Introduction

• Few studies have demonstrated a link between shame and borderline features among adolescents (e.g., Wall et al., 2021).
• Adverse experiences (AEs) are common in adolescents with BPD and may be an important factor in determining the relationship between borderline features and shame.
• The present study examines the moderating role of adverse experiences (AE) in the relationship between borderline personality features and three types of shame (trait-shame, state-shame, and shame proneness) among inpatient adolescents while controlling for relevant demographic variables.

Methods

Participants
1. Overall sample (n = 144): Inpatient adolescents completed measures of borderline features (BPFS-C), adverse experiences (ALEQ), and shame proneness (PFQ-2). Gender: 68.1% females and 31.9% males; Age: 12-17 (M = 15.31, SD = 1.33); Race: 88% white/Caucasian, 8% Multiracial, 1.6% African American, 1.6% Asian, 8% American Indian/Alaskan native, 13.2% did not report; Ethnicity: 92.1% not Hispanic/Latino, 7.9% Hispanic/Latino, 11.8% did not report.
2. ESS subsample: 80 adolescents also completed a measure of trait shame (ESS). This subsample did not differ from the overall sample in gender (p = .38), age (p = .90), race (p = .18), or ethnicity (p = .83).
3. TSI subsample: 110 participants also completed a measure of state-shame. This subsample did not differ from the overall sample in gender (p = .43), race (p = .67), or ethnicity (p = .92) except that the subsample had a lower mean age (M = 15.20, p < .05).

Measures: Borderline Personality Features Scale for Children (BPFS-C; Crick et al., 2005); Adolescent Life Events Questionnaire (ALEQ; Hankin et al., 2002); Experience of Shame Scale (ESS; Andrews et al., 2002); The Shame Inventory (TSI; Rizvi, 2009); Personal Feelings Questionnaire-2 (PFQ-2; Harder et al., 1992)

Analyses:
• Pearson’s correlations between main study variables.
• Using PROCESS macro for SPSS, we examined the moderating role of adverse experiences in the relationship between borderline personality features and (1) trait-shame, (2) state-shame, and (3) shame proneness, while controlling for age and gender.

Results

Relations between main study variables:
• Borderline features were positively correlated with adverse experiences (r = .51, p < .001), trait-shame (r = .40, p < .001), state-shame (r = .29, p < .001) and shame proneness (r = .51, p < .001). Adverse experiences were also positively correlated with trait-shame (r = .34, p < .001) and shame proneness (r = .51, p < .001) but were not correlated with state-shame (r = .17, p = .08).

Discussion

• Borderline features were associated with AE, trait-shame, state-shame and shame proneness. AE was associated with trait-shame and shame proneness but not with state-shame.
• For trait shame and shame-proneness, the relationship between borderline features and shame was strongest in adolescents with low levels of AE. Results also suggest that adolescents with a history of severe AE experience high levels of trait shame regardless of their level of borderline features.
• Our results indicate that adverse experiences may be an important consideration when treating adolescents who experience shame.
• Limitations include a small sample size and a disproportionately Caucasian sample. Future research should examine this relationship with a larger and a more diverse sample.

References