Romanian Journal of Applied Psychology
2026, Volume 28, Issue 1, 16-25

Official journal of West University of Timisoara &
The Euroregional Center for Applied Psychology
DOI: 10.2478/rjap-2026-0003

Borderline Features, Depression, and Anxiety in Non-clinical Young Adults: The Mediating Roles of Contingencies of Self-Worth and Emotion Dysregulation

Georgiana Bogos[1], Octav Sorin Candel[1]

[1]*Department of Psychology, Faculty of Psychology and Educational Sciences, Alexandru Ioan Cuza University of Iași, Toma Cozma Street, no. 3, 700554, Iași, Romania*

Received 15.10.2025; Received revised 25.03.2026; Accepted 11.05.2026;
Available online 11.06.2026

Borderline personality disorder and its varied manifestations cause subjective distress and lead to various psychopathological manifestations, such as depression and anxiety. Nevertheless, the relationship between these variables and how they are linked has been rarely studied in the general population. The aim of this study was to analyze the mediating role of contingencies of self-worth and emotional dysregulation in the relationship between borderline personality features and depression, respectively anxiety in a non-clinical sample of young adults. Two hundred non-clinical participants answered a self-report questionnaire. Borderline personality features correlated significantly with depression and anxiety. The relationship with anxiety was mediated by emotional dysregulation, while the association with depression was mediated by both a self-worth contingent on the approval of others, as well as by emotional dysregulation. This study reinforces previous findings that borderline personality features are related to depression and anxiety, while also highlighting the importance of emotional dysregulation and contingencies of self-worth as explanatory variables in a non-clinical sample. The results also show the need for psychotherapeutic interventions that tackle both variables at once.

Keywords: borderline personality features, depression, anxiety, emotional dysregulation, contingencies of self-worth.

Address of correspondence: Correspondence regarding this manuscript should be addressed to Octav Sorin Candel, Department of Psychology, Faculty of Psychology and Educational Sciences, Alexandru Ioan Cuza University of Iași, Toma Cozma Street, no. 3, 700554, Iași, Romania.
E-mail: octav.candel@uaic.ro

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Introduction

Borderline personality disorder (BPD) and its varied manifestations cause subjective distress and affect multiple domains, such as emotions, cognitions, interpersonal functioning, and impulse control (Paris, 2019). Due to recurrent suicidality and non-adherence to treatment, it was considered an incurable disorder (Gunderson et al., 2018). It also significantly impacts the quality of life, leading to tumultuous comorbidities, such as depressive and anxiety disorders or features (Fatimah et al., 2023; Kovacs et al., 2021; Vaillancourt & Brittain, 2019). In a recent meta-analysis, the prevalence of BPD was shown to vary between 0.7 % and 7.35 % in the non-clinical population (Ramos-Suarez et al., 2026). However, there is a strong possibility that many individuals are not diagnosed with BPD despite showing BPD-like traits. In another meta-analysis, borderline personality features (BPF) were shown to peak around the age of 30 in the general population, thus being more characteristic of a younger demographic (on the contrary, there was no relationship between BPF and age when BPD was diagnosed). In Romania, the BPF were associated with more traumatic childhood experiences, higher anxiety, depression, anger, and social withdrawal and lower satisfaction with life (Bogos et al., 2026; Grădinaru et al., 2024; Sălcudean et al., 2025)

However, despite the strong links between BPD, depression, and anxiety, little is known about the mechanisms explaining these associations, especially in non-clinical samples. Starting from the predisposition models of psychopathology, as well as from the emotion dysregulation models of depression and anxiety, and Beck's cognitive model of depression, some possible mediation variables are proposed (Beck, 1967; Hofmann et al., 2012; Klein et al., 2011; Suveg et al., 2010).

The relation of borderline personality traits with depression and anxiety

The term „borderline" designates both a specific structure of personality organization and an intermediate level of severity of personality functioning (Linehan, 1993). Symptom phenotypes of BPD include interpersonal instability (e.g., avoid abandonment, intense unstable relationships), cognitive or self-disturbance (e.g., paranoid ideations or dissociative symptoms, identity disturbance), affective or emotional dysregulation (e.g., mood instability, anger, feelings of emptiness), and behavioural dysregulation (e.g., suicidal or self-harming behaviours, impulsivity) (Gunderson et al., 2018). Such symptoms may also be

present in the general population, but the severe impact on daily life is what indicates a personality disorder diagnosis (Monaghan & Bizumic, 2023). However, the categorical approach to borderline personality disorder has been criticized in recent years, with authors addressing the need for abandoning the arbitrary threshold for identification, especially since borderline personality features are associated with significant psychological suffering (Aleva et al., 2023). According to the predisposition model of psychopathology, personality dysfunction can predict a very high risk for the development of significant mental health issues, such as depression and anxiety (Klein et al., 2011). Also, the neurobiological model of BPD proposes that phenotypes, which are the product of environmental and genetic interactions, lead to abnormalities in brain structure and function that have also been found in depressive and anxiety disorders (Gunderson et al., 2018).

Previous studies indicated that depressive disorders may occur in approximately 80% of people diagnosed with BPD over the course of their lives, while anxiety disorders may occur in approximately 40% of cases (Haapalahti et al., 2023). In non-clinical samples, BPF are significantly, though not pathologically, associated with symptoms of depression and anxiety. For example, some studies conducted on young adult populations showed that people with higher scores on BPF tend to report symptoms of depression and anxiety more frequently and with greater intensity (Omar et al., 2025). In general, the onset and persistence of depressive symptoms are caused by difficulties in emotional regulation (Söderholm et al., 2024). Furthermore, meta-analysis studies indicate that anxiety frequently co-occurs with BPD and is associated with more severe clinical outcomes (Shah et al., 2023). Common symptoms of anxiety disorders with BPD include experiencing a feeling of inner emptiness as well as the fear of abandonment that is usually present in separation anxiety disorder (Matthies et al., 2018). Therefore, the literature consistently supports the existence of a significant relationship between BPF and depressive and anxiety symptoms (Fatimah et al., 2023; Fertuck et al., 2016; Kovacs et al., 2021; Vaillancourt & Brittain, 2019), but in non-clinical samples, this relationship manifests itself more as a correlation between trait intensity and symptom severity, rather than as a diagnostic comorbidity. This strong association between BPD, depression, and anxiety can be understood through common etiological factors, including psychological mechanisms, such as emotional regulation dysfunctions, suggesting that these conditions are not independent phenomena, but interconnected (Leichsenring et al., 2023). From this perspective, self-worth and emotional dysregulation may be psychological processes through which borderline traits are linked to depressive and anxiety symptoms, contributing to the intensification and maintenance of emotional distress. By testing these mechanisms, the study addresses important gaps in the literature: the scarcity of evidence regarding BPD and its possible sequelae in non-clinical populations, as well as the paths through which BPD can be linked to them. Although the evidence would be rather incremental than substantive, given the high prevalence of BPD in the general population and the age at which BPF affects non-clinical individuals, these additions would be noteworthy.

The mediating role of self-worth and emotional dysregulation

One possible mechanism linking BP features to psychopathology is through self-worth. Contingencies of self-worth are defined as „particular areas of life which people invest their self-esteem, such that feedback regarding their standing or abilities in these domains affect their self-concept" (APA, 2015, p. 243). Being framed in a positive or negative perception towards oneself, its evolution is a dynamic process that is shaped based on experiences throughout life (Minev et al., 2018). BPD is associated with dramatic changes in self-worth, largely dependent on positive social interactions (Kockler et al., 2022). Previous findings indicated significant differences in terms of self-worth between individuals with and without BPD, as well as a significant association between higher levels of BP features and a lower image of self (Bogaerts et al., 2023; Giesen-Bloo & Arntz, 2005).

Beck's (1967) cognitive model of depression suggests that depression prone individuals suffer from defective self-esteem and have fragile or vulnerable self-worth (also see Sargent et al., 2006). On the one hand, people's self-worth may depend on their successes or failures in life, so it decreases or increases according to their experiences (Adams et al., 2017). On the other hand, psychological symptoms could interfere with self-concept, which is why young people with low self-worth may be more prone to develop symptoms of depression and anxiety (Keane & Loades, 2016). Previous studies suggest that external domains of self-worth contingency (approval from others, appearance, competition, and academics) represent a risk factor for depression because they can lead to self-worth instability (Sargent et al., 2006). Still, other studies showed that among these, only appearance and approval from others are significant predictors of depressive symptoms (Liu & Huang, 2018). Furthermore, the literature showed that contingencies of self-worth have a mediating role between shame and depressive symptoms (Zhang et al., 2018). As a result, we can assume a mediating role in the relationship between BP features and depression, respectively anxiety.

Although contingencies of self-worth are closely conceptually associated with some of the BPD symptoms, such as identity disturbance and instability of self-concept, the literature highlights important conceptual differences between them. In contrast to the dimensions of self-worth that describe the sources based on which individuals assess their self-worth, particularly the extent to which it depends on external factors, such as the approval from others (Crocker, 2002), identity disturbance reflects a deficient and unstable organization of the self, characterized by inconsistency in values, goals, and self-image, while instability of the self-concept refers more specifically to changes in self-perception over time and fluctuations in self-evaluation (Linehan, 1993). Thus, while identity disturbance and the instability of the self-concept concern the structure and coherence of the self, the contingencies of self-worth reflect the evaluative mechanisms through which the self is validated.

Another possible mechanism linking BP features and psychopathology is through emotional dysregulation - a person's difficulty or inability to successfully manage their emotions in a specific situation (Conklin et al., 2006). Linehan's (1993) biosocial theory is based on the fact that BPD is a dysfunction of the emotion regulation system, which arises from biological dysfunctions combined with certain dysfunctional environments, as well as from their interaction and transactions over time. Emotion dysregulation derives from a high emotional vulnerability and an inability to regulate emotions and is one of the main difficulties faced by individuals with higher BPD features (Musser et al., 2018).

The biosocial theory of emotion dysregulation supports that the main cause of its manifestation is the consequences of the invalidating environment that does not recognize emotions as valid (Musser et al., 2018). Typically, this reactivity of emotions can lead to episodic depression or anxiety (Linehan, 1993). According to the emotion dysregulation models of mood disorders and anxiety (Hofmann et al., 2012; Suveg et al., 2010), there can be a relationship between emotion dysregulation and the manifestations of depression or anxiety. Moreover, previous empirical findings also support these associations (Schnider et al., 2021; Velotti et al., 2021). For example, depression is associated with maladaptive emotional regulation strategies, such as denial and suppression, rather than with adaptive ones, such as positive reappraisal of the situation (Joormann & Stanton, 2016). Anxiety symptoms are also associated with maladaptive emotion regulation strategies, such as deep rejection of certain situations and difficulty maintaining goal-oriented behavior (Schneider et al., 2016). However, there is also evidence in the literature that emotional dysregulation has a mediating role in the relationship between BPD symptoms and physical health symptoms (e.g., dizziness, headaches) or aggression (Gratz et al., 2017; Manke et al., 2016). Similarly, we can assume a mediating role in the relationship between BP traits and mental health (depression and anxiety). Thus, emotional dysregulation is conceptualized in the literature both as a central component of BPD functioning (Linehan, 1993) and as a transdiagnostic mechanism involved in the development and maintenance of various forms of psychopathology (Weissman et al., 2019). In the present study, we conceptualized emotional dysregulation as a transdiagnostic mechanism.

The current study

The mediation analyses in this study indicate that the relationship between BP features and depressive, respectively anxiety is explained by intermediate variables such as contingencies of self-worth and emotional dysregulation. However, according to the methodological literature, statistical mediation does not constitute direct evidence of causal mechanisms (Fiedler et al., 2011). Therefore, our intermediate variables are conceptualized as psychological mechanisms based on previous research, and their role as mediators is interpreted as consistent with these theoretical frameworks.

The present study aims to identify to what extent BPF, contingencies of self-worth, and emotional dysregulation are associated with depression and anxiety in emerging adults. We also presume that contingencies of self-worth and emotional dysregulation might function as mediators of the relationships between BPF and depression, respectively, anxiety. Several explanations motivated this approach. First, past studies have emphasized that BPF are positively related to depression and anxiety (e.g., Fatimah et al., 2023; Omar et al., 2025; Shah et al., 2023). Second, although the mediating role of contingencies of self-worth was studied in the relation between shame and depressive symptoms (Zhang et al., 2018), and the role of emotion dysregulation was examined in the relation between BPD symptoms and physical health symptoms (Gratz et al., 2017), as far as we know, there are no evidence in the literature that these mediating variables were examined in the relation between BP features and depression, respectively anxiety. In this regard, the present study does not aim to introduce fundamentally new mechanisms, but rather to extend and validate these mechanisms in the context of a non-clinical sample.

According to theoretical framework (e.g., cognitive model of depression, predisposition model of psychopathology, biosocial theory of BPD; Beck, 1967; Klein et al., 2011; Linehan, 1993) and previous research in the field, we hypothesized that: 1) there is a positive association between BP features and depression, respectively, anxiety; 2) the link between BPF and depression, respectively, anxiety is mediated by contingencies of self-worth based on appearance and approval from others. Specifically, we anticipate that high levels of BPF will be positively related to self-worth based on appearance and approval from others, and will be further positively associated with high levels of depression and anxiety; 3) the link between BP features and depression, respectively, anxiety is mediated by emotional dysregulation. Specifically, we anticipate that high levels of BP features will be positively related to a high level of emotional dysregulation, which will be further positively related to high levels of depression and anxiety.

Methods

Participants and procedure

A total number of 200 Romanian emerging adults were included in this study, 169 (84.5%) females and 31 (15.5%) males. Their age ranged from 18 to 24 years old (M = 20.54; SD = 1.25).

The study was approved by the institutional research committee of Alexandru Ioan Cuza University of Iasi, Romania. The study was advertised on various social media platforms. Data was collected online via Google Forms. The participants were students who voluntarily answered the online form. They agreed with an informed consent through which they received information about the purpose of this study. They were also informed that their answers were anonymous and that they could withdraw from the study at any time. Then, the participants completed scales measuring borderline personality features, contingencies of self-worth, emotional dysregulation, depression, and anxiety. The only inclusion criterion was the age between 18 and 24.

Measures

Borderline personality features. The Romanian version of the Borderline Personality Questionnaire (BPQ; Grădinaru et al., 2023) consists of 80 items, classified into 9 subscales: impulsivity, affective instability, abandonment, relationships, self-image, suicide/self-mutilation, emptiness, intense anger, quasi-psychotic states. We used the total score for this study. The items are rated dichotomously, with a choice between true or false. The current study found that the instrument shows excellent reliability, with an internal consistency coefficient of .93 for the general Borderline Personality Questionnaire.

Contingencies of self-worth. The Romanian version of the Contingencies of Self-Worth Scale (Maricuțoiu et al., 2012) consists of 35 items and is composed of several contingency domains. Following the results of the studies conducted by Sargent et al. (2006) and Liu and Huang (2018), we decided to use only 2 of the 7 domains of self-worth contingency in our study: appearance and approval from others. The items are evaluated on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The internal reliability of the scale in our sample was

.63 for appearance (5 items) and .80 for approval from others (5 items).

Emotional dysregulation. Difficulties in Emotion Regulation Scale – Short Form (DERS-SF; Kaufman et al., 2015) consists of 18 items that are evaluated on a 5-point Likert scale, ranging from 1 (almost never) to 5 (almost always), and higher scores represent higher levels of emotional dysregulation. The internal reliability of the scale for our sample was .90.

Depression and anxiety. Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995) consists of 21 items assessing three dimensions: depression, anxiety, and stress. In the present study, we used only depression and anxiety dimensions. The items are evaluated on a 4-point Likert scale, ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). The internal reliability of the scale in our sample was .90 for depression (7 items) and .87 for anxiety (7 items).

Data analysis

We ran the descriptive statistics, t-tests, and Pearson correlations using SPSS version 20. The mediation analyses were performed using the PROCESS macro (version 3.5) for SPSS (Hayes, 2013). Model 4 allowed us to test for parallel mediation by using 5000 resamples to estimate 95% confidence intervals. When zero is not in the 95% confidence interval, one can conclude that the indirect effect is significantly different from zero.

Results

Preliminary analysis and associations among the variables of the study

The normality of the data was assessed using Q-Q plots inspection. All the data was normally distributed. The independent sample t-test revealed non-significant gender differences in borderline personality features, approval from others, emotional dysregulation, depression, and anxiety (all ps > .05). The only significant gender difference was in appearance, $t(198) = -2.39$, $p < .05$. Women present a self-worth more dependent on appearance ($M = 4.52$, $SD = 1.04$), compared to men ($M = 4.01$, $SD = 1.25$).

Pearson correlations were used to verify the associations between the variables (see Table 1). Results showed that BP features significantly and positively correlated with self-worth based on appearance and approval from others, emotional dysregulation, depression, and anxiety. Further, both contingencies of self-worth's variables and emotional dysregulation showed significant positive correlations with depression and anxiety.

Parallel mediation analyses

Using the Process Extension for SPSS, in two separate models, we examined the mediating role of contingencies of self-worth and emotional dysregulation in the relationship between borderline personality features and depression (see Figure 1), respectively, anxiety (see Figure 2).

Table 1. *Pearson correlations, Means and Standard deviations of study variables*

Variables	1	2	3	4	5	6
1. Borderline personality features	-					
2. Appearance	.33***	-				
3. Approval from others	.41***	.39***	-			
4. Emotional dysregulation	.68***	.34***	.43***	-		
5. Depression	.64***	.29***	.43***	.74***	-	
6. Anxiety	.49***	.22**	.30***	.62***	.68***	-
Mean	0.34	4.44	3.16	2.76	1.17	1.30
SD	0.17	1.08	1.36	0.81	0.80	0.78

Note. $^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$; $N = 200$

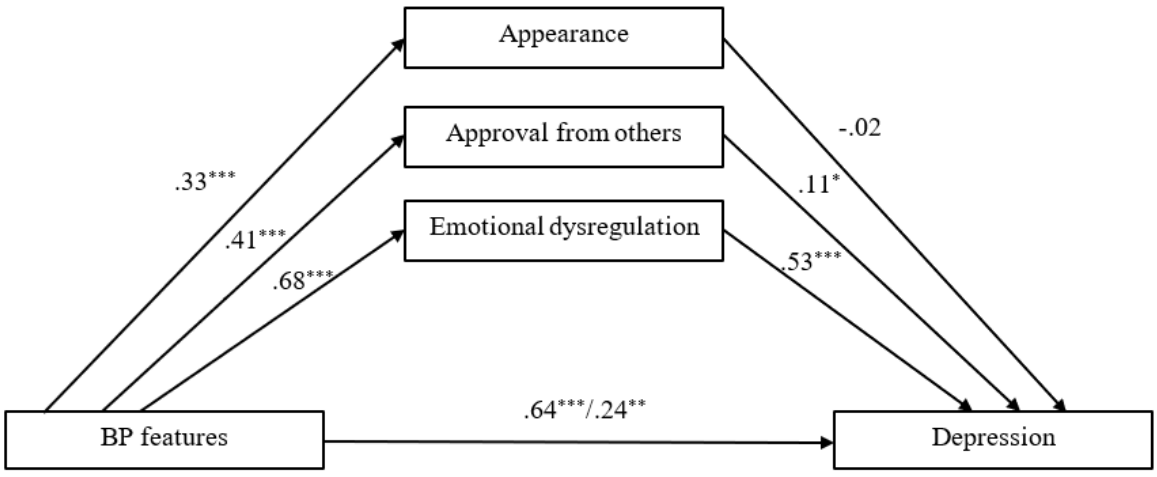


Figure 1. Parallel mediation analysis: Borderline personality features – Depression with Contingencies of Self-worth based on Appearance and Approval from others, and Emotional dysregulation as mediators *Note.* $^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

The total effect of BP features on depression is positive and significant (β = .64, p < .001) (See Table 2). The participants with higher levels of BP features also report higher depression levels. After introducing the score for contingencies self-worth based on appearance, approval from others and emotional dysregulation as mediators, the effect remains positive and significant (β = .24., p < .01). BP features is linked to contingencies of self-worth based on appearance (β = .33, p < .001), approval from others (β = .41, p < .001) and to emotional dysregulation (β = .68, p < .001). The self-worth based on appearance has a non-significant association with depression (β = -.02, p = .65), but the self-worth based on approval from others has a positive and significant relationship with depression (β = .11, p < .05). A similar result was found for emotional dysregulation (β = .53, p < .001). The indirect effect of BP features on depression, through self-worth based on appearance is not significant (β = -.007, LCI = -.04, UCI = .02). However, it is significant through self-worth based on approval from others (β = .04, LCI = .002, UCI = .09), as well as through emotional dysregulation (β = .36, LCI = .27, UCI = .46).

Table 2. *Path coefficients for the parallel mediation between Borderline personality features and Depression with Contingencies of Self-worth based Appearance and Approval from others, and Emotional dysregulation as mediators*

Path	Effect	Boot-LLCI	Boot-ULCI	SE	*t*-value	*p*-value
Total effect	.64	2.47	3.44	.24	12.01	< .001
Direct effect	.24	.53	1.67	.28	3.80	.0002
IV-Appearance	.33	1.27	2.91	.41	5.05	< .001
IV-Approval from others	.41	2.24	4.22	.50	6.44	< .001
IV-Emotional dysregulation	.68	2.69	3.63	.23	13.23	< .001
Appearance-DV	-.02	-.09	.05	.03	-.45	.65
Approval from others-DV	.11	.003	.12	.03	2.08	0.03
Emotional dysregulation-DV	.53	.40	.65	.06	8.37	< .001
Total indirect effect	.40	.31	.49	.04	-	-
IV-Appearance-DV	-.007	-.04	.02	.01	-	-
IV-Approval from others-DV	.04	.002	.09	.02	-	-
IV-Emotional dysregulation-DV	.36	.27	.46	.05	-	-

Note. IV = independent variable (BP features); DV = dependent variable (depression); LLCI = Lower limit confidence interval; ULCI = Upper limit confidence interval; SE = standard error; *N* = 200

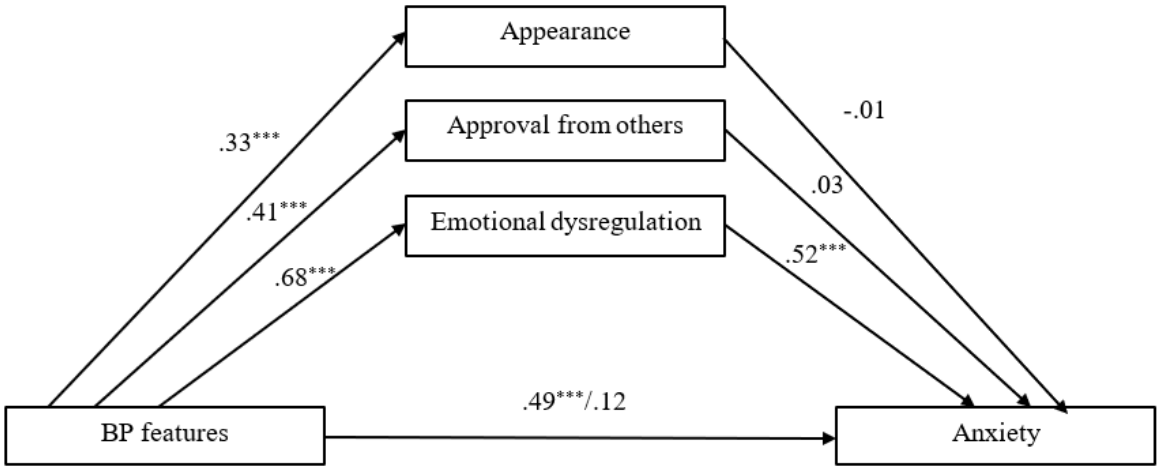


Figure 2. Parallel mediation analysis: Borderline personality features – Anxiety with Contingencies of self-worth based on Appearance and Approval from others, and Emotional dysregulation as mediators. *Note.* $^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

The total effect of BP features on anxiety is positive and significant (β = .49, p < .001). (See Table 3). The participants with higher levels of BP features also report higher anxiety levels. After introducing the mediators in the analysis, the effect remains positive but becomes non-significant (β = .12, p = .10). The self-worth based on appearance (β = -.01, p = .76) and approval from others (β = .03, p = .62) has non-significant relationships with anxiety. Emotional dysregulation shows a positive and significant link with anxiety (β = .52, p < .001). The indirect effect of BP features on anxiety, through self-worth based on appearance, is not significant (β = -.006, LCI = -.04, UCI = .03), neither is the one through self-worth based on approval from others (β = .01, LCI = -.04, UCI = .07). The indirect effect through emotional dysregulation is significant (β = .36, LCI = .24, UCI = .48).

Table 3. *Path coefficients for the parallel mediation between Borderline personality features and Anxiety with Contingencies of self-worth based on Appearance and Approval from others, and Emotional dysregulation as mediators*

Path	Effect	Boot-LLCI	Boot-ULCI	SE	*t*-value	*p*-value
Total effect	.49	1.67	2.75	.27	8.07	< 0.01
Direct effect	.12	-.11	1.25	.34	1.64	.10
IV-Appearance	.33	1.27	2.91	.41	5.05	< .001
IV-Approval from others	.41	2.24	4.22	.50	6.44	< .001
IV-Emotional dysregulation	.68	2.69	3.63	.23	13.23	< .001
Appearance-DV	-.01	-.10	.07	.04	-.29	.76
Approval from others-DV	.03	-.05	.09	.03	.49	.62
Emotional dysregulation-DV	.52	.35	.65	.07	6.71	< .001
Total indirect effect	.36	.25	.48	.05	-	-
IV-Appearance-DV	-.006	-.04	.03	.02	-	-
IV-Approval from others-DV	.01	-.04	.07	.02	-	-
IV-Emotional dysregulation-DV	.36	.24	.48	.05	-	-

Note. IV = independent variable (BP features); DV = dependent variable (anxiety); LLCI = Lower limit confidence interval; ULCI = Upper limit confidence interval; SE = standard error; $N = 200$

Discussion

The current study aimed to analyze the relationship between borderline personality features and depression, respectively anxiety in a sample of non-clinical young adults. We further tested, in parallel, the mediating role of contingencies of self-worth (based on appearance and approval from others) and emotional dysregulation. The results mostly support our assumptions.

In agreement with the existing literature, borderline personality features were significantly and positively related to both anxiety and depression. This confirms both the predisposition model of psychopathology (Klein et al., 2011) and the neurobiological model of BPD (Gunderson et al., 2018). The latter model states that there is a significant genetic overlap between BPD and depression, respectively anxiety. However, while taking into account the complex nature of the relationship, the first model states that personality dysfunction can act as a precursor for depression and anxiety. This study confirms the previously stated relationships in a sample of non-clinical young adults. To our knowledge, this is one of the first studies to test and show evidence for this relationship in a non-clinical sample. Kovacs et al. (2021) found a significant and positive correlation between PBD symptoms and depression, but did not test for anxiety.

This study expands the literature by testing a series of possible mediators of the associations described above in the non-clinical population. For this, we jointly verified the roles of contingencies of self-worth and emotional dysregulation. We found partial support for the first mediator. Firstly, based on the results, we rejected the mediating role of self-worth based on appearance (although it positively correlated with BP features). However, having a self-worth contingent on the approval of others mediated the links between BP features and depression. BPD is associated with low and unstable self-worth (Zeigler-Hill & Abraham, 2006), but past studies showed that not the level of self-worth, but the process through which self-worth is maintained is predictive of mental health symptomatology (Shirk et al., 2003). For individuals displaying borderline personality features, the process of identity formation is significantly more difficult, as they report enduring feelings of emptiness and incoherence, which they attempt to compensate for by anchoring their sense of identity in others (Bogaerts et al., 2023). Moreover, Campbell et al. (2021) showed that adolescents showing higher levels of borderline symptomatology also reported higher friend identity commitment. Thus, young adults with exacerbated borderline personality features may suffer from disturbed self-worth and a chronic inability to build a consistent self-image and self-esteem. As a result, they become highly dependent on the opinion of others, especially on one of their friends. However, the opinions of others are not controllable and can greatly fluctuate, leading to increased levels of depression (Sargent et al., 2006). Interestingly, individuals are more prone to developing depressive symptoms when their self-worth easily reduces during negative events (Liu & Huang, 2018). Also, higher BP features are linked with the predisposition towards a negative information bias (Winter et al., 2015). Taken together, these previous findings and our results show that even in non-clinical samples, higher levels of BP symptomatology are linked to a self-worth more contingent on external factors (such as the approval of others), and thus more unstable and susceptible to decreases during (constant) negative events, which can be related to increased depression.

Emotional dysregulation mediated the links between borderline personality features and depression, respectively, anxiety. Previous results showed that emotional dysregulation, which is a core feature of BPD as well as a factor contributing to the maintenance of BPD, acts as an explanatory mechanism for the relationship between BP features and physical health (Glenn & Klonsky, 2009; Gratz et al., 2018; Stepp et al., 2014). Our study confirms the interplay between PBF and emotional dysregulation and links it to mental well-being. Emotion dysregulation is associated with increased levels of stress, which, when accumulated over time, contributes to the onset and subsistence of disorders such as depression and

anxiety (Gratz et al., 2016; McEwen & Akil, 2020). Moreover, previous studies showed that, on its own, emotion dysregulation can increase depressive and anxious symptomatology (Abravanel & Sinha, 2015; Schneider et al., 2021; Suveg at al., 2010). When people use maladaptive emotion regulation strategies, their negative experiences become intrusive and unpleasant (Hofmann et al., 2012). Also, individuals with high scores on emotion dysregulation have difficulties engaging in goal-oriented behaviors (Schneider et al., 2016). As a result, people with higher levels of BP features tend to have lower emotion regulation abilities. They feel more stressed and perform poorly in the day-to-day activities, thus suffering from increased levels of depression and anxiety. Still, it is crucial to distinguish between statistical mediation and psychological mechanisms. Our results confirm most of our hypotheses and show significant support for the proposed statistical mediations, but they can offer only an exploratory view of the nature of psychological mechanisms linking BPD, depression, and anxiety in non-clinical populations. Longitudinal data is needed to confirm these results and reinforce the role of BPF in the development of mental impairment, such as emotional and mood disorders.

Taken together, our results show that individuals with higher levels of borderline personality features also suffer from emotional instability and identity fluctuation. Either directly or through impaired emotion regulation, combined with a self-worth that is more dependent on the approval of those around them, these BPF are related to higher depression scores. Relatively similar, BPF are linked to higher anxiety scores because the individuals lack sufficient emotion regulation skills. In this regard, our study has important relevant implications by emphasizing how these psychological processes are simultaneously linked with two major forms of emotional distress, offering an integrative perspective on the vulnerabilities associated with BP features. These findings also have clinical implications and highlight the need to incorporate both mechanisms when dealing with anxiety and depression in individuals with PB features, suggesting valuable directions for preventive interventions and programs. There is strong evidence showing that dialectical behavioral therapy (DBT) is effective in treating emotion regulation issues (Neacsiu et al., 2013). Also, there were propositions regarding the importance of self-compassion when dealing with a pervasive negative self-image in individuals with BPD (Krawitz, 2012). Previous studies showed that DBT and cognitive interventions can increase the self-worth and emotion regulation abilities in individuals suffering from BPD and thus reduce symptoms of depression and anxiety (Power et al., 2022; van der Hout et al., 2023). However, these studies offer rather preliminary evidence, and stronger, controlled studies are needed to show the effectiveness of tackling both issues at once. It is also crucial to test these interventions in non-clinical populations. Also, one must take into account the socio-cultural characteristics of the investigated sample. Although we found no data regarding PBF, BPD seems to be more prevalent in individualistic cultures (Neacsiu et al., 2017), while Romania is a more collectivist culture. Nevertheless, BPF peaked around the age of 30 (Aleva et al., 2023). Our sample was significantly younger, meaning that its negative associates might also peak at a further age.

It is important to take into account the limitations of our study. First, there is a high proportion of female participants, which may limit the ability to make generalizations. Second, cross-sectional research cannot allow us to determine a causal relationship between the variables. Third, we must also take into consideration the phenomenon of multifinality, in which people can experience the same life events or have similar histories, yet their developmental outcomes can vary widely. Since this is a cross-sectional study, a clear developmental history cannot be established. Moreover, shared etiological factors (e.g., genes) account for a portion of the association between BP features, depression and anxiety. Still, there is sufficient evidence that BP features, emotion dysregulation, and unclear self-worth act as precursors of mental health issues such as depression and anxiety. An additional limitation of our study is the potential conceptual overlap between some of the constructs included in the model (emotional dysregulation and self-worth) and core dimensions of borderline personality features, such as identity disturbance and instability of self-concept. Although these variables were operationalized using distinct measures in this study, future research could clarify these relationships by employing longitudinal or multi-method designs (e.g., behavioral or experimental assessments), as well as by more closely examining the conceptual and functional differences between these constructs, to more precisely delimit their role in the development of depressive and anxiety symptoms.

Conclusion

To our knowledge, this is the first study to test the mediating roles of contingencies of self-worth and emotion dysregulation in the relationship between BP features and depression, respectively, anxiety in a sample of non-clinical young adults. The results show strong evidence for the role of emotion dysregulation and self-worth contingent on the approval of others and highlight the need to incorporate both issues in future therapeutic approaches dealing with depression and anxiety for individuals with BP symptomatology.

Funding: No funding was received for conducting this study.

Financial interests: The authors declare they have no financial interests.

Competing interests: The authors have no competing interests to declare that are relevant to the content of this article.

Ethics approval: Approval was obtained from the ethics committee of Faculty of Psychology and Educational Sciences, Department Psychology, Alexandru Ioan Cuza University of Iași. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

Consent to participate: Informed consent was obtained from all individual participants included in the study.

Data: The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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