

Effectiveness of Cognitive-Based Mindfulness on Self-Compassion and Integrative Self-Knowledge in Individuals with Borderline Personality Disorder

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ABSTRACT

Objective: Borderline personality disorder is a complex disorder associated with significant prevalence, mortality, and public health costs. The current study aimed to determine the effectiveness of cognitive-based mindfulness therapy on self-compassion and integrative self-knowledge in individuals with borderline personality disorder.

Methods and Materials: The method of the present study was a quasi-experimental design with a pre-test-post-test and follow-up along with a control group. The statistical population of this research included all individuals with borderline personality disorder who were referred to the Nik Andish Sari Psychiatric Clinic in 2021-2022. Among them, 24 individuals who met the study entry criteria and scored high on the borderline personality disorder assessment were selected as the sample group and randomly assigned into two groups: experimental (12 people) and control (12 people). Data were collected using the Structured Clinical Interview for DSM Axis Disorders (First et al., 1995), the Self-Compassion Scale (Neff, 2003), and the Integrative Self-Knowledge Scale (Ghorbani et al., 2008). Data were analyzed using repeated measures analysis of variance and SPSS software.

Findings: The results showed that cognitive-based mindfulness therapy was effective on self-compassion ($F = 38.86, p < .001$) and integrative self-knowledge ($F = 15.25, p < .001$). Moreover, these results indicated that there was a significant increase in self-compassion and integrative self-knowledge during the follow-up stage in the experimental group compared to the control group.

Conclusion: It can be concluded that cognitive-based mindfulness therapy was effective in improving self-compassion and integrative self-knowledge in individuals with borderline personality disorder.

Keywords: Cognitive-based mindfulness therapy, self-compassion, integrative self-knowledge, borderline personality disorder.

1. Introduction

Personality disorders are defined in the DSM-5 as a persistent set of internal experiences and behaviors that differ from what is expected in an individual's society and culture, are pervasive and inflexible, begin in adolescence or early adulthood, are stable over time, and lead to distress or impairment (APA, 2022). Compared to other personality disorders, borderline personality disorder has a high prevalence, approximately 2% of the general population, although many of these patients do not receive treatment due to a lack of awareness or insight that reduces their demand for treatment (Afsar et al., 2023). Borderline personality disorder is a complex disorder associated with significant prevalence, mortality, and public health costs. Prominent symptoms include suicidal behavior, self-harm, bursts of anger, and emotional reactivity, typically manifesting in an interpersonal context, as previously mentioned, interpersonal problems in borderline personality disorder seem responsible for much of the distress experienced by these individuals in everyday life. Loneliness, feelings of rejection, and relationship disruptions are predictors of suicide attempts (Ditrich et al., 2021), and BPD patients are often involved in suicidal and self-destructive behaviors (Anestis et al., 2020; Benazzi, 2006).

Psychological factors can play a role in explaining borderline personality disorder. One such psychological factor is integrative self-knowledge, which refers to an individual's efforts to integrate their self across past, present, and future. Integrative self-knowledge also involves attention to experiences occurring in the present and learning from past experiences, and is associated with positive outcomes such as effective coping and psychological well-being. Research history indicates that there is a positive relationship between integrative self-knowledge with self-knowledge, self-awareness, mindfulness, psychological flexibility, and self-regulation, and a negative relationship between integrative self-knowledge with perceived stress, interpersonal problems, and symptoms of emotional disturbances (Abedin et al., 2022; Hamidi et al., 2022; Imani et al., 2017; Nooralizdah Mianji, 2012; Sarafraz et al., 2011).

Self-compassion is another psychological factor that can be associated with emotional problems. In the case of borderline personality disorder where individuals engage in repeated self-harm, the level of this component can play a significant role. Self-compassion means feeling kindness and compassion towards oneself and includes self-care. Additionally, self-compassion leads to a non-judgmental

attitude towards oneself, especially towards weaknesses, which is associated with positive outcomes such as resilience, happiness, and life satisfaction. There is also considerable evidence that self-compassion is negatively associated with psychological disorders and emotional disturbances, for example, findings from a review have shown that individuals suffering from generalized integrative self-knowledge disorder score lower on the self-compassion scale, and self-compassion negatively predicts difficulties related to emotion regulation and stress symptoms (Afsar et al., 2023).

Mindfulness-based cognitive therapy is considered a targeted approach for treating individuals with a history of depression. Mindfulness, derived from various dimensions of ancient spiritual traditions, is traditionally Buddhist, an integrative tradition aimed at understanding, starting, and ending suffering and is a tool used by humans to free themselves from increasing suffering and existing pains (Afsar et al., 2023; Baer et al., 2004). One component of self-compassion is mindfulness. When you are mindful, you should be willing to confront and acknowledge your pain and suffering. Most people may not want to do this. In fact, they usually want to avoid it. They want to prevent pain and go straight to solving the problem. Therapists who are interested in expanding the scope of CBT to improve emotional regulation are particularly interested in this. Mindfulness increases the feeling of acceptance, a non-judgmental view, and less guilt against emotions, and gives the person the awareness that emotions do not necessarily need to be controlled or suppressed but can be patiently experienced. The goals of mindfulness training are to foster openness to the full experience of emotions, contact with the present moment, and without severe behavioral reactions (Mitchell et al., 2019; Sachse et al., 2011). Given the high prevalence of borderline personality disorder and their low quality of life, therapeutic measures are necessary and important; in this study, the researcher intends to perform the effectiveness of cognitive-based mindfulness therapy on self-compassion and integrative self-knowledge in individuals with borderline personality disorder.

2. Methods and Materials

2.1. Study Design and Participants

The research method employed in this study was a semi-experimental design with a pre-test, post-test, and follow-up along with a control group. The population for this study consisted of all individuals diagnosed with borderline

personality disorder who were referred to the Nik Andish Sari Psychiatric Clinic between 2021 and 2022 and met the criteria for inclusion in the study. A total of 36 individuals were invited to participate, based on their willingness to attend treatment sessions and meeting the study's entry criteria. Following a structured interview for assessing borderline personality disorder and the duration of the problem, 24 individuals who met the entry criteria and scored high on the borderline personality disorder assessment were selected as the sample group. They were then randomly assigned into two groups: an experimental group (12 individuals) and a control group (12 individuals). Inclusion criteria included informed consent, the ability to participate in group therapy sessions, a history of borderline personality disorder diagnosed by a psychiatrist, age between 20 and 50 years, education level from high school diploma to master's degree, being married, and not participating in other educational or therapeutic classes concurrently. Exclusion criteria included participants' lack of willingness to continue participating in the research, not meeting the entry criteria, and absence from therapy sessions.

In this research, after defining the objectives, an appropriate working tool was examined. Following the selection of the desired tests and scales described in the research tools section, a sample was chosen, and permission to conduct the research was sought from Dr. Faghih Nasiri, a psychiatric specialist. Collaborating with him, a list of women diagnosed with depression by a psychiatrist during the first nine months of 2021 was compiled from these centers. Invitations were extended to individuals who, based on the study's entry criteria, were willing to participate in therapy sessions. In total, 46 participants were selected, and after a structured interview to assess personality disorders and the absence of other psychological disorders, the checklist for borderline personality disorder was completed. Ultimately, 24 individuals who met the entry criteria were selected as the sample group and then randomly placed into a cognitive-based mindfulness therapy group (12 individuals) and a control group (12 individuals). After forming the final research groups, participants from both groups were asked to attend an orientation session where the research objectives were explained, and an attempt was made to motivate and obtain the necessary consent from the attendees to participate in the research, and both groups completed the questionnaires. Subsequently, cognitive-based mindfulness therapy was conducted in eight 90-minute sessions on the second experimental group, and after

the therapy sessions, a three-session follow-up period was held. During the intervention period, the control group was placed on a waiting list. Finally, participants from both groups responded to the desired questionnaires in the post-test phase.

2.2. Measures

2.2.1. Borderline Personality Disorder

Structured Clinical Interview for DSM Axis II Disorders (SCID-II) is a semi-structured diagnostic interview developed by First and colleagues (1995) to assess ten Axis II personality disorders based on DSM-5, including passive-aggressive personality disorder. The test can be administered categorically or dimensionally. The questionnaire consists of 119 items and is administered in less than 20 minutes, requiring a minimum education level of 8th grade for response. The examiner directs the interview based on the patient's affirmative responses to the questions. Studies on the reliability of this test have shown high reliability. The kappa coefficient for patients varied from .24 for obsessive-compulsive personality disorder to .74 for histrionic personality disorder (overall kappa .53), and for non-psychiatric patients, the agreement between raters was significantly lower with an overall kappa of .38. Sharifi and colleagues have reported acceptable reliability of the diagnoses with the Persian version of SCID and its satisfactory execution (Khandaghi Khameneh et al., 2023).

2.2.2. Self-Compassion

Developed by Neff in 2003, this scale consists of 26 items rated on a five-point Likert scale (ranging from almost never to almost always). It measures self-compassion with questions such as: "I judge myself for my mistakes and incompetencies" and "When I think about my incompetencies, I often feel more isolated and different from the rest of the world." The validity of the scale, concerning whether the tool measures what it is supposed to measure, has been confirmed by experts in the field (Janbozorgi et al., 2020; Movahedrad et al., 2023).

2.2.3. Integrative Self-Knowledge

Developed by Ghorbani and colleagues in 2008, this scale includes 12 items that respondents must answer on a five-point Likert scale (ranging from mostly false to mostly true). The scale consists of three subscales: reflective self-knowledge, experiential self-knowledge, and integrative

self-knowledge. In their study on three Iranian and three American samples, Ghorbani and colleagues reported Cronbach's alpha values of .81, .78, and .74, respectively. The convergent, criterion, discriminant, and incremental validity of the scale were also confirmed in this study (Imani et al., 2017).

2.3. Intervention

2.3.1. Cognitive-Based Mindfulness Therapy

The intervention protocol for this study involved a structured eight-session cognitive-based mindfulness therapy designed to improve self-compassion and coherent self-knowledge among individuals with borderline personality disorder. Each session lasted approximately 90 minutes and was conducted weekly. The therapy aimed to integrate mindfulness techniques with cognitive-behavioral strategies to enhance participants' awareness of their thoughts, emotions, and behaviors, and to promote a non-judgmental attitude towards self-experiences. The following paragraphs detail the focus and activities of each session (Shameli et al., 2018; Sharifi et al., 2015; Sooreh et al., 2023; Tao et al., 2022; Tarun Kumar et al., 2022; Tavakoli & Ebrahimi, 2020; Witkiewitz, 2013; Zemestani & Fazeli Nikoo, 2019; Zhang et al., 2022).

Session 1: Introduction to Mindfulness

The first session served as an introduction to mindfulness. Participants were familiarized with the basic concepts of mindfulness, including its definition, relevance in mental health, and benefits for emotional regulation. The session included practicing mindfulness of breathing as a foundational exercise to help participants experience being present in the moment. The therapist also discussed the structure of the therapy program and set expectations for engagement and participation.

Session 2: Observing Thoughts

In the second session, the focus shifted to observing thoughts without judgment. Participants engaged in exercises designed to distinguish between thoughts and feelings, emphasizing that thoughts are not facts. Techniques such as "Leaves on a Stream" were introduced, where participants visualized their thoughts as leaves floating down a stream, observing them come and go to cultivate detachment from their internal narratives.

Session 3: Mindfulness of Emotions

This session centered on recognizing and accepting emotions. Participants learned to identify different emotions and their triggers, and practiced mindfulness exercises to sit

with their emotions without reacting impulsively. The therapist guided them through the "Emotional Surfing" technique, which encourages observing emotions as waves, acknowledging their presence, and allowing them to pass without overwhelming the individual.

Session 4: Developing Self-Compassion

Session four focused on developing self-compassion. Participants were introduced to the concept of self-compassion as a healthy way of relating to oneself during times of suffering. Practices included guided meditations to foster kindness and understanding towards themselves and exercises that highlighted common humanity and mindfulness in moments of self-judgment.

Session 5: Mindful Communication

This session aimed to enhance mindful communication skills. Participants practiced listening and speaking mindfully in role-play scenarios that mirrored typical interpersonal challenges they face. The emphasis was on staying present during conversations, expressing oneself authentically, and listening with empathy to foster better interpersonal relationships.

Session 6: Mindfulness in Daily Life

The sixth session encouraged the integration of mindfulness into daily activities. Participants discussed and practiced how to apply mindfulness during routine activities such as eating, walking, or washing dishes. The goal was to maintain mindfulness throughout the day, not just during meditation or therapy sessions, to enhance overall well-being and reduce impulsivity.

Session 7: Managing Distress

In this session, the therapist addressed strategies for managing distress. Participants learned techniques such as "mindful grounding," which involves using sensory experiences to stay present during stressful situations. The session also covered the "STOP" technique (Stop, Take a breath, Observe, Proceed), which helps in pausing and choosing responses rather than reacting automatically to emotional triggers.

Session 8: Consolidation and Future Planning

The final session served as a consolidation of the skills learned throughout the program and planning for future practice. Participants reviewed their progress, discussed challenges they faced, and identified strategies to continue applying mindfulness in their lives. The therapist provided resources for ongoing practice, including guided meditation recordings and recommendations for mindfulness apps and books.

2.4. Data analysis

In this study, descriptive and inferential statistics were used for data analysis. In the descriptive statistics section, indices such as frequency, percentage, mean, and standard deviation were used to describe the research variables, and in the inferential statistics section, parametric tests, including the Shapiro-Wilk test for assessing the normality of the sample group's score distribution, and repeated measures analysis of variance were conducted using SPSS software.

Table 1

Central Tendencies and Dispersion Indices of Research Variables Scores in Experimental and Control Groups

Variable	Group	Pre-test	Post-test	Follow-up
		Mean (SD)	Mean (SD)	Mean (SD)
Self-Compassion	Experimental	52.30 (12.66)	63.05 (14.33)	64.20 (14.97)
	Control	51.40 (11.04)	52.10 (11.02)	52.00 (11.26)
Integrative Self-Knowledge	Experimental	23.80 (4.38)	45.89 (7.33)	43.97 (7.40)
	Control	22.41 (4.49)	22.49 (4.53)	22.45 (4.52)

An analysis of variance with repeated measures was used to examine the significance of differences in self-compassion and integrative self-knowledge scores between the experimental and control groups.

Prior to conducting the main analyses, the assumptions necessary for the application of analysis of variance were verified. The assumption of normality was confirmed using the Shapiro-Wilk test for both the self-compassion and integrative self-knowledge variables, yielding p-values of .20 and .15, respectively, indicating a normal distribution. The assumption of homogeneity of variances was tested

3. Findings and Results

The mean (standard deviation) age of participants was 39.7 (9.4) for the experimental group and 36.2 (7.9) for the control group. Additionally, the minimum and maximum ages in the experimental group were 30 and 48 years, respectively, and in the control group, they were 31 and 50 years.

using Levene's Test, which was non-significant for both variables ($F = 2.03, p = .154$ for self-compassion; $F = 1.87, p = .176$ for integrative self-knowledge), confirming that the variance across the experimental and control groups was similar. The sphericity assumption required for repeated measures ANOVA was assessed using Mauchly's Test, and it was met for both variables, ensuring the appropriateness of using repeated measures ANOVA for the data analysis. These tests established that the data met the necessary assumptions, allowing for valid conclusions to be drawn from the subsequent analyses.

Table 2

Repeated Measures Analysis of Variance for Comparing Pre-test, Post-test, and Follow-up Scores of Self-Compassion and Integrative Self-Knowledge in Experimental and Control Groups

Scale	Source of Variation	Sum of Squares	df	Mean Square	F	Significance	Eta Squared
Self-Compassion	Time	230.46	1.70	160.14	79.16	.001	.73
	Time * Group	150.02	1.70	104.24	51.53	.001	.64
	Group	418.17	1	418.17	38.86	.001	.44
Integrative Self-Knowledge	Time	87.62	2	43.81	164.78	.001	.85
	Time * Group	37.48	2	18.74	70.50	.001	.71
	Group	131.61	1	131.61	15.25	.001	.24

The results from Table 2 indicate that the analysis of variance for the within-group factor (time) is significant and between-group differences are significant. This means that considering the group effect, the effect of time is also

significant on its own. Additionally, the interaction between group and time is significant. Bonferroni post-hoc tests were also used for pairwise comparisons between groups.

Table 3

Bonferroni Post-Hoc Test Results for Comparing Self-Compassion and Integrative Self-Knowledge in the Experimental Group

Variable	Comparisons	Post-test	Follow-up
Self-Compassion	Pre-test	*14.20	*13.77
	Post-test	-	1.15
Integrative Self-Knowledge	Pre-test	*5.44	*6.32
	Post-test	-	0.89

*p < .01

The results in [Table 3](#) show that the scores for self-compassion and integrative self-knowledge in the experimental group at the post-test stage were higher than those in the control group; in other words, the experimental group had a high effectiveness in increasing self-compassion and integrative self-knowledge. Additionally, these results indicate that self-compassion and integrative self-knowledge significantly increased in the follow-up stage in the experimental group compared to the control group.

4. Discussion and Conclusion

The purpose of the present research was to determine the effectiveness of cognitive-based mindfulness therapy on self-compassion and integrative self-knowledge in individuals with borderline personality disorder. The results indicate that cognitive-based mindfulness therapy has led to improvements in self-compassion and integrative self-knowledge in individuals with borderline personality disorder. These findings are consistent with the prior results ([Abedin et al., 2022](#); [Afsar et al., 2023](#); [Baer et al., 2004](#); [Imani et al., 2017](#); [Mitchell et al., 2019](#); [Sachse et al., 2011](#); [Sarafraz et al., 2011](#); [Shameli et al., 2018](#); [Sharifi et al., 2015](#); [Sooreh et al., 2023](#); [Tao et al., 2022](#); [Tarun Kumar et al., 2022](#); [Tavakoli & Ebrahimi, 2020](#); [Witkiewitz, 2013](#); [Zemestani & Fazeli Nikoo, 2019](#); [Zhang et al., 2022](#)).

Research indicates that the perception of rejection is a significant issue for patients with borderline personality disorder. Some theories about rejection suggest that rejection can have various effects on the rejected individual ([Afsar et al., 2023](#)). Individuals do not exhibit aggression merely due to rejection; rather, they become aggressive because rejection conveys negative aspects that individuals tend to deny. In fact, the discussion about the relationship between ego threats and aggression depends on the individual's efforts to prove that the negative information was incorrect ([Shameli et al., 2018](#); [Sharifi et al., 2015](#)).

Individuals with borderline personality disorder face consistent challenges throughout their lives, including perceived rejection, ongoing identity crises, unsatisfactory relationships with others, ambiguous identity, and reactive behaviors. Fits of anger and periods of crisis are frequently observed in these individuals. The risk of self-harm in these individuals is high due to self-injury or substance abuse. They are at a high risk of suicide, with nearly 10% of deaths among these individuals resulting from suicide; a high percentage of these individuals engage in self-harm due to feelings of loneliness, rejection, attention-seeking, and emptiness. In such cases, dialectical behavior therapy, with its focus on imparting meaningful life skills and emotional regulation, can help reduce these feelings and manage emotions; and cognitive-based mindfulness approach can develop awareness in individuals with borderline disorder such that they become aware of their thoughts, feelings, and behaviors, pause between feeling and action, and maintain presence in the moment to make sound decisions ([Imani et al., 2017](#); [Mitchell et al., 2019](#); [Tarun Kumar et al., 2022](#)).

Furthermore, mindfulness helps to focus on the present moment or live in the moment. It aids in attending to internal occurrences (thoughts, feelings, emotions, and sensations) and using senses to coordinate with what happens around them (seeing, hearing, smelling, and touching) in a non-judgmental manner. Mindfulness skills help individuals slow down when in the midst of emotional pain and focus on using healthy coping skills. This strategy can also help individuals stay calm and prevent engagement in negative thought patterns and impulsive behaviors. Preoccupation with past sorrows and excessive worry about the future are characteristics often observed in therapeutic sessions with individuals with borderline personality. These individuals need to adopt a new lifestyle based on mindfulness, which considerably controls impulsive and hasty behaviors related to their mood. Indeed, the goal of this skill is to establish a balance between the emotional mind and the logical mind,

as dominance of either can lead to inappropriate behaviors (Zemestani & Fazeli Nikoo, 2019; Zhang et al., 2022).

5. Limitations & Suggestions

The sample for the study was limited to patients with borderline personality disorder from psychological and psychiatric clinics in the city of Sari, therefore caution should be exercised when generalizing these findings to other patients with borderline personality disorder. Due to the prominent feature of impulsive behaviors in borderline personality disorder, conducting individual sessions weekly and regularly was very challenging. The lack of cooperation from some patients in completing questionnaires, which took a considerable amount of time, represents another limitation of this research. Due to some patients' needs and requests for continued treatment and in observance of ethical considerations, the researcher refrained from conducting follow-up assessments. The convenience sampling method complicates the generalization of results. It is suggested that these therapeutic approaches be repeated with larger samples, other personality disorders, and other experimental or comparative designs. The stability of the therapeutic effects of the cognitive-based mindfulness approach should be evaluated over short and long term periods. It is recommended that clinical supervision be continuously maintained during the course of psychotherapies and also be utilized in clinical settings.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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