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FEELING SOOTHED WITHIN AND AROUND: THE EFFECT OF SELF-COMPASSION AND SOCIAL SAFENESS ON BORDERLINE FEATURES IN SEXUAL MINORITIES

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Feeling soothed within and around: The effect of self-compassion and social safeness on borderline features in sexual minorities

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Abstract

Introduction: Sexual minorities suffer additional stress from their social position. Invalidating environments are characterized by non-acceptance of the expression of emotions and they are a risk factor for developing borderline traits. Self-compassion and social safeness can work as protective variables that activate the soothing-affiliation system, from within and around.

Objective: The aim of this study was to test the mediation effect of self-compassion and social safeness in the relationship between parental invalidation and borderline traits in sexual minorities.

Method: Participants were 132 Portuguese individuals of sexual minorities, with ages between 18 and 63 years old (M = 34.28, SD =11.37). Self-report questionnaires were completed using an online survey. Data were analysed through SPSS and PROCESS Macro.

Results: Parental invalidation was positively correlated with borderline traits, and self-compassion and social safeness were negatively correlated with parental invalidation and borderline traits. In the Multiple Linear Regression, maternal invalidation, self-compassion and social safeness were the significant predictors of borderline traits. In the mediation model the total effect was significant, showing that mother's invalidation had a significant effect on borderline traits and part of that relationship was explained by self-compassion and social safeness.

Conclusion: Parental invalidation seems to be related with borderline traits in sexual minorities. Nonetheless, feeling soothed and safe within and around seem to have an essential role between maternal invalidation and borderline symptoms. Cultivating self-compassion and balanced relationships with others in a warm and secure way seems to be positive in sexual minorities, being important processes in the development of borderline traits.

Keywords: Sexual minorities, parental invalidation, borderline traits, self-compassion, social safeness.

Introduction

Although there is no international agreement to define *minorities,* the term includes factors such as the existence of shared ethnicity, language or religion, and the individuals have to identify themselves as part of a minority group. Minority groups are usually oppressed and discriminated against by those in a more powerful position in society (Perkins & Wiley, 2014). Each State has one or more minority groups distinguished by their national characteristics and identities (United Nations, 2010). The most used definition of *minority* is:

> A group numerically inferior to the rest of the population of a State, in a non-dominant position, whose members – being nationals of the State – possesses ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, if only implicitly, a sense of solidarity, directed towards preserving their culture, traditions, religion or language. (Francesco Capotorti, 1977, cited by United Nations [UN], 2010, p.2).

Thus, sexual minority people are those whose sexual orientation is different from the socially dominant group. Some commonly used terms of sexual orientations are gay, lesbian, bi+ ("bi plus"), queer and asexual, between others (American Psychological Association [APA], 2021). Recently, authors have established a clearer difference between sexual orientation, gender identity and gender expression. Although these concepts are intercorrelated, they refer to different aspects of people. Gender identity is the sense of one's own gender (e.g., cisgender, transgender, nonbinary) and gender expression refers to the external appearance of a person's gender identity (e.g., clothes, make up). Even though sexual orientation might involve attraction to gender aspects, an individual's gender identity and expression do not entail a specific sexual orientation. A person might be gay and transgender, bisexual and nonbinary, or lesbian and cisgender. Sexual identity is independent of gender identity (APA, 2021).

Both sexual and gender minorities were previously considered a pathology. In 1973, the APA depathologized homosexuality and it was conceptualized as a moral, religious or political issue. Because of this scientific aspect, homosexuality became normalized. After the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994), homosexuality was removed from the manual. This shift caused a better focus by mental health professionals on the needs of LGB people (Drescher, 2015). The depathologization of gender minorities is more recently occurring. The DSM-V (APA, 2013) conceptualizes "gender dysphoria" as the psychological distress that results from a difference

between one's sex assigned at birth and one's gender identity. Meanwhile, in the ICD-11 "trans" identities have been removed from the mental health chapter, and are considered as "gender incongruence", which is a condition instead of an illness. A few advances have been made in a sense that it is no longer considered as a mental illness but recognized as a human right (Castro-Peraza et al., 2019).

Minorities have added stress from their minority position. Groups of individuals from stigmatized social categories related to socioeconomic status, race, ethnicity, gender or sexuality, suffer additional physical, mental or emotional pressure and stress due to poor evaluations by others. This additional stress increases the likelihood to experience negative psychological outcomes (Brooks, 1981; Meyer, 2013). The minority stress theory is a model suggested by Meyer (2013) that conceptualizes the stress minorities endure and that explains the deleterious impact it has on minority people's mental health, through four stigma processes in a distal-proximal continuum. Distal factors are considered the events surrounding the person and proximal factors are related to the personal processes directly connected to self-identity. The distal processes are discrimination and violence while the proximal processes are perceived stigma, concealment and internalized homophobia (Meyer, 2013; Meyer & Frost, 2013). A distal process does not depend on an individual's perception of the situation and it is not related to how a person identifies in the minority spectrum (Meyer, 2013). The more the minority identity is defined, such as lesbian, gay, bisexual, the more additional stressors they have, leading then to the proximal processes which are defined as the individual's perception of negative social attitude towards themselves. This can also be a positive factor in the way that by identifying them as a sexual minority, it can lead to support, coping and affiliation to the minority community, improving their health (Meyer & Frost, 2013).

Accordingly, studies showed that sexual minorities have a higher prevalence of mental health problems than heterosexual people (Cochran, 2001). Some disorders are more prevalent in sexual minorities in comparison to heterosexuals of the same gender, for example mood, anxiety, substance use disorders (Bostwick et al., 2011; Cochran et al., 2003), stress (Wallace & Santacruz, 2017) and borderline features (Reuter et al., 2015). Also other disorders are more prevalent in sexual minorities, such as major depression and panic disorder in men of sexual minorities (Cochran et al., 2003; Cochran & Mays, 2000; Cochran et al., 2000) when compared with heterosexual individuals of the same gender. Women of sexual minorities present a higher prevalence of generalized anxiety disorder when compared to heterosexual women (Cochran et al., 2003).

The stigma, prejudice, and discrimination this population endures might contribute to stressful and invalidating environments, where non-heterosexual behaviours, relationships, and lifestyles are ignored, invalidated or derogated (Braun, 2000; Herek et al., 1991). According to Reuter et al. (2015), borderline personality disorder (BPD) studies have not given enough attention to sexual minorities. The existing literature has pointed an overrepresentation of BPD in sexual minorities but has not explained why non-heterosexual identity is indeed associated with BPD or which other factors have driven this relationship. Individuals with BPD are more likely to state a non-heterosexual orientation, than individuals with other personality disorders. Moreover, the percentage of men and women with BPD who reported having same-sex relationships was higher than those considering themselves as non-heterosexual. This suggested that BPD patients might choose their intimate partners because of their specific characteristics and not based on gender. Either way, the social stigma still exists causing a feeling of alienation (Reich & Zanarini, 2008; Reuter et al., 2015).

BPD is characterized by impulsivity, instability in affect regulation, high risk of suicide or self-harm, avoidance of abandonment (real or imaginary), extreme anger, and possible dissociative symptoms and paranoid ideation related to stress. BPD might be diagnosed when a person meet five or more of the criteria defined on the DSM-V (APA, 2013). Nevertheless, borderline features are sometimes identified in the general population, and people can present some traits without meeting the full criteria for diagnosis (Livesley, 2007).

Marsha Linehan (1993) developed a biosocial model suggesting that borderline personality features result from the interaction between a biological predisposition of emotional reactivity/sensitivity and an invalidating environment. This environment is distinguished by the non-acceptance of the free expression of feelings or emotions, failing to treat them with attention, respect and understanding. This might lead to emotional dysregulations and display of polarized emotions (Crowell et al., 2009). The emotional vulnerability already present, and the invalidating environment in childhood, result in the development of borderline personality features, later in life (Keng & Wong, 2017), extending its effects to the meaningful adult relationships (Sturrock & Mellor, 2014). Fruzzetti et al. (2005), defended that the problematic interactions, such as negligence, lack of emotional involvement, and invalidation from parents, increase children's risk of developing borderline features.

It is not clear if people with borderline features lack support by others, or if it is just a perception of reduced support. There is frequently the feeling of a reduced benefit from supportive behaviour from a partner, the dissatisfaction of help provided when asked for by

the person with borderline features, and research indicate an association with conflict, such as aggression (Beeney et al., 2018). Social safeness seems to be an important variable to address interpersonal difficulties and foster feelings of connectedness and psychosocial functioning (Kelly et al., 2012), since it is about how people experience positive feelings and emotions in social situations. It is associated with social warmth, positive affect, kindness, calmness and support by others, and consequently, to the activation of the soothing-affiliation system, which reduces the perceived threat and decreases the need for defence (Gilbert et al., 2008; Kelly et al., 2012). Feeling connected to others might work as a mechanism to improve functioning (Carlson et al., 2020), being beneficial for people with high levels of borderline features (Beeney et al., 2018). For sexual minorities, gay identity and social support are connected to more positive outcomes (Fingerhut, 2018). Social support can increase resilience to stress in sexual minorities (Krueger & Upchurch, 2020), and their self-esteem and attitudes towards their sexual orientation might be healthier in a full-acceptant community (Yakushko, 2005).

Whereas social safeness represents the activation of the soothing-affiliation system by feeling supported and connected with others, self-compassion can activate the same system from within. It is an attitude of understanding towards the self, without self-prejudice or self-judgment. It is the perception of self-experiences as being part of something bigger, recognizing suffering and being motivated to relieve it (Neff, 2003a). This concept comes from compassion to others, meaning being open to the other's suffering, not avoiding or devaluating those feelings and not being judgemental towards the failure of others perceiving it as part of the human condition. From there, we become more acceptant of the self-suffering appeasing it with kindness towards oneself (Gilbert, 2010; Neff, 2003a).The benefits of self-compassion on people with high borderline features have been discussed, as a way to regulate emotions and decrease self-criticism (Feliu-Soler et al., 2016). It was suggested by Keng & Wong (2017), that a way to avoid engaging in destructive behaviours typical of people with high borderline features is to have a kinder attitude towards the disagreeable experience of oneself. Warren (2015) suggested that clinicians could teach self-compassion as an emotion regulation strategy to deal with shame on patients with borderline features.

The lack of self-compassion, or the inappropriate construct of it within the family, can lead to self-invalidation and to punishment of any type of self-kindness response because this can be viewed by the family as a weakness or something unacceptable. Nonetheless, it is possible to decrease the possibility of self-harm, relieve distress as negative emotions by

responding with self-compassion in difficult times and by being mindful, keeping the feeling of numbness and dissociation away from the self (Loess, 2019).

Studies on self-compassion and sexual minorities are growing (Jennings & Tan, 2014; Vigna et al., 2018, 2020). In gay men, self-compassion mediated the association between memories of shame and memories of safeness, and depressive symptoms and internal shame (Matos et al., 2017), demonstrating to be an attitude that solidifies resiliency in this population (Beard et al., 2017). Some of these factors such as depressive symptoms, social detachment and loneliness among the sexual minority population are associated with stigma stress. Self-compassion might ease and protect LGB individuals from negative psychological aspects such as negative self-thoughts, emotional distress and social pain (Chan et al., 2020).

In summary, since an invalidating environment can have an effect on the development of borderline traits, this present work aimed to explore if self-compassion and social safeness could be of influence in that relationship. Hence, the objective of this study was to understand the mediator role of self-compassion and social safeness in the relationship between parental invalidation and borderline features.

Materials and Methods

Procedures

The present study has a cross-sectional design, and it was approved by the Ethics Commission, an integral part of the Development and Investigation Department of Miguel Torga Institute of Higher Education. All procedures take into account the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Requests were sent for all the original authors of the measures used in this study and permission was granted. The data were collected online through the Google Forms platform between January 2021 and March 2021. Various LGBT-related organisations (e.g., ILGA, rede ex aequo and Opus Diversidades) were contacted to collaborate in this study by disseminating the online inquiry. Additionally, the study was spread through social media (e.g., Facebook) and strategically in online groups.

The online inquiry had information about the study in the first page, explaining the objectives, anonymity, and voluntary participation and providing the e-mail contact of the principal researcher to clarify any question. Inclusion criteria was: a) acceptance of informed consent by clicking “Yes”, b) non-heterosexual people, c) ages between 18 and 65 years old,

d) Portuguese nationality and e) complete filling of the assessment instruments. The questionnaires took about 25 to 30 minutes to complete.

Sample

The total sample of this study was composed of 132 adults of sexual minorities, with ages between 18 and 63 years (M = 34.28, SD = 11.37). Concerning gender, 74 were men (56.1%), 44 were women (33.3%) and 14 were non-binary or other (10.6%). The majority of participants (84.8%) considered themselves as cisgender. Regarding sexual orientation, 72 identified themselves as gay (54.5%), 20 as lesbian (15.2%), 17 as bisexual (12.9%), 9 as asexual (6.8%) and 9 as other (6.8%). Most of the participants were single (82.6%) and lived in Lisbon Metropolitan Area (46.2%). The mean of years of education was 14.57 (SD = 3.00), and most participants considered having a medium socioeconomic status (67.4%). Further details of participants' socioeconomic variables are presented on Table 1.

Table 1

Frequency (n), percentage (%), mean (M) and standard deviation (SD) of participants' characteristics for total sample (N=132).

		Total (N=132)			
		n	*%*	*M*	*SD*
Sex assigned when born	Masculine	77	58	-	-
	Feminine	54	41	-	-
	Intersex	1	1	-	-
Gender	Man	74	56	-	-
	Woman	44	33	-	-
	Non-binary	13	10	-	-
	Other	1	1	-	-
Gender Identity	Cisgender	112	85	-	-
	Trans	5	4	-	-
	Non-binary	13	10	-	-
	Other	2	1	-	-
Sexual Orientation	Lesbian	20	15	-	-
	Gay	72	55	-	-
	Bisexual	17	13	-	-
	Pansexual	11	8	-	-
	Asexual	9	7	-	-
	Other	3	2	-	-
Residence area in Portugal	North	27	21	-	-
	Centre	36	27	-	-
	Lisbon Metropolitan Area	61	46	-	-
	Alentejo	3	2	-	-
	Algarve	1	1	-	-
	Autonomous Region of the Azores	4	3	-	-

Marital Status	Single	109	83	-	-
	Married	7	5	-	-
	Cohabitation	9	7	-	-
	Divorced	7	5	-	-
Years of Education	3-25	-	-	14.57	3.00
Age	18-63	-	-	34.28	11.37
Socioeconomic Status	Very low	3	2	-	-
	Low	35	27	-	-
	Medium	89	67	-	-
	High	5	4	-	-

Measures

The sociodemographic questionnaire was composed of 10 items to characterize the sample (e.g., age, sex assigned at birth, gender, gender identity, sexual orientation, area of residence).

The Borderline Personality Questionnaire (BPQ; Poreh et al., 2006; Pinto Gouveia & Duarte, 2007) is a self-report questionnaire that assesses BPD traits, according to the DSM-IV (APA, 2004). It is composed of 80 items, with a dichotomous rating scale (0 = "No"; 1 = "Yes") and it is divided into nine subscales: impulsivity (9 items, e.g. "I often do things without thinking them through".), affective instability (10 items, e.g. "My mood frequently alternates throughout the day between happiness, anger, anxiety, and depression."), abandonment (10 items, e.g. "The people I love often leave me."), relationships (8 items, e.g. "People often let me down"), self-image (9 items, e.g. "I feel that people would not like me if they really knew me well."), suicide/self-mutilation (7 items, e.g. "I have cut myself on purpose."), emptiness (10 items, e.g. "I often feel empty inside."), intense anger (10 items, e.g. "Others say I'm quick tempered.") and quasi-psychotic states (7 items, e.g. "Sometimes I feel like I am not real."). The total score is the sum of all the items, besides that, this measurement allows obtaining partial results for each subscale. Higher scores represent higher borderline personality traits. The original version showed a good internal consistency for the total and reasonable internal consistency for its subscales (Poreh et al., 2006). In the present study the Cronbach's alpha for total scale was .96.

The Invalidating Childhood Environment Scale (ICES; Robertson et al., 2013; Vieira et al., 2020) is a self-report measure that evaluates childhood exposure to invalidation in the family up to the age of 18, in two parts. Parental behaviours (mother and father) are explored through 14 items rated on a five-point Likert scale on the first part (1 = "Never", 2 = "Rarely", 3 = "Sometimes", 4 = "Most of the times", 5 = "Always"). A mean score of these

items indicates the degree of perceived parental invalidation. The higher the score, the greater is the perception of the invalidation of one's mother and father. It also has 4 reversed items: 5, 8, 12 and 14. The second part of this scale focuses on the family style during childhood. Three items represent an invalidating environment: chaotic (e.g., unavailability from the parents); typical (e.g., control of one's emotions by the family); perfect (e.g., to hide thy feelings), and one item describes a validating environment. The rating scale of the second part is a 5-point Likert scale (1 = "Not like my family", 2 = "A little like my family", 3 = "Sometimes like my family", 4 = Most of the times like my family", 5 = "Like my family all of the time"), and it has a single score for each of the family types. Higher scores represent a more invalidating environment. In the study of the original version, a non-clinical sample was used and presented good internal consistency (maternal invalidation: α = .90, paternal invalidation: α = .88; Robertson et al., 2013). In the Portuguese version, a non-clinical sample (paternal invalidation: α = .86, maternal invalidation: α = .86) and a clinical sample (paternal invalidation: α = .85, maternal invalidation: α = .89) were used, demonstrating both good internal consistency. In the current study, Cronbach's alpha was .92 for both paternal and maternal invalidation.

The Self-Compassion Scale (SCS; Neff, 2003b; Castilho & Pinto-Gouveia, 2011) is a self-report questionnaire composed by 26 items divided into 6 subscales. Items are rated on a 5-point Likert scale (1= "Almost never", 5= "Almost always"). The subscales are Self-kindness (e.g., "I try to be understanding and patient towards those aspects of my personality I don't like."); Self-Judgement (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies."); Common Humanity (e.g., "I try to see my mistakes and failures as part of the human condition"); Isolation (e.g., "When I think about my inadequacy and flaws I feel more disconnected and separated of the world"); Mindfulness (e.g., "When something hurtful happens I try to have a balanced vision of the situation") and Over-Identification (e.g., "When I feel down I tend to be obsessed with everything that is wrong"). The total score is a mean of all items after reversing the three negative subscales self-judgment, isolation, and over-identification. The original study by Neff (2003) indicated a very good internal consistency with a .92 Cronbach's Alpha. The Portuguese validation of the scale also indicated a good consistency with a .89 Cronbach's Alpha. In the present study, Cronbach's Alpha of total scale was .95.

The Social Safeness and Pleasure Scale (SSPS; Gilbert et al., 2009; Pinto-Gouveia et al., 2008) was designed to measure the extent to which one perceives the social world as safe, warm and soothing (e.g., "I feel content within my relationships", "I feel connected to others", "I feel secure and wanted", "I feel a sense of warmth in my relationships with people"). The 11 items are rated on a 5-point Likert scale (1 = "Almost Never"; 5 = "Almost Always"). The total score is calculated by the sum of all items. The original study showed good internal consistency (α = .91) and the Portuguese version showed good internal consistency (α = .92). In this study, Cronbach's alpha of total scale was .94.

Statistical Analyses

The data collected for this paper were analysed in the Statistical Package for the Social Sciences (SPSS) version 23 and PROCESS Macro version 3.5.1 (Hayes, 2013).

Normality of data was tested through the Kolmogorof-Smirnov (K-S) test and by examining the skewness and kurtosis values. A non-significant value on the KS tests (p > .05), skewness values < 3 and kurtosis < 10 reflect a normal distribution (Kline, 1998)

Descriptive statistics (means and standard deviations) and frequencies were calculated to describe the present sample, considering categorical and continuous variables.

Pearson's correlation coefficients were used to measure the relation between variables. The criteria of Pestana & Gageiro (2014) were used to interpret the correlation coefficients: values under .20 reflect a very low association between variables, between .21 and .39 the association is low, between .40 and .69 is moderated, between .70 and .89 is high and above .90 is very high.

A Hierarchical Linear Regression was performed to test the explanatory power of multiple independent variables (invalidation from the father and the mother, self-compassion, and social safeness) over a dependent variable (borderline traits). The independence of the errors was analysed, considering Durbin-Watson value (D-W < 2). The multicollinearity and singularity of the variables was examined through Variance Inflation Factors (VIF), being values under 10 acceptable (Pestana & Gageiro, 2014).

In the end, a mediator model (model 4) was calculated through the software PROCESS Macro (Hayes, 2013) and the indirect and direct effects were analysed. Significance was tested by a 5.000 bootstrap procedure. Mediation is the statistical method that explains how a causal agent X impacts on Y and there are two types of mediation. The Simple Mediation Model, is composed by two consequent variables (M) and (Y) and two antecedent variables (X) and (M), with X casually influencing Y and M, and M causally influencing Y. It is any

causal system where at least one antecedent causal variable X is proposed as influencer of the result Y, through an intervenient variable M. There are two different paths in which a specific variable X is proposed to influence Y. The first one is called direct effect, where X is directed to Y without going through M. The second one is the indirect effect, where the path from X to Y goes through M. It explains how Y is influenced by X through a causal sequence where X influences M that by its turn influences Y. Mediation is only used when it was already proved that X and Y are related. The Multiple Mediation Model is the same concept as the Simple Mediation Model, but more mediator variables are inserted, meaning X influences Y directly and X influences Y indirectly through two or more mediators who are parallel to each other and do not cross paths (Hayes, 2013).

Results

Preliminary Analyses of the Data

The K-S test revealed a non-normal distribution of self-compassion and father's invalidation ($p > .05$). Nonetheless, in all variables the skewness and kurtosis were under the recommended values of < 3 and < 10, respectively (Kline, 1998). Thus, normality of data was assumed and parametric tests were performed.

The Durbin-Watson value was acceptable (1.87) and the Variance Inflation Factors were under the recommendable value of 10 proving absence of multicollinearity problems (Pestana & Gageiro, 2014).

Correlation Analysis

As presented in Table 2, it was found that the correlation between invalidation from the mother and self-compassion was low and negative ($r = -.33$, $p < .001$), between invalidation from the mother and social safeness was moderate and negative ($r = -.45$, $p < .001$) and between the invalidation from the mother and the invalidation from the father was positive and low ($r = .36$, $p < .001$). The father's invalidation showed low and negative correlations with self-compassion ($r = -.30$, $p < .001$) and social safeness ($r = -.29$, $p < .001$). Results also showed a positive and moderate correlation between social safeness and self-compassion ($r = .63$, $p < .001$), confirming that higher levels of self-compassion are associated with higher levels of social safeness. The correlation between borderline traits and the invalidation from the mother was moderate and positive ($r = .44$, $p < .001$), while the correlation between borderline traits and invalidation from the father was low and positive ($r = .35$, $p < .001$),

which means higher borderline traits are related to higher levels of parental invalidation. The strongest correlation found in our data was between borderline traits and self-compassion (r = -.80, p <.001), and the negative direction reflected that lower borderline traits are associated with higher levels of self-compassion. Additionally, the correlation between borderline traits and social safeness was negative and moderate (r = -.64, p <.001), showing that lower borderline traits are related to higher level of social safeness.

Table 2

Pearson's Correlation between the variables in study (N = 132)

	1	2	3	4	5
1. Self-compassion (SCS)	-	-	-	-	-
2. Social safeness (SSPS)	.63**	-	-	-	-
3. Invalidation Father (ICES)	-.30**	-.29**	-	-	-
4. Invalidation Mother (ICES)	-.33**	-.45**	.36**	-	-
5. Borderline traits (BPQ)	-.80**	-.64**	.35**	.44**	-

Note. *p < .05; ** p < .001. SCS = Self-Compassion Scale; SSPS = Social Safeness and Pleasure Scale; ICES = Invalidating Childhood Environment Scale; BPQ = Borderline Personality Questionnaire

Hierarchical Linear Regression Analysis to Predict Borderline Traits

To better analyse the influence of each independent variable (invalidation from the mother and the father, self-compassion and social safeness) on the dependent variable (borderline traits), a multiple regression with three steps was performed (Table 3). In the first step, invalidation of mother and father were entered as independent variables. This model was statistically significant, $F_{(2, 129)}$ = 19.60, p <.001), and explained 22% of borderline traits. Both independent variables were significant predictors. In the second step, self-compassion was inserted. This model was also significant, $F_{(3, 128)}$ = 88.94, p <.001), and presented a significant F change (p < .001). As self-compassion was included in the model, the father's invalidation did not present a significant effect on borderline traits, β = .07, p = .19. In the third step, social safeness was entered and the model was significant, $F_{(4, 127)}$ = 70.88, p <.001) with a significant F change (p = .02). In this last model, all variables were significant, except for father's invalidation, and explained together 68% of borderline traits. Self-compassion presented the higher predictive effect, β = -.63, p < .001, followed by social safeness, β = -.17, p = .02.

Table 3

Hierarchical Linear Regression on the variables in study (N = 132)

Models	Variables	R^2	*Adjusted* R^2	β	*Error*
Model 1		.23	.22	-	
	Mother's Invalidation (ICES)	-	-	.36**	1.64
	Father's Invalidation (ICES)	-	-	.23*	1.53
Model 2		.68	.67	-	
	Mother's Invalidation (ICES)	-	-	.18*	1.10
	Father's Invalidation (ICES)	-	-	.07	1.02
	Self-compassion (SCS)	-	-	-.72**	1.16
Model 3		.69	.68	-	
	Mother's Invalidation (ICES)	-	-	.13*	1.14
	Father's Invalidation (ICES)	-	-	.07	1.00
	Self-compassion (SCS)	-	-	-.63**	1.36
	Social Safeness (SSPS)	-	-	-.17*	0.11

Note. *$p < .05$; ** $p < .001$. SCS = Self-Compassion Scale; SSPS = Social Safeness and Pleasure Scale; ICES = Invalidating Childhood Environment Scale; BPQ = Borderline Personality Questionnaire

Mediation Model

A mediation model (Figure 1) was computed to examine if there was a significant indirect effect between mother's invalidation (independent variable) and borderline features (dependent variable), through self-compassion and social safeness (mediator variables). The obtained model explained 69% of borderline traits ($F_{(3, 128)} = 93.60$; $p < .001$). The direct effect of the mother's invalidation over borderline traits was significant (c' = .15 IC 95%

[0.78, 5.15], $p < .001$). Self-compassion ($\beta = -.64$, $p < .001$) and social safeness ($\beta = -.17$, $p = .01$) also presented a significant effect on borderline traits.

The significant direct (c' = .15, IC 95% [0.78, 5.15], $p = .01$) and total effect (c = .43, IC 95% [5.53, 11.75], $p < .001$) showed that mother's invalidation had a significant effect on borderline traits and that part of this relationship is explained by self-compassion and social safeness. The examination of the pairwise contrasts between the mediators showed that self-compassion and social safeness presented distinct effects in this relationship, IC 95% [0.02, 0.30], being the first one larger. Additionally, the statistically negative effect of the mediators between mother's invalidation and borderline traits represents a potentially positive effect of self-compassion and social safeness.

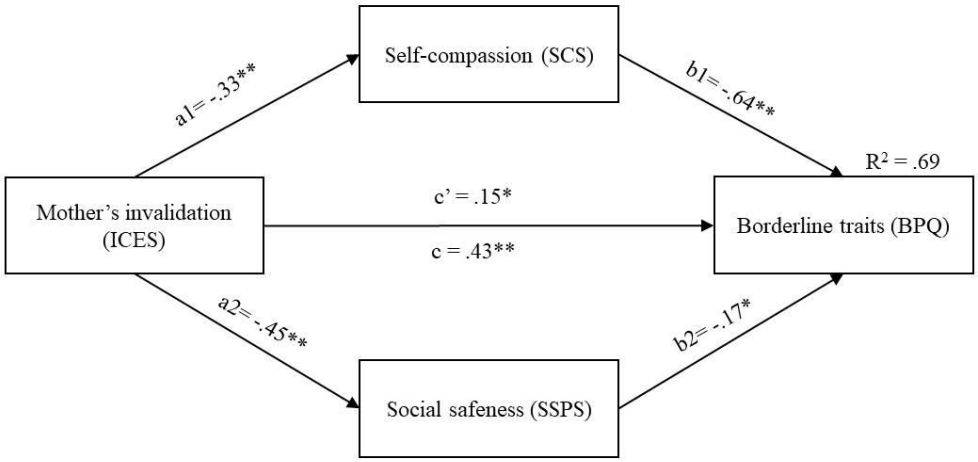


Figure 1. Mediation Model with the variables in study. All results are standardized ($N = 132$).

Note. $*p < .05$; $**p < .001$. SCS = Self-Compassion Scale; SSPS = Social Safeness and Pleasure Scale; ICES = Invalidating Childhood Environment Scale; BPQ = Borderline Personality Questionnaire

Discussion

According to Meyer (2013), minority groups have added stress due to stigma processes. This added stress increases the likelihood to experience negative psychological outcomes, explaining the harmful impact it has on their mental health. Higher prevalence of mood, anxiety, substance use disorders (Bostwick et al., 2011; Cochran et al., 2003) and borderline features (Reuter et al., 2015) have been found in sexual minorities. Positive environmental

factors of childhood, such as warmth, safeness and self-compassion contribute to subjective happiness in adult sexual minorities (Greene & Britton, 2015). Given the importance of understanding the processes that influence borderline features, we intended to analyse the explicative role of self-compassion and social safeness in the relationship between parental invalidation and borderline features in sexual minorities.

All variables showed significant correlations with each other. According to Sturrock & Mellor (2014), the perception of parental invalidation in childhood is a predictor of borderline traits in adulthood in the general population, which is congruent with our results in sexual minorities. Fruzzetti et al. (2005) claimed that a problematic relationship between parents and children is a relevant etiological distal factor for developing borderline traits. That is, a lack of support from the parents in stressful situations might exacerbate borderline symptoms. Our results in sexual minorities align with this theory and with Linehan's approach, as we found a positive relationship between parental invalidation and borderline traits. Linehan (1993) proposed that the development of borderline traits could be connected to an invalidating environment. The expression of personal emotions is not tolerated and it should be managed internally with no parental support, especially if there are no visual events to sustain those emotions. But the family also reinforces the antagonist side of this emotions spectrum, confusing the child, and teaching her to oscillate between inhibiting emotions and a complete extreme emotional instability, not giving her the tools to deal with adjacent problems that result from these emotions (Crowell et al., 2009). Furthermore, our results showed that in sexual minorities the association between borderline traits and mother's invalidation was stronger than with the father's invalidation. In the general population has been reported a stronger attachment of adolescents with the mother than with the father (Ma & Huebner, 2008). Moreover, the father tends to become less available than the mother throughout adolescence and when help is needed adolescents feel they can rely especially on their mothers (Lieberman et al., 1999), which might be similar in sexual minorities.

It was found that lower levels of parental invalidation were associated with higher levels of self-compassion and it is possibly explained by the fact that throughout the early years of a person who grew up in an invalidating environment, parents were not able to foster healthy emotion regulation strategies. Thus, children might learn to be harsh and ignore suffering, to be indifferent, judgmental and critical towards the self. Keng & Wong (2017) also believe that having a kinder attitude towards the self is a way of avoiding destructive behaviours typical of people with borderline features. So to be more understanding towards the self, accepting personal experiences as they are and to respond to emotions in a balanced and

positive way, might avoid self-harm, suicide, or even isolation. This might explain the negative relationship that we found between borderline traits and self-compassion, particularly in sexual minorities. It was also found a negative association between parental invalidation and social safeness, which might be explained by developing relationships with others through the behaviours learned previously in the relationship with the parents. This means that if the person's relationship with the parents were characterized by nurturing and understanding, involving positive and secure emotions towards each other, these relationship mechanisms would positively reflect in the person's relationship with others. On the contrary, if parents often invalidate their children, not giving them the necessary tools to deal with a certain range of emotions, like the lack of comprehension or support, this reflects negatively on the child's relationship with others. Beeney et al. (2018) preconized that social support is the ability to trust and to have close relationships in which people could count on in time of need. It has been defended that people with borderline features can have a reduced social support, lower social integration and more chance of conflict lacking from the benefits that a social environment can provide (Beeney et al., 2018). This might explain the negative association between a lower level of borderline features and a higher level of social safeness in sexual minorities.

Considering the previous results, a regression model was performed to examine the effect of parental invalidation, self-compassion and social safeness on borderline features in sexual minorities. Maternal and paternal invalidation together were predictors of borderline features in the population in study. However, when self-compassion and social safeness were inserted in the regression model, the paternal invalidation presented a nonsignificant effect. Although many studies usually analyse parental invalidation as a whole, not specifying each one (mother's or father's) is more impactful, our results suggest that for sexual minorities the invalidating experiences with the mother figure explain current borderline features. However, future studies should further explore these results.

Based on the regression results, a mediation model was conducted, and the father's invalidation was not included considering the previous nonsignificant effect on borderline features. The conclusion can be of an important comprehension of borderline traits in sexual minorities, through the mother's invalidation, self-compassion and social safeness. It can be said that the mother's invalidation had a significant direct effect over borderline traits in this population in study. Additionally, there is a significant indirect effect in this relationship that goes through self-compassion and social safeness. Summarizing, being kind with the self in difficult situations, being aware of what one is feeling without avoidance and the perception

of not being the only one going through those emotions or situations, is of great importance in the relationship between mother's invalidation and borderline traits in sexual minorities. This shows that developing self-compassion might be positive for people of sexual minorities who had experiences of maternal invalidation and current borderline features, which includes the inability to have balanced emotions, extreme anger, or even self-harm, even after being exposed to an invalidating environment early years in life. Self-compassion can be seen as a contributor for resilience in sexual minorities against minority stress. Being kind to the self is an action of defence against that stress, making the person assess it differently from someone who is more susceptible to self-criticism (Beard et al., 2016). Our results align with previous reports of the positive and protective effect of self-compassion on mental health in sexual minorities (Vigna et al., 2018, 2020).

Also the development of solid and balanced relationships with others, by connecting with any other people in a warm, kind and secure way, without the fear of failure, the perception of lack of support by others, the need for defence or to push-away others and the negative feelings that come from it (such as isolation and avoidance of abandonment) seems to be essential, even if less impactful than self-compassion, to better understand the relationship between experiences of maternal invalidation and borderline traits in sexual minorities. In fact, social support in sexual minorities has been consistently identified as a protective factor to psychopathology and as a promotor of self-esteem, quality of life and well-being (Yakushko, 2005; Fingerhut, 2018; Krueger & Upchurch, 2020).

The results of this study should be interpreted taking into consideration some methodological limitations. The current study sample does not have a balanced proportion of gender, gender identity, and sexual orientation. A more representative sample of different non-heterosexual orientations could allow us to draw more solid conclusions and generalize our results to this population. The cross-sectional design of this study can limit the establishment of causal relationships between variables. Longitudinal studies could address this question by giving more insight into the impact of self-compassion and social safeness on the developmental trajectories of borderline features. The use of self-report questionnaires can generate some biases such as choosing a general answer instead of giving a truthful one, the items do not accurately assess their true feelings or vision of the situation, and answering based on social desirability. The use of interviews would allow more in-depth questions about the borderline features and childhood experiences. Furthermore, it would be interesting to replicate these results in a clinical sample of people with BPD.

Even with the limitations presented above, this study was pioneer in Portugal, in the mediator analyses of essential variables to explain borderline features in an understudied population such as sexual minorities. Additionally, this study had a good sample across the country, to amplify the knowledge about the adjacent processes of borderline traits in this population. These findings suggest the importance of designing preventive interventions adapted to sexual minorities to cultivate a safe internal and external environment. Adults of sexual minorities who had invalidating experiences in childhood could benefit from individual or group interventions to promote self-compassion and safe connections with others, as a way to counteract borderline features.

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Anexo 1 – Parecer da Comissão de Ética

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Parecer da Comissão de Ética

Parecer: CE-P13-21

Projeto de Investigação: Invalidação Emocional e Traços Borderline em Minorias Sexuais: Qual o efeito da autocompaixão e da proximidade com os outros nesta relação?

Investigadora: Mestranda Soraia Cano

Orientadora: Professora Doutora Marina Cunha

Data entrada: 13 de janeiro de 2021

Data de apreciação: 15 de março 2021

Fundamentação do parecer

Minorias sexuais é um termo que inclui diferentes identidades sexuais, como pessoas lésbicas, gay, bissexuais e transgénero (Rodrigues et al., 2017). Minorias têm stresse adicional devido à sua posição minoritária, estando esta relacionada com o estatuto socioeconómico, raça, etnicidade, género ou sexualidade. Investigadores terão discutido de acordo com esta teoria, que as minorias sexuais têm uma maior prevalência de problemas de saúde mental que as pessoas heterossexuais (Cochran, 2001), incluindo traços Borderline (Reuter et al., 2015). Evidência tem sido construída que as características da personalidade Borderline possam ser vistas como um constructo dimensional, o que significa que estudar estas características na comunidade e não só em populações clínicas é importante para a pesquisa e a prática clínica (Ellison et al., 2018). Marsh Linehan (1993) desenvolveu um modelo biossocial que propõe que as características da personalidade Borderline resultam da interação entre uma predisposição biológica de sensibilidade/reatividade emocional em um ambiente invalidante. Este ambiente é distinguido pela não-aceitação da expressão livre de sentimentos ou emoções,

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não lhes dando a devida atenção, respeito e compreensão. Adicionalmente, uma criança pode sentir-se confusa, invalidada, e não aprende a lidar apropriadamente com as emoções. Isto pode levar a desregulações emocionais e a uma exibição polarizada de emoções (Crowell et al., 2009). Autocompaixão significa estar aberto ao sofrimento, não evitando ou desvalorizando sentimentos, e não julgando o fracasso, percepcionando o mesmo como parte da condição humana. Consequentemente, tornamo-nos mais aceitantes do autossofrimento, apaziguando com bondade para consigo mesmo (Neff, 2003). Os benefícios da autocompaixão nas pessoas com características elevadas de Borderline foram discutidos, como uma forma de regulação emocional e de diminuir a autocrítica (Feliu-Soler et al., 2016).

O objetivo deste estudo é o de explorar o possível efeito positivo da autocompaixão e da proximidade com os outros, na relação entre as memórias de invalidação parental e os traços Borderline nas minorias sexuais.

O estudo em causa apresenta um design metodológico transversal correlacional, sendo a metodologia de recolha da informação quantitativa (questionários de autorresposta).

Os critérios de participação estão definidos. Podem participar indivíduos com mais de 18 anos.

O processo de amostragem foi não probabilístico, por conveniência e "bola de neve".

A recolha de dados é realizada *online* pelo *Google Forms*.

Estão definidos os critérios de participação no estudo: pessoas que se identifiquem como pertencentes uma minoria sexual, com idade compreendida entre os 18 e os 65 anos. Os critérios de exclusão serão: identificar-se como heterossexual cisgénero; ter uma idade inferior a 18 anos; ter uma idade superior a 65 anos.

Os instrumentos que constituem o protocolo de investigação são: 1. Invalidating Childhood Environment Scale (ICES), o Borderline Personality Questionnaire (BPQ); 2. Self Compassion Scale (SELFCS); 3. Escala de Proximidade e Ligação ao Outro (EPLO); 4. Questionário Sociodemográfico.

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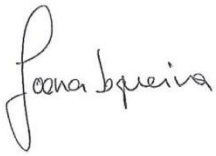
Os autores autorizaram a utilização dos referidos instrumentos.

Os dados recolhidos serão depois analisados estatisticamente através do programa SPSS.

Considera esta Comissão de Ética que o estudo em causa cumpre os procedimentos éticos requeridos.

Coimbra, 15 de março de 2021

Pl' A Comissão de Ética



(Joana Sequeira, Ph.D.)

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Anexo 2 - Consentimento Informado e informação sobre o estudo

O meu nome é Soraia Cano, sou estudante do Instituto Superior Miguel Torga e estou a frequentar o Mestrado de Psicologia Clínica, sob orientação da Professora Doutora Marina Cunha e do Doutor Diogo Carreiras.

Neste âmbito, o objetivo deste estudo é explorar o papel da autocompaixão e da proximidade com os outros na relação entre a invalidação emocional e os traços borderline da personalidade em minorias sexuais, em Portugal.

Assim, caso não se identifique como uma pessoa heterossexual (por exemplo, lésbica, gay, bissexual, pansexual, assexual ou outra), seja de nacionalidade portuguesa e tenha entre 18 e 65 anos, gostaria de cordialmente solicitar a sua colaboração nesta investigação. É-lhe pedido que preencha um conjunto de questionários que inclui questões sociodemográficas e alguns instrumentos de avaliação psicológica e emocional (duração aproximada de 25/30 minutos).

A participação neste estudo é confidencial, voluntária e informada, podendo a qualquer momento abandonar o estudo, se assim desejar.

Ao clicar em “Sim” na pergunta "Deseja continuar?", estará a declarar que aceita participar neste estudo e compreende que os dados recolhidos destinam-se unicamente a fins de investigação.

Agradeço o seu contributo e participação que são fundamentais para a prossecução deste estudo. Encontro-me completamente ao dispor para esclarecer qualquer dúvida.

Se pretender obter mais informações antes de participar, por favor, contacte-me através do e-mail:

soraiacano@gmail.com

Obrigada!

Anexo 3 – Questionários de autorresposta

BPQ

Amir M. Poreh, PhD, David Rawlings, PhD, Gordon Claridge, PhD.
Justin L. Freeman, PhD, Catherine Faulkner, DClinPsych. And Clare Shelton MPsych.
Tradução e Adaptação de Pinto Gouveia, J. & Duarte, D., 2007

Apresentam-se de seguida afirmações que podem descrever alguns dos nossos comportamentos. Para cada afirmação indique se ela descreve o seu comportamento habitual, assinalando SIM ou NÂO.

	SIM	NÃO
1. Faço frequentemente coisas sem pensar bem nelas.		
2. Fico muitas vezes deprimido ou ansioso inesperadamente.		
3. As pessoas abandonam-me frequentemente.		
4. Raramente fui desiludido pelos meus amigos.		
5. Sinto-me inferior às outras pessoas.		

ICES

As seguintes questões abordam experiências suas de infância relativas à forma como os seus pais responderam às suas emoções quando era mais jovem.

Para cada item, por favor, escolha entre uma classificação de **1 a 5**, o que melhor reflete a sua experiência até aos 18 anos de idade (se tiver menos de 18 anos, considere a sua experiência até ao momento atual).

1- Nunca
2- Raramente
3- Algumas vezes
4- A maioria das vezes
5- Sempre

Uma vez que podem existir diferenças entre os seus pais, por favor, avalie-os separadamente. A coluna da esquerda é para avaliar a sua mãe, enquanto que a coluna da direita é para avaliar o seu pai.

Mãe	Durante a minha infância...	Pai
	Os meus pais ficavam zangados se eu discordasse com eles.	
	Quando eu me sentia ansiosa/o, os meus pais ignoravam isso.	
	Se eu estivesse feliz, os meus pais podiam ser sarcásticos e dizer-me coisas como "Estás a rir-te de quê?"	
	Se eu estivesse chateada/o, os meus pais diziam-me coisas como "Eu vou dar-te algo para realmente teres uma razão para chorar".	
	Os meus pais faziam com que eu me sentisse bem se lhes dissesse que não tinha compreendido alguma coisa difícil pela primeira vez.	

SELFCS

(Neff, K.D., 2003)

(Tradução e Adaptação: Pinto Gouveia, J. & Castilho, P, 2006)

Como é que, habitualmente, me comporto em momentos difíceis?

Instruções: Leia por favor cada afirmação com cuidado antes de responder. À direita de cada item indique qual a frequência com que se comporta, utilizando a seguinte escala:

Quase nunca	Raramente	Algumas vezes	Muitas vezes	Quase Sempre
1	2	3	4	5

		1	2	3	4	5
1.	Desaprovo-me e faço julgamentos acerca dos meus erros e inadequações					
2.	Quando me sinto em baixo tendo a fixar-me e a ficar obcecada com tudo aquilo que está errado.					
3.	Quando as coisas me correm mal vejo as dificuldades como fazendo parte da vida, e pelas quais toda a gente passa..					
4.	Quando penso acerca das minhas inadequações e defeitos sinto-me mais separado e desligado do resto do mundo.					
5.	Tento ser carinhoso comigo próprio quando estou a sofrer emocionalmente.					

EPLO

(Gilbert et al., 2009; Traduzido e adaptado: Dinis, Matos, & Pinto Gouveia, 2008)

Instrução:

Estamos interessados em saber como as pessoas experimentam prazer, sentimentos e emoções positivas em situações sociais.

Em baixo, encontra-se um conjunto de afirmações acerca de como se pode sentir em diferentes situações. Por favor, leia cuidadosamente cada afirmação e faça um círculo à volta do número que melhor descreve o que sente.

1	2	3	4	5
Quase nunca				Quase sempre

1. Sinto-me satisfeito(a) nas minhas relações com os outros.	1	2	3	4	5
2. Sinto-me facilmente acalmado(a)/ tranquilizado(a) pelos que estão à minha volta.	1	2	3	4	5
3. Sinto-me ligado(a) aos outros.	1	2	3	4	5
4. Sinto que sou parte de algo maior que eu mesmo(a).	1	2	3	4	5
5. Sinto que sou cuidado(a) pelos outros.	1	2	3	4	5