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RUNNING HEAD: CONTINGENT ESTEEM IN AVOIDANT AND BORDERLINE PD

Self-esteem and other-esteem in college students with borderline and avoidant personality  
disorder features: An experimental vignette study

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### Abstract

An experimental study investigated self- and other-esteem responses to either fully supportive or less supportive interpersonal feedback in college students with avoidant and borderline personality disorder features (APD and BPD, respectively). Disturbances in self-esteem and in evaluations of others are central to definitions of both APD and BPD, but the extent to which such interpersonal appraisals are responsive to contextual features, such as evaluative feedback from others, is not yet clear. In theory, we would expect that individuals with pronounced PD features would show more inflexible and more negative self- and other-evaluations than those without PD features. In this study with 169 undergraduates, APD but not BPD features were associated with other-contingent state self-esteem and other-esteem. A significant interaction indicated that highly avoidant respondents felt particularly negatively about themselves and their close others in situations that conveyed subtle criticism but not in situations signaling unequivocal support. This suggests that their self- and other-esteem, rather than being rigidly negative, is instead highly contingent upon interpersonal feedback. Such context-contingency has implications for the trait-like description of diagnostic characteristics within current taxonomies and is in line with contemporary dynamic models of personality structure and process.

Keywords: Contingent self-esteem, other-esteem, borderline personality disorder, avoidant personality disorder, experimental vignette study

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Introduction

Avoidant and borderline personality disorders (APD and BPD, respectively) are serious and debilitating conditions associated with a range of severe interpersonal and emotional problems. Among psychiatric patients, both of these disorders predict poorer outcomes (Meyer, Pilkonis, Proietti, Heape, & Egan, 2001; Skodol et al., 2002), and in sub-clinical samples, APD and BPD features are associated with poor global functioning, susceptibility to alcoholism, depression, anxiety, neuroticism, and occupational and social maladjustment (Bagge et al., 2004; Meyer, 2002; Sinha & Watson, 1997; Trull, Useda, Conforti, & Doan, 1997). Along with many other theorists (e.g., Morey et al., 2007; Trull, Tragesser, Solhan, & Schwartz-Mette, 2007, Widiger & Trull, 2007), we suspect that borderline and avoidant PD are better conceptualized as partially overlapping dimensions that are continuously distributed in the population, rather than as distinct entities that are categorically either present or absent within a person (i.e., dichotomously distributed variables).

Despite the widely acknowledged clinical importance of APD and BPD, surprisingly little is known about the intrapersonal processes and interpersonal contingencies potentially giving rise to, and perhaps perpetuating, these forms of personality pathology. In particular, in both APD and BPD, mental representations concerning one's own worthiness and the value and trustworthiness of others may occupy a central etiological role, even though few studies have addressed this point explicitly. As we have explicated in greater detail elsewhere (Bowles & Meyer, 2008; Meyer & Pilkonis, 2005), we regard the study of attachment theoretical processes, such as mental representations of self-worth and others' worth, as central to our understanding of personality pathology.

*Attachment theoretical conceptualizations of self-worth and other-worth in APD and BPD*

The cognitive and affective processes associated with APD and BPD include enduring, maladaptive thoughts and feelings related to vulnerable self-images and concerns about the availability of others. For instance, definitions of APD emphasize a chronic sense of social inadequacy coupled with expectations of rejection, and a defining feature of BPD is a fear of abandonment linked to a conviction that the self is too weak to function alone (APA, 2000; Millon & Davis, 1996). Additionally, BPD is characterized by patterns of interpersonal instability as well as fluctuating idealization and devaluation of others, underlining the relevance of self- and other-evaluations in this disorder. Despite the centrality of these negative self- and other evaluations to APD and BPD definitions (see Westen & Heim, 2003), empirical evidence for negative self-esteem has only recently started to amass (Livesley, 2003; 2006; Roberts, 2006; Westen & Heim, 2003). Thus far, the focus has been global self-esteem in both APD and BPD (Lynum, Wilberg & Karterud, 2008; Meyer & Carver, 2000; Sinha and Watson, 1997), and instability of self-esteem in reaction to daily stressors in BPD (Tolpin, Gunther, Cohen, & O'Neill, 2004; Zeigler-Hill & Abraham, 2006). Other aspects of self-esteem, such as the question of whether or how much self-esteem is contingent upon interpersonal feedback, have yet to be investigated in these forms of personality maladjustment.

Negative other-evaluations in APD have been documented as responses to vignettes of social situations (e.g., Bowles & Meyer, 2008; Meyer, Ajchenbrenner, & Bowles, 2005), and in a pragmatic inference task, in which participants are asked to choose the most likely causes of several ambiguous events that are presented in audiotaped short stories (Dreessen, Arntz, Hendriks, Keune, & van den Hout, 1999). BPD has been associated with negatively biased appraisals of others in film clips (Veen & Arntz, 2000) and vignettes (Meyer et al., 2005). In two studies, contexts were manipulated and thus far it appears that negative other-evaluations in APD are rigid in the face of changing intrapersonal contexts (attachment system activation,

Bowles & Meyer, 2008), whereas in BPD they are specific to BPD-related situational content, such as situations signaling potential rejection, abandonment, or abuse (Veen & Arntz, 2000). Previous research suggests, then, that the activation of insecure attachment themes might easily trigger negative other-evaluations in BPD, whereas other-evaluations in APD might be relatively rigid, even without the presence of cues that trigger or activate insecure attachment states. As yet, though, no studies to our knowledge have directly investigated the extent to which other-esteem is contingent on the degree to which others are perceived as supportive or critical/rejecting.

Although the construct of self-esteem—defined as global positive versus negative self-regard—has long been among the most intensively studied variables in personality psychology, other-esteem is not a conventionally used term or established construct. Because of the straightforward definition of self-esteem, we propose here to use an analogous, simple definition of other-esteem as the global positive versus negative regard a person has for specific other people. Previous research has not yet examined, to our knowledge, (a) whether both self- and other-esteem are contingent on the support of significant others, and (b) whether negative and contingent self-esteem are associated with APD and BPD features, above and beyond their associations with depressed mood or attachment insecurity. Theoretically, we would expect that both self-esteem and other-esteem would be rigidly negative in both of these PDs, given the definition of personality disorders as inflexible and context-transcending stable characteristics (American Psychiatric Association, 2000).

The idea that self-esteem might be contingent on interpersonal feedback has not been pursued to a great extent in clinical PD research, but the concept is familiar to basic personality researchers (e.g., Baldwin & Sinclair, 1996; Leary & Baumeister, 2000; Leary & Downs, 1995; Leary, Haupt, Strausser, & Chokel, 1998; Leary, Tambor, Terdal, & Downs, 1995; Murray, Griffin, Rose, & Bellavia, 2003). Indeed, according to sociometer theory (e.g., Leary &

Baumeister, 2000), and to mounting empirical evidence (Leary & Downs; Leary & Baumeister, 2000; Murray et al., 2003), perceptions of others' evaluations of the self can exert their effects either from situation to situation (state self-esteem), or in a cumulative fashion over time, leading to changes in global self-esteem.

Feelings of low self-esteem in response to cues from others are likely to form part of an adaptive device that alerts us to potential interpersonal rejection, thus motivating us to seek social inclusion (Baumeister & Leary, 1995). Self-esteem that is overly reliant on others' evaluations (contingent self-esteem, Deci & Ryan, 1995; Kernis, 2003), however, is likely to be psychologically unhealthy, and has recently been linked with depression (Cambron, Acitelli & Steinberg, 2010). Over-sensitivity to interpersonal rejection can also be maladaptive (Pietrzak, Downey & Ayduk, 2005) and has also been linked with psychological ill-being (e.g., depression, Parker & Crawford, 2007). In both APD and BPD, rejection sensitivity is high (Ayduk et al., 2008; Meyer, Ajchenbrenner & Bowles, 2005), as is a tendency to expect others to evaluate the self in a negative light (Bowles & Meyer, 2008; Meyer et al, 2005), conceivably resulting in maladaptively contingent self-esteem regulation.

The aim of this study was to investigate contingent self- and other-esteem in adults with APD and BPD features. To that end, we measured variations in state self- and other-esteem in response to either supportive or non-supportive interpersonal feedback. Specifically, we were interested in finding out whether those with relatively pronounced APD and BPD features would feel poorly about themselves only in response to non-supportive feedback, or more globally, regardless of the type of feedback received. The level of interpersonal support was varied by using vignettes in which participants imagined receiving either supportive or non-supportive feedback in different common situations. We tentatively predicted that features of both APD and BPD would be associated with relatively less responsiveness to interpersonal feedback, given the definition of PDs as inflexible or rigid (i.e., non-contingent on context;

American Psychiatric Association, 2000). That is, self-esteem and other-esteem in individuals with relatively pronounced PD pathology might be stably negative and not as responsive to interpersonal information than it would be among those without PD features. We controlled for depressive features due to the already established links between depression and contingent self-esteem. We also controlled for adult attachment style, due to established links between adult attachment style and contingent self-esteem regulation (Collins & Feeney, 2000; Pietromonaco & Feldman Barrett, 2006) and between adult attachment style and both APD and BPD (Brennan & Shaver, 1998; Meyer, Pilkonis, & Beevers, 2004; Sherry, Lyddon & Henson, 2007).

## Method

### *Participants*

With a mean age of 23.00 years ( $SD = 6.91$ ) 169 undergraduates (of which 154 women), took part in this study. 63% described their ethnicity as 'White', 19% as 'Asian', 14% 'Black', and 4% 'other'. With respect to relationship status, 75% reported being single, 21% married or partnered, and the remaining 4% separated or divorced. All participants were students from a second year psychology course at a university in South West London studying a research methods and participation module.

### *Procedure*

After signing an informed consent form approved by the university's ethics review board, the participants completed a demographic background questionnaire. They then completed a short task designed to capture their self- and other-esteem in mildly anxiety-inducing situations (*see below*). For this task, the participants were randomly assigned to one of two conditions, which varied in level of supportiveness (*see below*). Following this task, they completed a questionnaire battery comprising mood, attachment style and personality measures.

### *Materials and measures.*



*Personality disorder features.* Consistent with earlier studies (e.g., Dreessen et al., 1999; Meyer et al., 2004; Bowles & Meyer, 2008), avoidant and borderline personality features were measured using the SCID-II screening questionnaire (SCID-II-SQ; First, Gibbon, Spitzer, Williams & Benjamin, 1997). Response options were slightly modified: instead of using dichotomous response options, we employed a 4-point response scale in order to extend the range and obtain a more fine-grained assessment of the gradations in PD severity (0 = Never or not at all; 1 = Sometimes or a little; 2 = Often or moderately; 3 = Very often or extreme). Internal consistency was good ( $\alpha = .78$  for the 7-item APD scale and  $.87$  for the 15-item BPD scale).

*Self- and other-esteem task.* We used an experimental vignette approach (Atzmüller & Steiner, 2010) to study the extent to which self-esteem and other-esteem might vary as a function of either fully supportive or subtly critical interpersonal feedback. In this task, participants were asked to imagine themselves and their close friend/partner in four anxiety-inducing scenarios and to think about the way they felt following a comment from their close friend/partner. The comment was either fully supportive, or ambiguously supportive, depending on condition. Roughly half ( $n=81$ ) of the participants read comments that constituted positive encouragement for each scenario, and the remainder ( $n=88$ ) received comments that were less clearly supportive. The four scenarios with their sets of supportive and unsupportive partner comments are displayed in Table 1.

All participants were asked to rate how they felt about themselves and their close friends/partners (self- and other-esteem measures, see below) immediately after each scenario and comment from the partner. This task was done immediately after the demographic information was collected and before the depression, attachment and personality disorder features questionnaires were completed, in order to eliminate the risk of priming effects. Because participants were being asked to record their state self-esteem repeatedly, and

immediately in response to imagined scenarios, we thought it necessary to use a single item measure.

*Self- and other-esteem measures.* A single-item measure, subjected to a pilot study (see below), was constructed to tap the core component of self-esteem, “*how people feel about themselves*” (Kernis, 2003, p. 1). Drawing on Kernis's terminology we chose to word the item “How do you feel about yourself right now?”. This item was used to tap state self-esteem after each scenario. Responses were recorded on 11-point Likert scales ranging from ‘0 – Extremely negatively’ to ‘10 – Extremely positively’. The item was designed to tap state self-esteem in such a way that it could be done repeatedly with minimum participant burden, as administering a full self-esteem questionnaire after each short scenario would have been far too unwieldy for this experimental design. To test the validity of this item a pilot study (N = 98 university students) was conducted, in which the single item was validated against the Rosenberg self-esteem scale (RSE, Rosenberg, 1965). The item correlated very strongly with the RSE,  $r = .82$ ,  $p < .001$ , and, moreover, demonstrated a higher correlation with the scale score than did any of the ten individual Rosenberg items ( $.51 < rs < .72$ ). The reason for using the RSE scale as the bench-mark measure is that the RSE scale is the most widely used measure of global self-esteem (Corwyn, 2000). On the basis of this pilot study, we considered the single item self-esteem measure to have good criterion validity.

There is no “other-esteem” equivalent of the Rosenberg Self-Esteem Scale, to the best of our knowledge. For the purposes of this study, other-esteem was tapped by using the same question as for self-esteem, but with the word “yourself” replaced with “your close friend/partner”. Considering the otherwise identical wording of the two items, it is likely they are conceptual equivalents.

The self- and other-esteem responses were combined across all four different imaginary contexts (i.e., after the four vignettes depicting stressful situations) to form two 4-item scales.

Both demonstrated good internal consistency ( $\alpha = .80$  and  $.83$  for self-esteem and other-esteem respectively).

*Depressive features.* To control for depressive symptoms, the 13-item Beck Depression Inventory short form (*BDI*, Beck & Beck, 1972) was administered. The *BDI* asks participants to respond according to how they have felt over the past week according to groups of 4 statements of increasing symptom severity. The first group, for example, is as follows: (1) I do not feel sad; (2) I feel sad or blue; (3) I am blue or sad all the time and I can't snap out of it; (4) I am so sad or unhappy that I can't stand it. The scale demonstrated good reliability ( $\alpha = .83$ ).

*Attachment orientation.* The two attachment dimensions, anxiety and avoidance, were assessed using the 36-item Experiences in Close Relationships Questionnaire (*ECR*; Brennan, Clark, & Shaver, 1998). This is a self-report questionnaire with 7-point response scales ranging from Disagree strongly (1) to Agree strongly (7). A sample item designed to tap attachment avoidance is "I prefer not to show a partner how I feel deep down" and for attachment anxiety, "I worry about being abandoned". Internal consistency was high ( $\alpha = .94$  and  $.92$  for avoidance and anxiety respectively) and discriminant validity was evident as the two scales were only very weakly correlated ( $r = .18, p = .02$ ).

## Results

Zero-order correlations and descriptive statistics are set out in Table 2. Mean scores on the depressive features and PD feature scales were below the mid-point, as might be expected in a college sample, but both variables were reasonably normally distributed, with a slight positive skew (PD features skewness scores  $< 1.0$ , depressive features skewness = 1.2). The correlation coefficients in table 2 are not differentiated by support condition, and therefore represent relationships collapsed across the two conditions.

The measures of depressive features, attachment styles and PD features all intercorrelated in the predicted directions. Of particular relevance to the aims and hypotheses of the present

study, APD but not BPD features correlated inversely with self- and other-esteem, and depressive features correlated moderately with lower self-esteem and weakly with lower other-esteem. There were weak but significant inverse associations between anxious attachment and both esteem measures, and between avoidant attachment and self-, but not other-esteem. The possibility that the relationships between PD features and self- and other-esteem differ across support conditions are tested in hierarchical regressions, reported below.

*Effects of context manipulation on state self- and other-esteem.*

A randomization check revealed there were no significant differences in age, relationship status or ethnicity between the two groups ( $ps > .21$ ). The manipulation of supportive versus non-supportive feedback appeared to have large effects on state self-esteem,  $F(1, 167) = 105.12, p < .001, \eta^2_{\text{partial}} = .39$ , and state other-esteem,  $F(1, 167) = 217.28, p < .001, \eta^2_{\text{partial}} = .57$  in the predicted direction: non-supportive comments had deleterious effects relative to unequivocal support. A moderating effect of this manipulation on the relationship between the PD features variables and the esteem variables would be indicative of contingent self- and other-esteem. In order to test for this possibility, interaction terms were entered into hierarchical regression analyses. The support condition was represented as a dummy variable scored with 0 = positive support and 1 = ambiguous support. Interaction terms were created as the products of the support condition dummy variable and the personality variables. The PD variables were first centered before creating the interaction term comprised of the product of the support condition dummy and the PD variable, as recommended by Aiken and West (1991) and Jaccard and Turrisi (2003). Hierarchical analyses were conducted separately for the two PD feature variables, in which the dummy variable was entered in the first step, the two attachment dimensions and the depressive features variable in the second step, the PD features variable in the third step, and the interaction term in the final step. A significant F-change value in the final step indicates a moderation effect of context (support condition).

Tables 3 and 4 show the outcome of the hierarchical models predicting self-esteem and other-esteem respectively. The dummy support condition variable predicted 38% of the variance in self-esteem and 57% of variance in other-esteem (adjusted  $R^2$ ). In the prediction of both self- and other-esteem, APD features interacted with the support condition (see Tables 3 & 4), adding a significant amount of variance in each case. Thus the support manipulation appeared to moderate the relationship between APD features and both self-esteem and other-esteem. These interactions are represented in Figures 1 and 2 in order to aid interpretation. The pattern suggests that under conditions of unequivocal, explicit interpersonal support individuals' state self-esteem and their evaluation of their partner are high regardless of APD features. By contrast, when support is more ambiguous both the self- and other-esteem of individuals with pronounced APD features suffer considerably, more so than in those with few or no APD features. In other words, APD features predict low self- and other-esteem when others are not fully supportive, but both self- and other-esteem in individuals with APD features are high when support is unequivocal. This suggests that the way individuals with more pronounced APD features feel about themselves and their close others is more contingent on unequivocally positive support than those with relatively fewer APD features. The hierarchical regression showed that this interaction was robust, even after controlling for depressive features and attachment style.

BPD features, by contrast, did not interact with support condition in the prediction of either self- or other-esteem (see tables 3 and 4). Although there was a trend towards BPD features interacting with support context in the prediction of self-esteem, neither slope was significantly different from zero. There did not appear to be a relationship between BPD features and the esteem measures in either condition.

## Discussion

The primary aim of this study was to investigate contingent self- and other-esteem in individuals with features of APD and BPD. The hypothesis that self- and other-evaluations in individuals with PD features are inflexible across situations was not supported. On the contrary, the results suggest that in individuals with pronounced APD features esteem-related evaluations of the self and of others are not rigid, but instead are dependent on interpersonal support. Thus, social evaluations in APD may not be maladaptively rigid, but possibly maladaptively contingent. Given that a non-clinical sample was studied, though, caution is warranted and replication and extension with diagnosed samples are required.

The hypotheses tested here arose, in large part, from the assumption that PD features are pervasive and stable, across situations and time. Although such personality inflexibility has historically played a central part in the definition of personality disorder, recent evidence suggests that personality pathology might, in fact, be less stable than previously thought (Gunderson et al., 2011; Stepp et al., 2010). Our findings are consistent with the idea that there is some flexibility even among those with pronounced PD features. Specifically, though, this research was concerned with the pervasiveness and stability of PD-relevant processes across situations, not across time. The main finding suggested that self- and other-esteem in high APD individuals may not be stable across situations but may depend on the quality of support conveyed by others in a given setting.

An interpretation of the findings is that self-esteem in APD is linked with an unhealthy reliance on others' evaluations of the self. Indeed, excessively support-contingent self-esteem may be one of the maladaptive cognitive-affective processes that perpetuate avoidant personality pathology. Consistent with this idea, previous research has found that state self-esteem, possibly more so than trait self-esteem, determines important aspects of social behavior, such as the interpersonal withdrawal characterizing APD (e.g., Crocker & Luhtanen, 2003; Crocker, Luhtanen, Cooper & Bouverette, 2003; Crocker & Wolfe, 2001). Highly

reactive state self-esteem has also been found to increase individuals' risk for psychopathology, such as depression (Butler et al., 1994), which is often comorbid with APD (Alden et al., 2002). The findings are also consistent with research showing that individuals differ in the extent to which a given situation is state-self-esteem relevant for them (Crocker, Luhtanen & Sommers, 2004). Theoretically, high APD individuals might perceive a great many situations as relevant for their state-self-esteem, or they might hyper-vigilantly scan situations for threat cues and actively withdraw from or avoid those situations in which they sense potential rejection or failure. For APD, then, situations such as those used in the current study's task (e.g., preparing to give a public speech) might be among the ones leading to greater self-esteem contingency.

Along these lines, the lack of contingency in self-esteem found here might be explained by the content of the situation vignettes. The themes in the vignettes were designed to be commonplace, and not necessarily relevant to either APD or BPD. Evidence has shown that biased social evaluations in BPD only emerge when individuals are faced with situations deemed specific to BPD (Veen & Arntz, 2000). These vignettes, therefore, may not have been suitable to investigate borderline-specific contingent self-esteem. Future studies would benefit from designing situational contexts that differentially related to borderline and avoidant personality. For example, situations with BPD-specific content might involve themes of abandonment, rejection, abuse, or early life stress, among others (Gunderson & Links, 2008).

Regardless of vignette content, however, it is surprising that BPD features were not more strongly related to contingent state self- or other-esteem. Instability of affect and self-image is central to definitions of borderline personality disorder (APA, 2000; Millon & Davis, 1996), but the two empirical studies published to date investigating stability of self-esteem in BPD do not provide unequivocal evidence for this. Tolpin and colleagues (2004) did not record any

instability particular to BPD. By contrast, Zeigler-Hill and Abraham, (2006) found that unstable low self-esteem predicted relatively higher levels of BPD features in a college sample.

For APD features, the interaction was more clear-cut. When high APD participants were confronted with cues signaling subtle criticism, their self- and other-esteem seemed to erode. In conditions of strong support, by contrast, self- and other-esteem remained high. This esteem-responsiveness to subtle criticism among high APD individuals can be understood in terms of contemporary social-cognitive models of personality, which emphasize the interdependencies between situational triggers and affective-behavioral reactions (e.g., Baldwin & Sinclair, 1996; Mischel & Shoda, 1995; 1998; Zayas, Shoda & Ayduk, 2002). According to such models, stable personality differences do not necessarily mean that behavior or affect remain invariant across situations, but that they show consistency *in psychologically similar situations* across time. In the case of APD, such stable “if-then” situational responsiveness appeared to be evident: Self- and other-esteem reductions emerged consistently when situations signaled potential criticism. Perhaps due to early adversity (Meyer & Carver, 2000), individuals with pronounced APD features may have readily accessible cognitive-affective networks (Mischel & Shoda, 1995) that relate to a negative sense of self (such as inadequacy), and of others (such as expectations that others will criticize, reject, or humiliate them). This heightened accessibility of negative cognitions and affects may become problematic in situations denoting potential criticism, leading to an erosion of self- and other-esteem, and thereby perpetuating their characteristic personality pathology.

Some limitations of this study should be noted. Caution is advised in interpreting clinical phenomena that result from investigations involving a non-clinical sample. Replication and extension with a sample of formally diagnosed participants is, therefore, required. Likewise, care must be taken in the interpretation of self-report data, particularly where a screening questionnaire is used without the use of accompanying structured interview, as with this



study's use of the SCID-II SQ. Nonetheless, such procedures are not uncommon, and regularly provide clinically and theoretically meaningful results (e.g., Bowles & Meyer, 2008; Dreessen et al., 1999; Meyer et al., 2004; Trull, Useda, Conforti and Doan, 1997).

Thirdly, the support manipulation in this study contained only two levels: supportive and non-supportive. Although there is evidence that moderately negative feedback has the same effect on self-esteem as extremely negative feedback (Leary et al., 1998), future studies could consider whether self- and other-esteem in APD is even more vulnerable to negative feedback than to ambiguous feedback.

A fourth limitation is that support in the participants' task was only imagined—the actual supportive vs. non-supportive context was not manipulated. However, there is again evidence that imagined feedback and real feedback have comparable effects on self-esteem (Leary et al., 1998). Also, experimental vignette studies can be regarded as valid and appropriate approaches to the investigation of complex social stimuli (Atzmüller & Steiner, 2010).

Finally, we note that questions of self- and other-esteem appear relevant not only to APD and BPD but also to other forms of personality pathology. For example, from an attachment theoretical perspective, some forms of narcissistic PD (Meyer & Pilkonis, 2011) may be characterized by negatively toned other-evaluations (e.g., “Others are sometimes enjoyable audiences but inevitably fail me and are ultimately irrelevant”, see Meyer & Pilkonis, 2011). Clearly, the study of such interpersonal evaluations across the spectrum of PD pathology is still in its infancy and deserves to be explored in greater depth.

This study points to the importance of providing fully supportive treatment contexts for highly avoidant individuals, whose affect is vulnerable to any ambiguity in interpersonal feedback (see Grawe, 2006, for a discussion of the harmful impact associated with subtle rejection signals sometimes conveyed by therapists). A perhaps even more important therapeutic challenge relates to the modification of overly context-responsive self/other-esteem

responses among clients with pronounced avoidant personality features. Therapies such as acceptance- and mindfulness-based approaches (e.g., Hayes, Strosahl & Wilson, 1999; Segal, Williams & Teasdale, 2002) teach clients to maintain a sense of calm equanimity even in situations signaling rejection or criticism. Such approaches might help ameliorate the kinds of exaggerated interpersonal response patterns we observed among more avoidant individuals. The implications of these relatively novel therapeutic approaches for individuals with PD features, however, have hardly begun to be explored.

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Table 1.

*Self- and other-esteem task vignettes and corresponding partner feedback*

| Scenario  | Positive support   | Ambiguous support  |
|---|--|--|
| You have to give a difficult speech. Just before giving the speech, your good friend (or partner) tells you:                                | “Don't worry—just say how you feel and what you think and you'll do great.”    | “Try not to say anything too embarrassing or stupid.”  |
| You are trying to impress your family or close friends at a dinner you are hosting. Your friend (or partner) tells you:                     | “I think everyone really likes the food and is enjoying everything—well done!” | “It seems to be going OK, I guess—just don't drink too much wine and make a fool of yourself.” |
| You are preparing a difficult and complicated report for work or university. Your close friend (or partner) tells you:                      | “You've put so much effort into this report—you're bound to do well!”          | “There's no point in stressing about this—it won't make a difference anyway.”                  |
| You are providing support for a sick friend while at the same time studying for a difficult exam. Your partner (or close friend) tells you: | “You're doing so much at the same time—I'm really impressed!”                  | “You're trying to do too much at the same time—don't spread yourself too thin.”                |

Table 2.

*Zero-order correlations and descriptive statistics among PD features, depression and state self- and other-esteem responses (N = 169)*

|                                      | 1.                   | 2.                     | 3.                     | 4.                 | 5.                 | 6.                 | 7.                 |
|--------------------------------------|----------------------|------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|
| 1. Depressive features               | —                    |                        |                        |                    |                    |                    |                    |
| 2. Avoidant attachment               | .38**                | —                      |                        |                    |                    |                    |                    |
| 3. Anxious attachment                | .29**                | .18*                   | —                      |                    |                    |                    |                    |
| 4. APD features                      | .43**                | .37**                  | .41**                  | —                  |                    |                    |                    |
| 5. BPD features                      | .52**                | .35**                  | .42**                  | .39**              | —                  |                    |                    |
| 6. State Self-esteem                 | -.27**               | -.20**                 | -.18*                  | -.34**             | -.09               | —                  |                    |
| 7. State Other-esteem                | -.15*                | -.15*                  | -.10                   | -.27**             | -.09               | .80**              | —                  |
| <i>Mean</i>                          | 18.94                | 52.84                  | 65.76                  | 8.37               | 14.01              | 22.27              | 23.05              |
| <i>SD</i>                            | 5.00                 | 19.30                  | 18.47                  | 4.23               | 7.90               | 7.11               | 8.29               |
| <i>Items per scale</i>               | 13                   | 18                     | 18                     | 7                  | 15                 | 4                  | 4                  |
| <i>Actual range (Possible range)</i> | 13 – 37<br>(13 – 52) | 18 – 110<br>(18 – 126) | 26 – 111<br>(18 – 126) | 0 – 20<br>(0 – 21) | 2 – 42<br>(0 – 45) | 0 – 37<br>(0 – 40) | 5 – 40<br>(0 – 40) |

\*  $p < .05$     \*\*  $p < .01$

Table 3.

*Hierarchical regressions of state self-esteem showing interactions between PD variables and support condition (N = 169)*

| Independent variables | PD variables per regression |          |        |        |                        |          |       |        |
|-----------------------|-----------------------------|----------|--------|--------|------------------------|----------|-------|--------|
|                       | Avoidant personality        |          |        |        | Borderline personality |          |       |        |
|                       | R <sup>2</sup> -Δ           | F-Δ      | df     | β      | R <sup>2</sup> -Δ      | F-Δ      | df    | β      |
| Step one              | .39                         | 105.12** | 1,167  |        | .39                    | 105.12** | 1,167 |        |
| Support condition     |                             |          |        | -.58** |                        |          |       | -.60** |
| Step two              | .05                         | 4.58**   | 1,164  |        | .05                    | 4.58**   | 1,164 |        |
| Depressive features   |                             |          |        | -.16*  |                        |          |       | -.24** |
| Avoidant attachment   |                             |          |        | -.02   |                        |          |       | -.07   |
| Anxious attachment    |                             |          |        | .04    |                        |          |       | -.06   |
| Step three            | .02                         | 5.78*    | 1,163  |        | .01                    | 4.22*    | 1,163 |        |
| PD features variable  |                             |          |        | -.02   |                        |          |       | .25*   |
| Step four             | .02                         | 5.02*    | 1, 162 |        | .01                    | 2.28     | 1,162 |        |
| Interaction term      |                             |          |        | -.20*  |                        |          |       | -.14   |

\*  $p < .05$ , \*\*  $p < .01$  β values shown at final step

Table 4. Hierarchical regressions of state other-esteem showing interactions between PD variables and support condition (N = 169)

| Independent variables | PD variables per regression |          |        |        |                        |          |        |        |
|-----------------------|-----------------------------|----------|--------|--------|------------------------|----------|--------|--------|
|                       | Avoidant personality        |          |        |        | Borderline personality |          |        |        |
|                       | R <sup>2</sup> -Δ           | F-Δ      | df     | β      | R <sup>2</sup> -Δ      | F-Δ      | df     | β      |
| Step one              | .57                         | 217.28** | 1,167  |        | .57                    | 217.28** | 1,167  |        |
| Support condition     |                             |          |        | -.73** |                        |          |        | -.75** |
| Step two              | .01                         | 1.15     | 1, 164 |        | .01                    | 1.15     | 1, 164 |        |
| Depressive features   |                             |          |        | -.06   |                        |          |        | -.10   |
| Avoidant attachment   |                             |          |        | -.02   |                        |          |        | -.05   |
| Anxious attachment    |                             |          |        | .08    |                        |          |        | .02    |
| Step three            | .01                         | 3.83†    | 1, 163 |        | .00                    | .90      | 1, 163 |        |
| PD features variable  |                             |          |        | .01    |                        |          |        | .10    |
| Step four             | .01                         | 5.35*    | 1, 162 |        | .00                    | .40      | 1, 162 |        |
| Interaction term      |                             |          |        | -.18*  |                        |          |        | -.05   |

†  $p = .052$ , \*  $p < .05$ , \*\*  $p < .01$  β values shown at final step

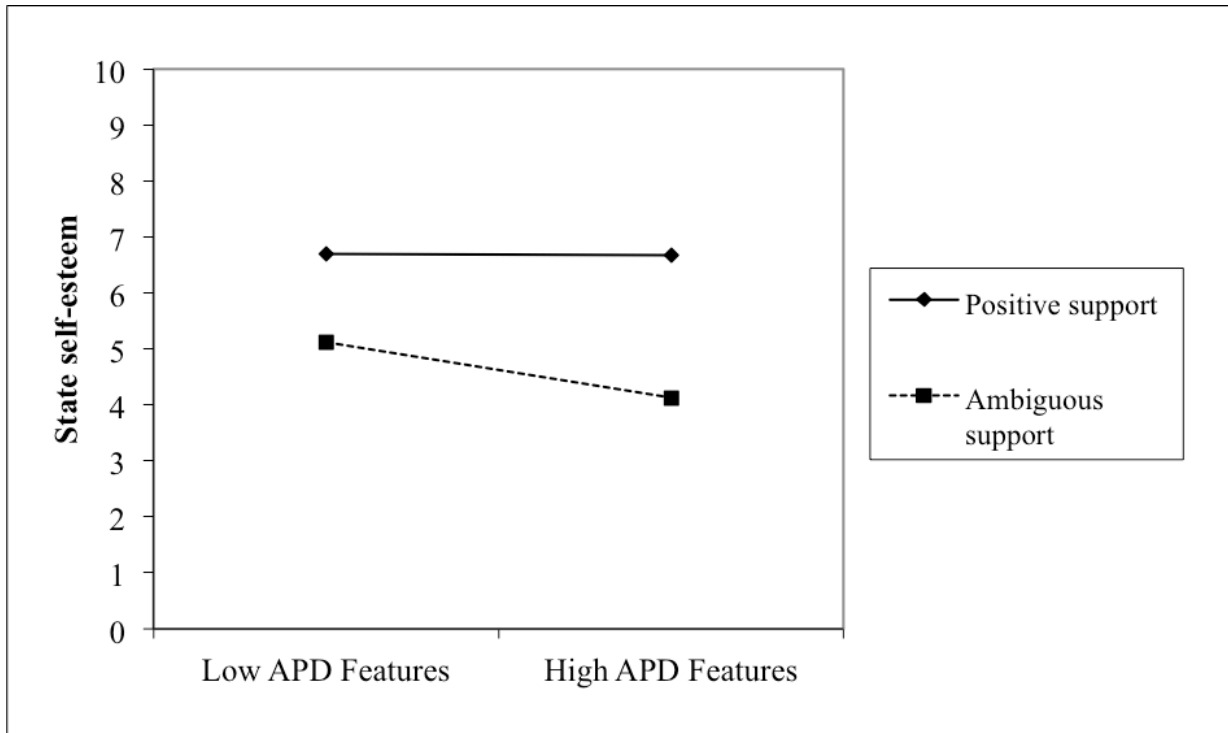


Figure 1. Interaction effect of support level and APD features on state self-esteem.

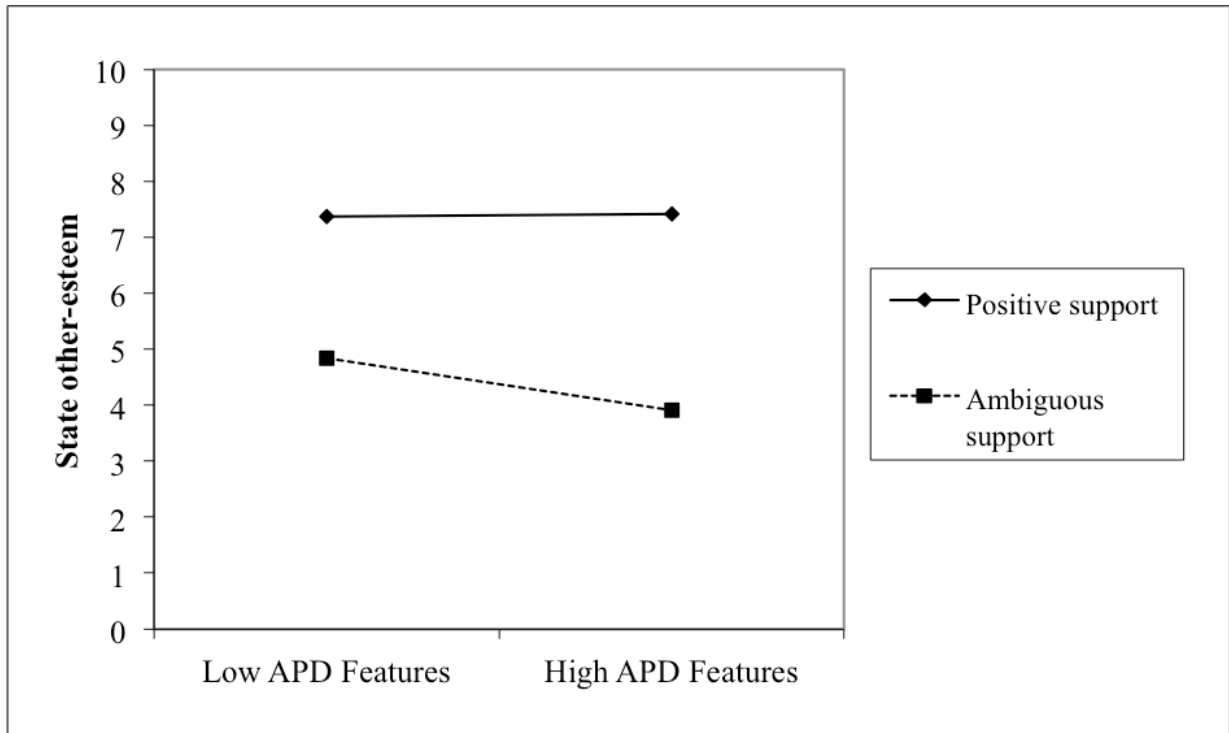


Figure 2. Interaction effect of support level and APD features on state other-esteem.