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Distress Tolerance and Rejection Sensitivity as Predictors of Borderline Traits

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A B S T R A C T

Objective: This study aimed to examine the predictive roles of distress tolerance and rejection sensitivity in borderline personality traits among Japanese adults.

Methods and Materials: A correlational descriptive design was used to explore the relationships between psychological predictors and borderline traits. The sample consisted of 500 adults from Japan, selected based on the Morgan and Krejcie sample size table. Participants completed the Borderline Features Scale of the Personality Assessment Inventory (PAI-BOR), the Distress Tolerance Scale (DTS), and the Adult Rejection Sensitivity Questionnaire (A-RSQ). Data analysis was conducted using SPSS-27. Descriptive statistics were first calculated, followed by Pearson correlation coefficients to examine bivariate relationships. A multiple linear regression analysis was then performed to assess the combined and independent predictive effects of distress tolerance and rejection sensitivity on borderline traits.

Findings: Pearson correlation results revealed that borderline traits were significantly negatively correlated with distress tolerance ($r = -.48$, $p < .001$) and positively correlated with rejection sensitivity ($r = .54$, $p < .001$). The regression model was statistically significant, $F(2, 497) = 150.72$, $p < .001$, with an R^2 value of .38, indicating that 38% of the variance in borderline traits was explained by the two predictors. Both distress tolerance ($\beta = -.31$, $p < .001$) and rejection sensitivity ($\beta = .45$, $p < .001$) independently and significantly contributed to the prediction of borderline traits.

Conclusion: These results highlight the importance of incorporating assessments and interventions targeting emotional regulation and interpersonal sensitivity in efforts to prevent or reduce borderline symptomatology, particularly within culturally specific contexts such as Japan.

Keywords: *Borderline personality traits, distress tolerance, rejection sensitivity.*

1. Introduction

Borderline personality disorder (BPD) represents a complex and debilitating condition characterized by pervasive instability in emotions, self-image, interpersonal relationships, and impulse control. Individuals with BPD often grapple with intense emotional dysregulation, heightened sensitivity to perceived rejection, and diminished capacity to tolerate distress, which together contribute to chronic impairments across social, occupational, and psychological domains (Henriques-Calado et al., 2014; Zanarini et al., 2014). Emerging models of BPD underscore the role of affective vulnerability, environmental invalidation, and maladaptive cognitive-affective responses as core features of the disorder (Pope et al., 2022; Saldanha-Silva et al., 2019). Understanding the psychological variables that contribute to the emergence and maintenance of borderline traits—particularly rejection sensitivity and distress tolerance—is crucial for refining early identification strategies and informing more targeted intervention protocols.

Borderline traits exist along a spectrum and can be present in both clinical and subclinical populations. These traits are not only predictive of the full disorder but also represent a source of significant psychosocial dysfunction in their own right (Zanarini et al., 2018). Research suggests that even subthreshold manifestations of borderline traits are associated with heightened emotional lability, interpersonal conflict, and increased suicide risk (Baranskaya, 2024; Brahim et al., 2021). As such, early identification and understanding of the psychological mechanisms that underlie these traits remain a pressing clinical imperative.

Rejection sensitivity, a dispositional tendency to anxiously expect and overreact to perceived interpersonal rejection, has been consistently linked to borderline traits and symptomatology (Farajİ, 2024; Pierro et al., 2022). Individuals with heightened rejection sensitivity often exhibit hypervigilance in social situations, attributing benign social cues to rejection, which may lead to interpersonal withdrawal or intense, volatile reactions (Pope et al., 2022). This maladaptive sensitivity to rejection can be traced to early developmental experiences within invalidating or traumatic family environments, which are commonly reported among individuals with borderline pathology (Henriques-Calado et al., 2023; Woo et al., 2020). The link between rejection sensitivity and BPD traits has also been substantiated in ecological momentary assessment studies, which highlight daily fluctuations in affective reactivity and interpersonal insecurity (Pierro et al., 2022). Moreover, a recent study revealed that rejection sensitivity significantly mediates the association between invalidating environments and the development of borderline traits, emphasizing its etiological and predictive relevance (Pope et al., 2022).

In parallel, the construct of distress tolerance has emerged as a key factor in understanding the emotional reactivity central to borderline pathology. Distress tolerance refers to an individual's perceived and actual capacity to withstand negative emotional states without engaging in avoidance or impulsive behaviors (Saldanha-Silva et al., 2019). Low distress tolerance has been identified as a transdiagnostic risk factor for various psychopathologies but is particularly salient in the context of BPD, where affective instability and poor emotion regulation strategies prevail (Feledyn et al., 2024; Fumagalli & Margola, 2021). Empirical evidence indicates that individuals with borderline features often engage in maladaptive coping mechanisms such as self-injury, substance abuse, or dissociation in response to emotional distress, underlining the functional impairments associated with diminished distress tolerance (Scalzo et al., 2018; Schittek et al., 2023). Furthermore, longitudinal research suggests that interventions targeting distress tolerance—such as Dialectical Behavior Therapy (DBT)—can lead to marked improvements in emotional regulation and overall functioning in individuals with BPD (Juul et al., 2019).

There is growing support for a synergistic relationship between distress tolerance and rejection sensitivity in predicting borderline traits. While rejection sensitivity may initiate the cycle of emotional reactivity through interpersonal threat perception, low distress tolerance may amplify this response by undermining the individual's ability to manage and modulate emotional arousal (Henriques-Calado et al., 2023; Lis & Myhr, 2016). These vulnerabilities may operate both independently and interactively to exacerbate borderline features, particularly affective instability, impulsivity, and interpersonal dysfunction. For example, individuals with high rejection sensitivity who also have low distress tolerance may be especially prone to emotional outbursts, suicidal gestures, or intense anger when faced with perceived rejection (Amini et al., 2015; Dadashzadeh et al., 2016).

Cross-cultural perspectives further highlight the importance of examining these constructs within specific sociocultural contexts. In collectivist societies such as Japan, social harmony and group affiliation are highly valued, potentially intensifying the psychological impact of

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perceived interpersonal rejection (Kawada, 2018; Романов et al., 2023). The interplay between cultural norms, rejection sensitivity, and distress tolerance may shape the expression of borderline traits differently across populations. Despite this, most empirical studies on BPD and its correlates have been conducted in Western contexts, with limited generalizability to Eastern populations. There is a clear need for research that investigates these constructs within diverse cultural frameworks to improve diagnostic accuracy and inform culturally sensitive interventions.

Moreover, recent neuropsychological and neurobiological findings suggest that both rejection sensitivity and distress tolerance are underpinned by dysregulation in brain systems involved in threat detection and emotion regulation. Hyperactivity in the amygdala and reduced prefrontal modulation have been observed in individuals with borderline traits, especially during emotionally charged interpersonal situations (Feledyn et al., 2024; Zanarini et al., 2018). These neural correlates not only validate the emotional reactivity and regulatory difficulties characteristic of BPD but also lend credence to the selection of rejection sensitivity and distress tolerance as central predictors in understanding the disorder.

Personality models, such as the DSM-5 Alternative Model for Personality Disorders, support a dimensional understanding of borderline pathology, emphasizing impairments in personality functioning and maladaptive trait domains such as emotional lability, separation insecurity, and hostility (Henriques-Calado et al., 2023). These impairments may be shaped or exacerbated by psychological factors like rejection sensitivity and distress tolerance. Recent studies have shown that maladaptive schemas and belief systems serve as cognitive intermediaries between these psychological traits and borderline symptom expression, further underscoring the clinical utility of targeting such variables in assessment and treatment (Pucker et al., 2019; Saldanha-Silva et al., 2019).

Importantly, borderline traits are associated not only with individual distress but also with broader societal burdens, including increased healthcare utilization, suicide attempts, and challenges in treatment engagement and retention (Brahim et al., 2021; Woo et al., 2020). These outcomes highlight the urgency of identifying reliable predictors of borderline traits that can inform early screening and preventative interventions, particularly in community and primary care settings. Rejection sensitivity and distress tolerance are accessible, measurable constructs that offer valuable insights into individual risk profiles and may help refine therapeutic targets across clinical populations (Fumagalli & Margola, 2021; Pongpitpitak et al., 2022).

Although both rejection sensitivity and distress tolerance have been individually linked to borderline pathology, limited research has examined their concurrent predictive value. Given the high comorbidity and overlapping symptomatology of BPD with other emotional disorders, it is essential to explore these variables together to better delineate their relative and combined contributions to borderline traits. Furthermore, understanding these relationships within a Japanese context will enrich the cross-cultural literature and address a significant gap in the current body of research.

Taken together, the current study aims to investigate the predictive roles of distress tolerance and rejection sensitivity in borderline personality traits among a non-clinical sample of Japanese adults.

2. Methodology

2.1. Study Design and Participants

This study employed a correlational descriptive design to examine the predictive roles of distress tolerance and rejection sensitivity in borderline personality traits. The sample consisted of 500 adult participants from Japan, selected based on the sample size recommended by the Morgan and Krejcie (1970) table for a known population. Participants were recruited through online survey platforms and academic mailing lists, ensuring voluntary and anonymous participation. Inclusion criteria included being between 18 and 60 years old and fluent in Japanese. All participants provided informed consent prior to participation, and ethical approval was obtained from the relevant institutional review board.

2.2. Measures

2.2.1. Borderline Traits

The Borderline Features Scale of the Personality Assessment Inventory (PAI-BOR), developed by Leslie C. Morey in 1991, is a widely used and psychometrically sound tool designed to assess borderline personality traits in both clinical and non-clinical populations. The PAI-BOR consists of 24 items divided into four subscales: Affective Instability, Identity Problems, Negative Relationships, and Self-Harm. Each item is rated on a 4-point Likert scale ranging from 0 (False, not at all true) to 3 (Very true). Subscale scores can be calculated individually, and a total score is derived by

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summing across all items, with higher scores indicating greater levels of borderline traits. Numerous studies have confirmed the scale's reliability and validity, with internal consistency coefficients typically exceeding 0.80 and strong construct validity supported through correlations with related psychopathological symptoms (Knapen et al., 2025; Meaney et al., 2016; Vakili et al., 2016).

2.2.2. *Distress Tolerance*

The Distress Tolerance Scale (DTS), created by Simons and Gaher in 2005, is a self-report instrument used to assess an individual's perceived ability to tolerate emotional distress. The DTS comprises 15 items and includes four subscales: Tolerance, Appraisal, Absorption, and Regulation. Respondents rate each item on a 5-point Likert scale ranging from 1 (Strongly agree) to 5 (Strongly disagree), with higher scores reflecting greater perceived distress tolerance. The total score is calculated by reverse-scoring relevant items and summing all responses. The DTS has demonstrated excellent psychometric properties, with internal consistency values typically above 0.85 and good convergent and discriminant validity established across clinical and non-clinical samples (Mohamadi & Jabalameli, 2024; Saidi et al., 2024; Walton et al., 2024).

2.2.3. *Rejection Sensitivity*

The Adult Rejection Sensitivity Questionnaire (A-RSQ), developed by Geraldine Downey and colleagues in 1998, is a validated measure designed to assess anxious expectations of rejection in adults. The A-RSQ includes 18 hypothetical interpersonal scenarios, each followed by two questions assessing the respondent's level of anxiety and expectation of rejection. Both components are rated on 6-point Likert scales, and the rejection sensitivity score is calculated by multiplying the level of anxiety by the expectation rating for each scenario and then averaging across all items. The A-RSQ does not contain formal subscales but provides an overall index of rejection sensitivity. Prior research has demonstrated the A-RSQ's strong internal consistency (typically above 0.80), as well as its convergent validity with measures of interpersonal sensitivity, attachment anxiety, and borderline features (Asad, 2025; Mishra & Allen, 2025; Shi et al., 2024).

2.3. *Data Analysis*

Data were analyzed using SPSS software version 27. Descriptive statistics were first computed for demographic variables and scale scores. To investigate relationships between the dependent variable (borderline traits) and each independent variable (distress tolerance and rejection sensitivity), Pearson correlation coefficients were calculated. Subsequently, a standard multiple linear regression analysis was conducted to evaluate the combined and individual predictive power of the two independent variables on borderline traits. Prior to conducting inferential analyses, all relevant statistical assumptions—normality, linearity, homoscedasticity, and multicollinearity—were assessed and confirmed.

3. Findings and Results

The final sample consisted of 500 participants, including 281 females (56.2%) and 219 males (43.8%). In terms of age distribution, 132 participants (26.4%) were between 18 and 25 years old, 177 (35.4%) were aged 26 to 35, 111 (22.2%) fell between 36 and 45 years, and the remaining 80 (16.0%) were aged 46 to 60. Regarding educational attainment, 211 participants (42.2%) held a bachelor's degree, 137 (27.4%) had completed high school, 98 (19.6%) had obtained a graduate degree, and 54 (10.8%) reported other forms of education or training. This demographic profile reflects a diverse adult population across age and education levels in Japan.

Table 1

Descriptive Statistics for Borderline Traits, Distress Tolerance, and Rejection Sensitivity

Variable	M	SD
Borderline Traits	47.83	10.27
Distress Tolerance	39.26	8.94
Rejection Sensitivity	61.42	9.38

The descriptive statistics revealed that participants had a mean score of 47.83 (SD = 10.27) on the borderline traits scale. The average distress tolerance score was 39.26 (SD = 8.94), indicating a moderate perceived ability to tolerate distress. The mean rejection sensitivity score was relatively

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high, at 61.42 (SD = 9.38), suggesting notable interpersonal sensitivity in this sample (Table 1).

All statistical assumptions required for Pearson correlation and linear regression were assessed and met. Normality was confirmed using the Kolmogorov-Smirnov test, with p-values greater than 0.05 for all primary variables (e.g., borderline traits: D(500) = 0.043, p = 0.078). Linearity was verified through scatterplots indicating a linear relationship between the independent variables and the dependent variable. Homoscedasticity was checked using residual plots, which showed no significant funneling pattern. Multicollinearity was not a concern, as the Variance Inflation Factor (VIF) values for distress tolerance (VIF = 1.24) and rejection sensitivity (VIF = 1.17) were well below the critical threshold of 5. These results supported the appropriateness of the planned statistical analyses.

Table 2

Pearson Correlations Between Borderline Traits and Predictor Variables

Variable	1	2	3
1. Borderline Traits	—		
2. Distress Tolerance	−.48 (p < .001)	—	
3. Rejection Sensitivity	.54 (p < .001)	−.39 (p < .001)	—

Pearson correlation results demonstrated that borderline traits were negatively correlated with distress tolerance (r = −.48, p < .001) and positively correlated with rejection sensitivity (r = .54, p < .001). Additionally, distress tolerance and rejection sensitivity were significantly negatively correlated (r = −.39, p < .001), suggesting a meaningful inverse relationship between these two predictors (Table 2).

Table 3

Summary of Regression Analysis Predicting Borderline Traits

Source	Sum of Squares	df	Mean Square	R	R^2	R^2 adj	F	p
Regression	9182.47	2	4591.23	.62	.38	.38	150.72	<.001
Residual	14887.61	497	29.95					
Total	24070.08	499						

The regression model predicting borderline traits from distress tolerance and rejection sensitivity was statistically significant, F(2, 497) = 150.72, p < .001, with an R^2 value of .38, indicating that 38% of the variance in borderline traits was explained by the two predictors. The adjusted R^2 remained at .38, confirming the stability of the model (Table 3).

Table 4

Multivariate Regression Coefficients for Predictors of Borderline Traits

Predictor	B	SE	β	t	p
Constant	25.17	2.41	—	10.45	<.001
Distress Tolerance	−0.36	0.05	−.31	−7.12	<.001
Rejection Sensitivity	0.42	0.04	.45	9.88	<.001

The multivariate regression analysis showed that both distress tolerance (β = −.31, p < .001) and rejection sensitivity (β = .45, p < .001) significantly predicted borderline traits. Specifically, for each unit increase in distress tolerance, borderline trait scores decreased by 0.36 points, whereas each unit increase in rejection sensitivity was associated with a 0.42-point increase in borderline traits. The intercept of the model was 25.17 (Table 4).

4. Discussion and Conclusion

The present study aimed to investigate the predictive roles of distress tolerance and rejection sensitivity in borderline personality traits among a sample of 500 Japanese adults. The statistical analyses revealed two key findings: First, Pearson correlation analyses showed that both distress

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tolerance and rejection sensitivity were significantly correlated with borderline traits. Specifically, lower levels of distress tolerance were associated with higher levels of borderline traits, while higher levels of rejection sensitivity also predicted greater borderline features. Second, results from the multiple linear regression analysis demonstrated that both distress tolerance and rejection sensitivity significantly and independently predicted borderline traits, with rejection sensitivity showing a slightly stronger beta coefficient. Together, the two predictors accounted for a substantial proportion of variance in borderline traits, suggesting their combined contribution is clinically meaningful.

These findings are consistent with a growing body of research that identifies emotional dysregulation and interpersonal sensitivity as core features of borderline pathology. The significant negative association between distress tolerance and borderline traits aligns with previous studies highlighting the role of emotional vulnerability and poor coping mechanisms in individuals exhibiting borderline characteristics (Fumagalli & Margola, 2021; Saldanha-Silva et al., 2019). As observed in clinical populations, individuals with diminished distress tolerance are more likely to engage in maladaptive behaviors such as self-injury, impulsive decision-making, and substance use in response to overwhelming affective states (Scalzo et al., 2018). Our findings support these conclusions and further validate distress tolerance as a meaningful predictor of borderline features even in a non-clinical community sample.

Similarly, the strong positive correlation between rejection sensitivity and borderline traits reinforces prior evidence indicating that interpersonal hypersensitivity is a defining feature of BPD. Rejection sensitivity encompasses both the anticipation and heightened reaction to perceived social exclusion, which often leads to disproportionate emotional and behavioral responses (Pierro et al., 2022; Pope et al., 2022). Our results echo those of earlier studies that found individuals with borderline traits often misinterpret neutral or ambiguous social cues as signs of rejection, resulting in turbulent interpersonal relationships and chronic emotional instability (Farajİ, 2024; Henriques-Calado et al., 2023). The observed predictive power of rejection sensitivity in our regression model underscores its relevance not only as a correlate but also as a potential causal factor in the development of borderline personality traits.

Moreover, the fact that both predictors independently contributed to borderline traits lends support to multidimensional models of BPD, which emphasize the interplay between affective regulation and interpersonal schemas (Dadashzadeh et al., 2016; Zanarini et al., 2018). While distress tolerance captures the individual's capacity to regulate internal emotional responses, rejection sensitivity reflects external relational schemas developed through prior invalidating or traumatic experiences. These two dimensions—internal regulatory ability and external interpersonal expectation—appear to interact to influence the trajectory and severity of borderline features (Feledyn et al., 2024). This interpretation is consistent with biosocial and cognitive-behavioral models of BPD, which posit that chronic emotional vulnerability, when coupled with heightened interpersonal reactivity, can create a self-perpetuating cycle of distress and relational dysfunction (Henriques-Calado et al., 2014; Lis & Myhr, 2016).

The findings are also in line with neurobiological studies indicating that individuals with borderline traits exhibit increased amygdala activity and decreased prefrontal cortical control when confronted with emotional or interpersonal stimuli (Feledyn et al., 2024; Zanarini et al., 2018). These neurological patterns may underlie both low distress tolerance and high rejection sensitivity, providing further biological plausibility to the psychological constructs examined in this study. Additionally, the relevance of rejection sensitivity in predicting borderline traits is supported by longitudinal evidence showing that individuals with high rejection sensitivity are more likely to experience persistent symptoms over time and exhibit poorer social functioning (Pucker et al., 2019).

Interestingly, while both predictors were statistically significant, rejection sensitivity demonstrated a slightly stronger beta coefficient in the regression model. This may suggest that interpersonal hypersensitivity plays a more central role in the expression of borderline traits, at least in this cultural context. In Japanese society, which places a high value on social harmony and conformity, the psychological consequences of perceived rejection may be particularly salient and emotionally destabilizing (Kawada, 2018; Романов et al., 2023). This cultural sensitivity to interpersonal evaluation may intensify rejection experiences, making individuals more susceptible to the development of borderline features when such experiences are recurrent or unresolved.

Another plausible explanation for the dominant role of rejection sensitivity may relate to its developmental roots. Several studies have identified a history of invalidating family environments as a common antecedent of both

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rejection sensitivity and BPD (Henriques-Calado et al., 2023; Woo et al., 2020). Children who grow up in environments where their emotional needs are minimized or ridiculed may come to expect rejection as the norm and subsequently develop maladaptive interpersonal expectations. Over time, these expectations become internalized cognitive schemas that contribute to chronic relational instability, which is a hallmark of borderline pathology (Farajİ, 2024; Pierro et al., 2022). Our study adds to this literature by demonstrating the enduring impact of these schemas even in a non-clinical adult population.

This study also complements findings from psychotherapy research that underscore the importance of addressing both distress tolerance and rejection sensitivity in treatment. For instance, interventions such as Dialectical Behavior Therapy (DBT) and Mentalization-Based Therapy (MBT) specifically aim to enhance emotional regulation and interpersonal effectiveness—domains directly impacted by the variables studied here (Juul et al., 2019; Lis & Myhr, 2016). The identification of these psychological predictors as measurable, modifiable constructs supports their inclusion in prevention and intervention programs targeting individuals at risk for BPD.

Furthermore, our findings highlight the need for early identification and support strategies that focus on strengthening emotional regulation capacities and reshaping maladaptive interpersonal beliefs. Given the well-established association between borderline traits and a range of negative outcomes—including suicide attempts, substance abuse, and chronic interpersonal conflict—intervening at the level of psychological precursors such as distress tolerance and rejection sensitivity may help mitigate long-term dysfunction (Brahim et al., 2021; Scalzo et al., 2018). Incorporating such variables into screening tools could enhance the predictive accuracy of assessments and guide the development of personalized interventions.

Lastly, it is important to emphasize that these results expand the literature by confirming the relevance of distress tolerance and rejection sensitivity in a Japanese population. Most prior studies in this area have been conducted in Western samples, limiting the cross-cultural applicability of their findings. The consistency of our results with those observed in Western contexts provides preliminary support for the universality of these constructs, although further cross-cultural validation is warranted.

5. Limitations & Suggestions

Despite the strengths of this study, several limitations should be acknowledged. First, the use of a cross-sectional design prevents the establishment of causal relationships between distress tolerance, rejection sensitivity, and borderline traits. Longitudinal designs would provide more insight into the developmental pathways and temporal sequencing of these psychological factors. Second, all measures were self-reported, which may be subject to social desirability bias or inaccurate self-assessment. Including clinician-administered interviews or behavioral tasks in future research could enhance the validity of the findings. Third, while the sample size was sufficient and based on established sampling guidelines, participants were recruited online, which may limit generalizability due to potential sampling bias. The findings may not fully reflect individuals with more severe psychopathology or those from rural or underrepresented groups. Finally, cultural influences specific to Japanese society may moderate the relationships observed, and thus findings should be interpreted with cultural sensitivity.

Future studies could benefit from adopting longitudinal methodologies to assess how distress tolerance and rejection sensitivity evolve over time and contribute to the onset and course of borderline pathology. Exploring mediating or moderating variables such as early trauma, attachment styles, or neurobiological markers could provide a more comprehensive understanding of the mechanisms underlying these associations. It would also be valuable to replicate this study in clinical populations and compare the strength of these predictors across different levels of symptom severity. Cross-cultural comparisons involving collectivist and individualist cultures would further illuminate how cultural norms influence the manifestation and impact of rejection sensitivity and distress tolerance on borderline traits. Finally, experimental designs assessing the efficacy of targeted interventions on modifying these traits would provide actionable insights for clinical practice.

The findings of this study highlight the importance of integrating assessments of distress tolerance and rejection sensitivity into routine psychological evaluations, particularly for individuals presenting with emotional dysregulation or interpersonal difficulties. Mental health practitioners should consider using these constructs as early indicators of borderline vulnerability and incorporate skill-based training to enhance emotional coping and reshape maladaptive beliefs about rejection. Psychoeducation programs that normalize emotional fluctuations and promote adaptive interpersonal expectations may be particularly

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beneficial for adolescents and young adults. Furthermore, school counselors, family therapists, and community health professionals could be trained to recognize early signs of distress intolerance and hypersensitivity to rejection, enabling more timely and effective interventions. Prevention efforts should aim to foster resilience by developing emotional literacy and promoting healthy relational dynamics across developmental stages.

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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.

References

Amini, M., Pourshahbaz, A., Mohammadkhani, P., Ardakani, M. R. K., & Lotfi, M. (2015). The DSM-5 Levels of Personality Functioning and Severity of Iranian Patients With Antisocial and Borderline Personality Disorders. *Iranian Red Crescent Medical Journal*, *17*(8). https://doi.org/10.5812/ircmj.17(5)2015.19885

Asad, V. (2025). Rejection Sensitivity, Urgency, and Interpersonal Difficulties in Young Adults. *Pakistan Journal of Humanities and Social Sciences*, *13*(1), 46-55. https://doi.org/10.52131/pjhss.2025.v13i1.2590

Baranskaya, L. (2024). Borderline Personality Disorder in Adolescents as a Predictor of Social Anxiety. *European Psychiatry*, *67*(S1), S468-S469. https://doi.org/10.1192/j.eurpsy.2024.971

Brahim, S., Aoun, M., Charaa, O., Henia, M., Abid, A., & Zarrouk, L. (2021). Factors for Suicide Attempt Recurrence Among Patients With Borderline Personality Disorder. *European Psychiatry*, *64*(S1), S585-S585. https://doi.org/10.1192/j.eurpsy.2021.1561

Dadashzadeh, H., Hekmati, I., Gholizade, H., & Abdi, R. (2016). Schema Modes in Cluster B Personality Disorders. *Archives of Psychiatry and Psychotherapy*, *18*(2), 22-28. https://doi.org/10.12740/app/63535

Farajİ, H. (2024). Dream Themes and Rejection Sensitivity of Individuals With and Without Borderline Personality Disorder: A Comparative Study. *The European Research Journal*, *10*(1), 25-36. https://doi.org/10.18621/eurj.1357324

Feledyn, S., Demianowska, A., & Kucharska, K. (2024). Mediation Models of the Interaction Between Internet Gaming Disorder and Psychological Pain and Symptoms of Anxiety, Depression, and Borderline Personality Disorder. *Kwartalnik Naukowy Fides et Ratio*, *59*(3), 101-109. https://doi.org/10.34766/fer.v59i3.1295

Fumagalli, G., & Margola, D. (2021). Is Personality the Key in Cognitive-behavioural Therapy for Eating Disorders? A Review. *Clinical Psychology & Psychotherapy*, *29*(1), 164-177. https://doi.org/10.1002/cpp.2627

Henriques-Calado, J., Duarte-Silva, M. E., Campos, R. C., Junqueira, D., Sacoto, C., & Keong, A. M. (2014). Personality Disorders as an Expression of the Dimensional Polarity in Personality Development in Late Adulthood Women. *Bulletin of the Menninger clinic*, *78*(4), 283-300. https://doi.org/10.1521/bumc.2014.78.4.283

Henriques-Calado, J., Pires, R., Paulino, M., Marques, J. G., & Gonçalves, B. (2023). Psychotic Spectrum Features in Borderline and Bipolar Disorders Within the Scope of the DSM-5 Section III Personality Traits: A Case Control Study. *Borderline personality disorder and emotion dysregulation*, *10*(1). https://doi.org/10.1186/s40479-022-00205-w

Juul, S., Lunn, S., Poulsen, S., Sørensen, P. S., Salimi, M. L., Jakobsen, J. C., Bateman, A., & Simonsen, S. (2019). Short-Term Versus Long-Term Mentalization-Based Therapy for Outpatients With Subthreshold or Diagnosed Borderline Personality Disorder: A Protocol for a Randomized Clinical Trial. *Trials*, *20*(1). https://doi.org/10.1186/s13063-019-3306-7

Kawada, T. (2018). Predictors of Borderline Personality Disorder. *Early Intervention in Psychiatry*, *12*(6), 1250-1250. https://doi.org/10.1111/eip.12736

Knapen, S., Mensink, W., Hoogendoorn, A. W., Swildens, W., Duits, P., Hutsebaut, J., & Beekman, A. T. (2025). Associations Between Childhood Trauma and Epistemic Trust, Attachment, Mentalizing, and Symptoms of Borderline Personality Disorder. *Psychopathology*, 1-22. https://doi.org/10.1159/000542919

Lis, E., & Myhr, G. (2016). The Effect of Borderline Personality Pathology on Outcome of Cognitive Behavior Therapy. *Journal of Psychiatric Practice*, *22*(4), 270-282. https://doi.org/10.1097/pra.0000000000000167

Meaney, R., Hasking, P., & Reupert, A. (2016). Borderline Personality Disorder Symptoms in College Students: The Complex Interplay Between Alexithymia, Emotional Dysregulation and Rumination. *PLoS One*, *11*(6), e0157294. https://doi.org/10.1371/journal.pone.0157294

Mishra, M., & Allen, M. S. (2025). Face, Construct and Criterion Validity, and Test-Retest Reliability, of the Adult Rejection Sensitivity Questionnaire. *European Journal of Psychological*

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Assessment, *41*(2), 144-153. https://doi.org/10.1027/1015-5759/a000782

Mohamadi, M., & Jabalameli, s. (2024). The Effectiveness of Group Schema Therapy on Self-Criticism and Distress Tolerance in Women with Substance-Dependent Spouses. *etiadpajohi*, *17*(70), 221-244. https://doi.org/10.61186/etiadpajohi.17.70.221

Pierro, R. D., Amelio, S., Macca, M., Madeddu, F., & Sarno, M. D. (2022). What if I Feel Rejected? Borderline Personality, Pathological Narcissism, and Social Rejection in Daily Life. *Journal of personality disorders*, *36*(5), 559-582. https://doi.org/10.1521/pedi.2022.36.5.559

Pongpitpitak, N., Wongpakaran, N., Wongpakaran, T., & Nuansri, W. (2022). Buffering Effect of Perseverance and Meditation on Depression Among Medical Students Experiencing Negative Family Climate. *Healthcare*, *10*(10), 1895. https://doi.org/10.3390/healthcare10101895

Pope, H. G., Bedics, J. D., & Hooper, E. (2022). The Association Between the Invalidating Environment Exposure, Rejection Sensitivity and Borderline Personality Traits. https://doi.org/10.31237/osf.io/uyxhq

Pucker, H. E., Temes, C. M., & Zanarini, M. C. (2019). Description and Prediction of Social Isolation in Borderline Patients Over 20 Years of Prospective Follow-Up. *Personality Disorders Theory Research and Treatment*, *10*(4), 383-388. https://doi.org/10.1037/per0000337

Saidi, B., Narimani, M., & Hosseini, S. (2024). Effectiveness of Compassion-Focused Art Therapy on Distress Tolerance in Female Adolescents from Dysfunctional Families: A Quasi-Experimental Study. *Journal of Medical Sciences, Rafsanjan University of Medical Sciences*, *23*(3), 91-104. https://doi.org/10.61186/jrums.23.3.91

Saldanha-Silva, R., Nunes, F. L., Rezende, H. A. d., & Mansur-Alves, M. (2019). Maladaptive Beliefs as Mediators of the Relationship Between Personality Traits and Borderline Personality Disorder Symptoms. *Estudos De Psicologia (Campinas)*, *36*. https://doi.org/10.1590/1982-0275201936e180016

Scalzo, F., Hulbert, C., Betts, J., Cotton, S., & Chanen, A. M. (2018). Predictors of Substance Use in Youth With Borderline Personality Disorder. *Personality Disorders Theory Research and Treatment*, *9*(4), 390-396. https://doi.org/10.1037/per0000257

Schittek, A., Roskam, I., & Mikolajczak, M. (2023). Parental Burnout and Borderline Personality Stand Out to Predict Child Maltreatment. *Scientific reports*, *13*(1). https://doi.org/10.1038/s41598-023-39310-3

Shi, C., Sun, P., Shi, J., & Hao-sheng, Y. E. (2024). The Effect of Cyber-Ostracism on Social Anxiety Among Undergraduates: The Mediating Effects of Rejection Sensitivity and Rumination. https://doi.org/10.20944/preprints202410.0803.v1

Vakili, J., Kimiaee, S.A., & Salehi-Fadardi, J. (2016). The Effectiveness of Dialectical Behavior Therapy on Borderline Personality Disorder Symptoms of prisoners. *Journal of Clinical Psychology*, *8*(3), 97-106. https://doi.org/10.22075/jcp.2017.2248

Walton, C. C., Lewis, K. J., Kirby, J. N., Purcell, R., Rice, S., & Osborne, M. S. (2024). Self-Compassionate Motivation and Athlete Well-Being: The Critical Role of Distress Tolerance. *Journal of Clinical Sport Psychology*, *18*(1), 131-149. https://doi.org/10.1123/jcsp.2022-0009

Woo, J., Shahid, H., Hillmer, A., Abdullah, A., Deshpande, S., Panesar, B., Sanger, N., & Samaan, Z. (2020). Factors Affecting Participant Recruitment and Retention in Borderline Personality Disorder Research: A Feasibility Study. https://doi.org/10.21203/rs.3.rs-56682/v1

Zanarini, M. C., Frankenburg, F. R., Reich, D. B., Wedig, M. M., Conkey, L. C., & Fitzmaurice, G. M. (2014). Prediction of Time-to-attainment of Recovery for Borderline Patients Followed Prospectively for 16 years. *Acta Psychiatrica Scandinavica*, *130*(3), 205-213. https://doi.org/10.1111/acps.12255

Zanarini, M. C., Temes, C. M., Frankenburg, F. R., Reich, D. B., & Fitzmaurice, G. M. (2018). Description and Prediction of Time-to-Attainment of Excellent Recovery for Borderline Patients Followed Prospectively for 20 Years. *Psychiatry research*, *262*, 40-45. https://doi.org/10.1016/j.psychres.2018.01.034

Романов, Д. В., Nasonova, T. I., Исайкин, А. И., Filileeva, O. V., Sheyanov, A. M., Iuzbashian, P. G., Voronova, E. I., & Парфенов, В. А. (2023). Personality Disorders and Traits of ABC Clusters in Fibromyalgia in a Neurological Setting. *Biomedicines*, *11*(12), 3162. https://doi.org/10.3390/biomedicines11123162

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