the data. These strong results suggest that the pathways identified - particularly how BPD traits mediate between self-compassion/rejection sensitivity and interpersonal problems - represent significant relationships.

As shown in Table 4 and Figure 1, measuring the direct and indirect effects demonstrated that self-compassion had a direct, significant impact on interpersonal problems ($\beta = -0.16, P < 0.05$) and BPT ($\beta = -0.18, P < 0.05$). Rejection sensitivity also had a significant direct effect on interpersonal problems ($\beta = 0.22, P < 0.01$) and BPT ($\beta = -0.65, P < 0.01$). Furthermore, BPT were found to have a significant direct effect on interpersonal problems ($\beta = 0.28, P < 0.05$). The investigation of indirect effects using the bootstrap method revealed the mediating role of BPT in the relationship between self-compassion and interpersonal problems ($P < 0.05, \beta = 0.18, 95\% CI = 0.14-0.26$) and the relationship between rejection sensitivity and interpersonal problems ($P < 0.01, \beta = 0.51, 95\% CI = 0.47-0.64$). This implies that both independent variables, rejection sensitivity, and self-compassion, influence interpersonal problems through BPT.

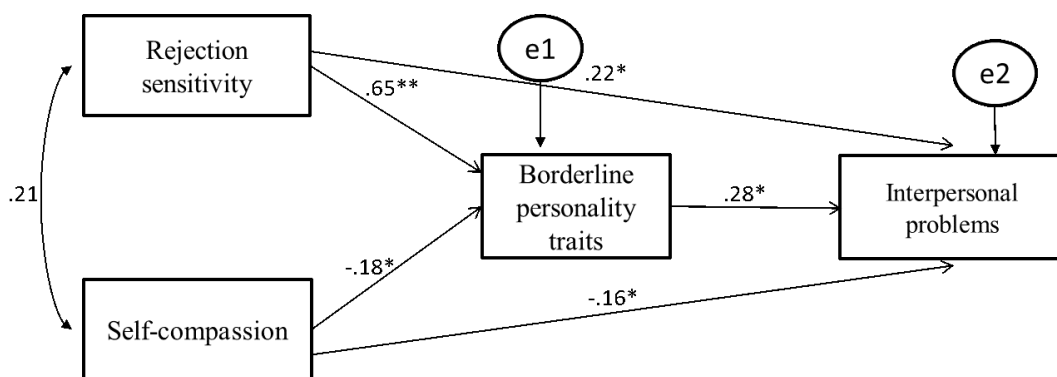


Figure 1. Path analysis of the proposed research model with standardized path coefficients., *p < 0.05; **p < 0.01

Table 4. Standardized Direct and Indirect Effects in the Path Analysis Mediation Model

Paths	Effect type	β	S.E.	P	T	95% CI Lower	95% CI Upper
self-compassion → interpersonal problems	Direct	-0.16	0.08	0.05	-2.24	-	-
self-compassion → BPD traits	Direct	-0.18	0.06	0.05	-3.01	-	-
rejection Sensitivity → interpersonal problems	Direct	0.22	0.09	0.05	3.31	-	-
rejection Sensitivity → BPD traits	Direct	0.65	0.03	0.01	4.72	-	-
BPD traits → interpersonal problems	Direct	0.28	0.05	0.05	3.26	-	-
rejection Sensitivity → BPD traits → interpersonal problems	Indirect	0.18	0.03	0.05	-	0.14	0.26
self-compassion → BPD traits → interpersonal problems	Indirect	0.51	0.03	0.01	-	0.47	0.64

Note. BPD = Borderline Personality Disorder; Indirect effects were tested using bias-corrected bootstrapping with 5,000 resamples; All paths are presented at $p < .05$ significance

Discussion

This study aimed to investigate the mediating role of BPT in the relationship between self-compassion and rejection sensitivity with interpersonal problems. The first finding confirmed that BPT mediate the relationship between self-compassion and interpersonal difficulties. This result is consistent with the studies of Sommerfeld [10 and Bahmani et al. [20]. It can be suggested that self-compassion is related to emotion regulation mechanisms and healthy coping strategies [38]. Individuals with low self-compassion are more prone to maladaptive emotional responses, such as rumination and avoidance, which exacerbate their emotional instability [21, 39] as a main component of BPT [40]. Furthermore, low self-

compassion is closely associated with elevated levels of self-criticism and shame as the primary emotional experience of individuals with BPT. In addition, reduced self-compassion fosters a pervasive sense of inadequacy, which can lead to impulsive behaviors and self-harm as coping mechanisms [20, 23].

The second part of this mediating model revealed an association between BPT and heightened interpersonal problems. This finding aligns with the results of De Meulemeester [41] and Ooi [42]. To explain this relationship, several fundamental deficits in BPD contributing to interpersonal difficulties should be considered. For instance, emotional dysregulation in BPD can exacerbate conflicts and lead to misunderstandings

[43, 44]. Extending Linehan's biosocial model [40] to couples in which one member has BPD, Frazzetti and Frazzetti [45] hypothesized that individuals with BPD often misexpress their emotions. As a result, partners may invalidate the emotional experience of their loved one with BPD, leading to conflict, destructive behaviors, and invalidation [44]. Moreover, research indicates that negative emotions like hostility or sadness can intensify interpersonal problems. For example, it has been found that individuals with BPD respond with hostility to perceived abandonment, perpetuating cycles of conflict within their relationships [44]. Additionally, impulsivity in BPD can manifest in ways that disrupt relationships, such as engaging in reckless actions or making hasty decisions, further distancing friends and loved ones [41].

Furthermore, our findings revealed a significant negative correlation between self-compassion and interpersonal problems. This result aligns with the work of Jacobsen [6] and supports the theoretical framework of social mentalities [46]. According to this theory, self-compassion activates the soothing system, which mitigates the threat system—a mechanism associated with defensiveness and social avoidance. By fostering self-kindness and reducing perceived social threats, individuals may exhibit lower levels of hostility and withdrawal in interpersonal relationships.

In addition, we showed that heightened rejection sensitivity through BPT contributes to the escalation of interpersonal problems through BPT. Our finding on the relationship between rejection sensitivity and BPT is in line with the studies of Faraji et al. [47], Sato et al. [16] and Meyer [48]. Furthermore, a meta-analysis demonstrated a moderate correlation between rejection sensitivity and BPT [17]. A possible explanation for this finding is that individuals with high rejection sensitivity exhibit a profound need for social acceptance. When they perceive themselves as failing to meet social expectations, this can result in increased self-criticism and exacerbate features of BPD, such as emotional dysregulation and impulsive behavior [16, 35].

Regarding the relationship between heightened rejection sensitivity and interpersonal problems, it can be argued that high levels of rejection sensitivity are linked to cognitive distortions that bias the interpretation of social cues so that positive interactions are interpreted as negative, creating offensive or defensive reactions [48]. This misinterpretation not only complicates their relationships but also perpetuates a cycle of rejection sensitivity and emotional distress. Conversely, the cognitive and emotional responses triggered by high rejection sensitivity may inadvertently lead to the rejection of others, creating a self-fulfilling feedback loop [17]. Research indicates that individuals with high rejection sensitivity are prone to blaming others, feeling hurt or angry, and responding with withdrawal or aggression [10]. One study found that young men with elevated expectations of rejection reported higher levels of violence in intimate relationships [49].

These findings suggest that self-compassion and rejection sensitivity significantly contribute to the variance in BPT,

thereby influencing interpersonal difficulties. This supports the notion of a developmental pathway wherein rejection sensitivity and low self-compassion emerge as personality characteristics resulting from early interactions with primary caregivers may combine to form more complex personality structures, such as BPD traits [40] and result in interpersonal difficulties in nonclinical samples.

Conclusion

This study is one of the first to examine the mediating role of BPT in the relationship between self-compassion and rejection sensitivity. These findings reinforce Linehan's biosocial model of BPD [40] by demonstrating how borderline traits mediate links between self-compassion, rejection sensitivity, and interpersonal problems. They highlight emotional dysregulation and rejection sensitivity in relational difficulties while positioning self-compassion as a protective factor. Additionally, the study extends Neff's theory [4] by showing that self-kindness counteracts maladaptive coping mechanisms (e.g., self-criticism, emotional reactivity), offering new insights into self-compassion's role in interpersonal functioning.

Clinically, self-compassion interventions like Compassion-Focused Therapy show promise for individuals with elevated rejection sensitivity or subclinical BPD traits. Integrating such approaches with therapies like Dialectical Behavior Therapy (DBT) could enhance emotion regulation and reduce conflicts. Prioritizing self-compassion exercises may help address maladaptive beliefs. Future research should explore longitudinal outcomes, cultural variations, and self-compassion's specific mechanisms in reducing rejection sensitivity. Early screening for self-compassion deficits and rejection sensitivity in adolescents/young adults could identify at-risk individuals, while preventive interventions (e.g., school-based mindfulness programs) might mitigate maladaptive trait development.

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design precludes any inference about causality. Second, reliance on self-report questionnaires introduces the risk of response biases, such as social desirability and recall bias. Third, the use of a non-probability convenience sampling method, despite efforts to recruit participants from diverse academic programs, limits the generalizability of the results due to potential selection bias and the overrepresentation or underrepresentation of certain subgroups. Additionally, the exclusion of participants with self-reported psychiatric diagnoses and the focus on a nonclinical student sample limit the applicability of the findings to broader or clinical populations. Future research should use longitudinal designs to test whether self-compassion and rejection sensitivity predict BPT over time, which then lead to interpersonal problems. Additional mediators, such as emotion dysregulation, and moderators, like social support, could be explored. Comparing clinical and nonclinical samples could clarify clinical relevance. Finally, using multi-method assessment approaches to reduce

self-report bias like Ecological Momentary Assessment (EMA) and cross-cultural studies would strengthen real-world applicability and deepen understanding of these relationships.

Conflict of Interest

The authors declare that they have no conflicts of interest to disclose.

Ethical Approval

The Research Ethics Committee at Tabriz Azad University of Medical Sciences approved the design of the current study with the code (IR.IAU.TABRIZ.REC.1403.045).

Declaration of Generative AI and AI-Assisted Technologies

During the preparation of this work, the authors used grammarly in order to paraphrase and correct grammatical errors. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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