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RESEARCH ARTICLE



# To feel safe inside and out: The effect of self-compassion and social safeness underlie the relationship between parental invalidation and borderline features in sexual minority adults

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## ABSTRACT

Sexual minority (SM) individuals experience minority-related social stressors that increase their vulnerability to experience psychopathological symptoms. Invalidating environments include non-acceptance of emotional expressions, and constitute a risk factor for developing borderline personality traits. Although research suggests that self-compassion and social safeness can act as protective factors to SM people against the development of anxiety and depression, less is known about their role in borderline personality symptoms experienced by SM. This study aims to test the mediation effect of self-compassion and social safeness in the relationship between paternal and maternal invalidation and borderline traits in a sample of 132 SM individuals with aged between 18-63 years old ( $M = 34.3$ ,  $SD = 11.4$ ). Self-report questionnaires were completed using an online survey. Data were analysed through SPSS and PROCESS Macro. Results showed that self-compassion and social safeness mediate the relationship between both maternal and paternal invalidation and borderline traits. These seem to echo previous studies about the positive relationship between parental invalidation and borderline personality traits, and adds to it by suggesting that difficulties in experiencing self-compassion as well as in feeling socially safe are significant risk factors underlying this relationship. These results yield clinical implications for affirmative psychological interventions with SM individuals, which are fully discussed.

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## KEYWORDS

Sexual minorities; parental invalidation; borderline personality traits; self-compassion; social safeness

## Introduction

Sexual Minority (SM) people are those whose sexual orientation is other than heterosexual and can identify as lesbian, gay, bi+ (LGB+), queer and asexual, among others (American Psychological Association [APA], 2021). SM people can suffer physical, mental or emotional distress due to minority-related stressors, which can increase the likelihood of experiencing negative psychological outcomes (Brooks, 1981; Meyer, 2013). The SM stress model (Meyer, 2013) posits that SM individuals have a higher vulnerability to experience mental health challenges due to the nefarious impact of social stressors inherent from living in heterosexist and/or cisheteronormative environments. These social stressors may be *distal* – which are characterised by day-to-day minority-related environmental sources of stress (e.g. instances of discrimination, harassment, violence, microaggressions) – and *proximal* – which involve minority-related individual psychological phenomena (e.g. self-stigma,

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shame and internalised homophobia) (Meyer & Frost, 2013; Meyer, 2013). Studies have shown that SM individuals have a higher prevalence of mental health problems than heterosexual people in the general population (Cochran, 2001), including depression, anxiety, substance use (Bostwick et al., 2011; Cochran et al., 2003), stress (Wallace & Santacruz, 2017) and borderline symptoms (Reuter et al., 2015).

Previous concerns have been voiced that studies on borderline personality disorder (BPD) have not given enough attention to BPD aetiology and/or symptomatology in SM individuals (e.g. Reuter et al., 2015). According to the DSM-5, a BPD diagnosis may be made when an individual meets at least five of the BPD criteria (APA, 2013). Nevertheless, borderline features (e.g. instability on an emotional level, on self-image and on relationships with others, impulsivity, feelings of abandonment and anger) can be identified in the general population, and people can present some traits without meeting the full criteria for diagnosis (Livesley, 2007). The existing literature has pointed to an overrepresentation of BPD in SM but has not explained why or which factors have driven this relationship (Reich & Zanarini, 2008; Reuter et al., 2015). According to Rodriguez-Seijas et al (2020, 2021), there seems to be a clinical bias towards over diagnosing BPD in SM individuals that might result from lack of understanding of the phenomenology of sexual minority stress-related psychosocial challenges and symptoms that might overlap with BPD criteria, especially those related to fears of abandonment and interpersonal instability (e.g. rejection sensitivity, minority stress-related anxiety, negative self-beliefs, traumatic shame).

Linehan's theory (Linehan, 1993) suggests that BPD results from the interaction between a biological predisposition for emotional reactivity/sensitivity and an environment characterised by emotional invalidation. Invalidating family environments are marked by non-acceptance of unrestricted emotional expression, failing to treat these emotions with attention, respect and understanding (Linehan, 1993). This might lead to emotional dysregulation such as persistent sad feelings, depression, anxiety, tendency to withdraw from others and impulsivity. This might increase the likelihood of rule breaking, aggressive behaviour and also display of polarised emotions (Buckholdt et al., 2014; Perez et al., 2020) impacting one's ability to form meaningful relationships in adulthood (Sturrock & Mellor, 2014). The adolescents' lack of emotional regulation strategies (such as impulse control, acceptance or emotional awareness) might make parents feel powerless or even overwhelmed by the adolescents' emotional experiences. Consequently, this feeling of powerlessness or being overwhelmed experienced by parents may cause adolescents to feel invalidated (Buckholdt et al., 2014). SM individuals may experience a higher degree of invalidation during their development compared to non-SM individuals because of additional sexual orientation-related invalidation (e.g. a gay boy being asked if he has a girlfriend, or a lesbian girl listening to people saying that homosexuality is wrong) (Feinstein et al., 2019). As a result, SM individuals who have experienced both general invalidation and sexual orientation-related invalidation may be at a higher risk of developing borderline symptoms. These invalidating experiences might have a cumulative impact, influencing the development of borderline symptoms.

Social safeness has been described as a soothing and warm affect system that in theory motivates and reinforces social connection and attachment processes (Gilbert et al., 2008). It is associated with less psychopathology (Kelly et al., 2012; Marta-Simões et al., 2017; Matos, Duarte et al., 2017), greater well-being and higher quality of life (Gilbert et al., 2008; Kelly et al., 2012; Marta-Simões et al., 2022), including among SM adults (Fingerhut, 2018; Krueger & Upchurch, 2020; Petrocchi et al., 2020; Yakushko, 2005). Recent research suggests that feeling socially safe is a crucial health resource. However, SM individuals often lack this sense of safeness in their daily lives, and this is considered a primary factor contributing to their mental and physical health disparities (Diamond & Alley, 2022). One of the key causal mechanisms of BPD is invalidating emotional environment (Beeney et al., 2018; Carlson et al., 2020), which itself is theoretically suggested to lead to reduced feelings of safeness and social connectedness (e.g. Kelly & Dupasquier, 2016), which in turn might contribute to borderline features. Social safeness is suggested to stem from the affiliative soothing system, a network of neural and physiological processes that are involved in the regulation of emotions related to social

connection, warmth and attachment. This system is linked to reduced perceived threat, resulting in a decreased urge for defensive behaviour. When people feel socially safe, they experience social warmth, positive affect, kindness, calmness and support by others, leading to a negative relationship between social safeness and psychopathologies (Gilbert et al., 2008; Kelly et al., 2012). Social environments characterised by support, acceptance and compassion can activate the affiliative soothing system, resulting in positive feelings of safeness and connectedness. In addition, the soothing system can also be activated from within, i.e. by self-directing warmth and kindness when facing difficult experiences. To achieve this, one can use self-compassion exercises. Such exercises can temporarily activate the parasympathetic system, which is associated with reduced stress, increased social affiliation and effective emotion regulation (Kirschner et al., 2019).

Self-compassion is described as a sensitivity to personal suffering, and a motivation to prevent and/or alleviate it (Feliu-Soler et al., 2016; Neff, 2003), and it has been of recent interest in clinical psychology research. Studies suggest that self-compassion is related to less psychopathological symptoms (MacBeth & Gumley, 2012) and greater well-being (Zessin et al., 2015). Literature suggests that self-compassion is an especially important psychological process when it comes to SM individuals (Carvalho & Guiomar, 2022; McLaren & Brown-Beresford, 2021; Set & Altinok, 2017; Toplu Demirtas et al., 2018). Studies on self-compassion and SM people are growing (Jennings & Tan, 2014; Vigna et al., 2018, 2020). A cross-sectional study showed that in gay men, self-compassion mediates the association between memories of shame and memories of safeness, and depressive symptoms and internal shame (Matos, Carvalho et al., 2017), demonstrating it to be an attitude that solidifies resiliency in this population (Beard et al., 2017). Self-compassion might ease and protect LGB+ individuals from negative psychological aspects such as negative thoughts about the self, emotional distress and social pain (Chan et al., 2020).

The ability to be self-compassionate may result from rearing experiences where caregiving was characterised by warmth, kindness, emotional validation and support (Gilbert, 2005, 2010). Contrarily, when rearing environments are marked by criticism, invalidation, shame and humiliation, individuals seem to develop obstacles and experience difficulties in responding to personal struggles with self-compassion (Buckholdt et al., 2014; Gilbert et al., 2008; Gilbert et al., 2009; Loess, 2019).

Emerging evidence suggests that nurturing a kind attitude towards the disagreeable experience of oneself may reduce engagement in destructive behaviours and in a negative self-to-self relationship typical of people with high borderline features (Carreiras et al., 2021; Keng & Wong, 2017). The lack of validating and compassionate experiences within the family can lead to self-invalidation and resistance to engage in any type of self-kindness response, as these might be self-perceived as weak or unacceptable. Nonetheless, self-compassion seems to decrease self-harm, relieve distress in difficult times and promote mindful awareness, thus reducing feelings of numbness and dissociation connected to borderline features (Loess, 2019).

The current study aims to test the hypothesis that both self-compassion and feelings of social safeness mediate the relationship between memories of invalidating childhood environment and severity of borderline traits in SM adults. Invalidating experiences with one's parents and minority stress related to identity may increase the likelihood of borderline traits among SM individuals. We hypothesise that this relationship may be mediated by self-compassion and social safeness. Specifically, we expect that experiences of parental invalidation will be associated with lower levels of self-compassion and social safeness, which, in turn, may lead to increased borderline symptoms.

## Methods

### Participants

The total sample of this study was composed of 132 sexual minority adults from the Portuguese general population, with ages ranging from 18 to 63 years ( $M = 34.28$ ,  $SD = 11.37$ ). Concerning sex assigned at birth, 58% were male, 41% were female and 1% intersex. In terms of self-reported

**Table 1.** Frequency (n) and percentage (%) of participants' characteristics for total sample (N = 132).

		n	%
Sex assigned at birth	Male	77	58
	Female	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
Area of residence	North	27	21
	Centre	36	27
	Lisbon Metropolitan Area	61	46
	Alentejo	3	2
	Algarve	1	1
	Azores	4	3
Marital status	Single	109	83
	Married	7	5
	Cohabitation	9	7
	Divorced	7	5
Socioeconomic status	Very low	3	2
	Low	35	27
	Medium	89	67
	High	5	4

gender, 56.1% were men, 33.3% were women and 10.6% were non-binary or other. Most of participants (84.8%) considered themselves cisgender. Regarding sexual orientation, 54.5% identified as gay, 15.2% as lesbian, 12.9% as bisexual, 8% as pansexual and 6.8% as asexual or as other. Further details of participants' sociodemographic variables are presented in [Table 1](#).

### Procedures

This study has a cross-sectional design. Data were collected online through Google Forms between January 2021 and March 2021. Various Portuguese LGBT-related organisations (e.g. ILGA, rede ex aequo and Opus Diversidades) were contacted and invited to collaborate with the study by advertising the online inquiry. Additionally, we recruited participants through social media (e.g. Facebook) and online LGBT-related groups, via snowball sampling. The online inquiry included an informative first page explaining the aims of the study, ensured anonymity, informed potential participants of the voluntary nature of participation, and provided the email contact of the principal researcher to clarify any questions. Inclusion criteria were as follows: (a) provide informed consent (by clicking 'Yes'); (b) self-identifying as non-heterosexual; (c) ages between 18 and 65 years old; (d) Portuguese nationality and (e) complete filling of the assessment instruments. The questionnaires took about 25–30 minutes to complete.

### Instruments

The sociodemographic questionnaire was composed of 10 items to characterise 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. 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 cute 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. 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 a family up to the age of 18, in two parts. Parental behaviours (mother and father) are explored through 14 items (e.g. 'My parents would become angry if I disagreed with them', 'My parents made me feel OK if I told them I didn't understand something difficult the first time'), rated on a five-point Likert scale on the first part (1 = *Never*; 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. The second part of this scale focuses on the family style during childhood. Three items represent an invalidating environment: chaotic, typical and perfect, 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*; 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:  $\alpha = .90$ , paternal invalidation:  $\alpha = .88$ ; Robertson et al., 2013). In the Portuguese version, a non-clinical sample (paternal invalidation:  $\alpha = .86$ , maternal invalidation:  $\alpha = .86$ ) and a clinical sample (paternal invalidation:  $\alpha = .85$ , maternal invalidation:  $\alpha = .89$ ) 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, 2003; Castilho & Pinto-Gouveia, 2011) is a self-report questionnaire composed by 26 items divided into six 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 judgemental 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-judgement, 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'). 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 a good internal consistency ( $\alpha = .91$ ) as well as the Portuguese version ( $\alpha = .92$ ). In this study, Cronbach's alpha of total scale was .94.

## Data analyses

This study has a cross-sectional design, and data collected 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 Kolmogorov–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, 2016). Descriptive statistics (means and standard deviations) and frequencies were calculated to describe the sample. Pearson's correlation coefficients were used to measure the relation between variables. The criteria of Dancey and Reidy (2017) were used to interpret the correlation coefficients: correlations between .10 and .39 were considered weak; between .40 and .69 moderate; and above .70 strong. The Durbin–Watson value was examined to assure the independence of residuals and the Variance Inflation Factors (VIF) to guarantee no multicollinearity issues (Kline, 2016).

The mediation effects were examined through the mediator model (model 4) of the software PROCESS Macro (Hayes, 2013) and the indirect and direct effects were analysed. Significance was tested by a 5,000-bootstrap procedure.

## Results

### Preliminary analyses

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 below the recommended values of  $<3$  and  $<10$ , respectively (Kline, 2016). Thus, normality of data was assumed, and parametric tests were performed. The Durbin–Watson value was acceptable (1.87) and the VIF were below the recommended value of 10 proving the absence of multicollinearity problems. After computing the statistical analyses with and without outliers (two cases), the main results did not change. For that reason, and in order to ensure variability, the outliers were kept in our database.

### Correlation analysis

The correlations between the study variables are presented in Table 2. Borderline features were positively correlated with mother and father invalidation, and negatively correlated with self-compassion and social safeness. Self-compassion and social safeness were negatively correlated with maternal and paternal invalidation and positively correlated with each other.

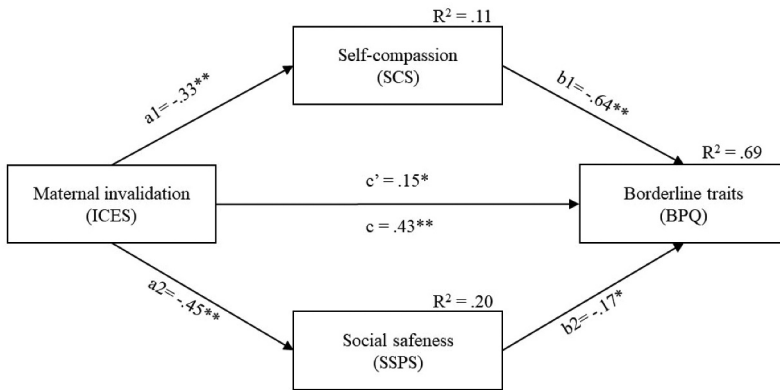
### Mediation effect of self-compassion and social safeness between maternal and paternal invalidation and borderline features

Two mediation models were computed to examine if there was a significant indirect effect between maternal invalidation and borderline traits (Figure 1), and paternal invalidation and borderline traits (Figure 2) through self-compassion and social safeness.

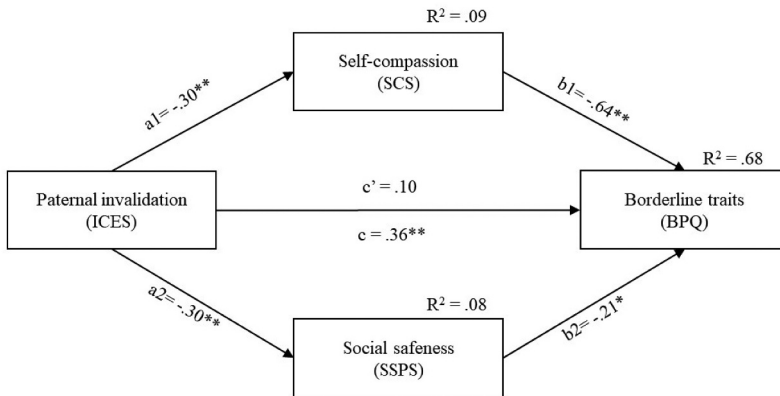
**Table 2.** Descriptive statistics and Pearson's correlation between the study variables ( $N = 132$ ).

	<i>M (SD)</i>	1	2	3	4	5
1. Self-compassion (SCS)	3.07 (0.81)	-	-	-	-	-
2. Social safeness (SSPS)	39.77 (10.55)	.63**	-	-	-	-
3. Paternal Invalidation (ICES)	2.62 (0.93)	-.30**	-.29**	-	-	-
4. Maternal Invalidation (ICES)	2.27 (0.86)	-.33**	-.45**	.36**	-	-
5. Borderline traits (BPQ)	26.53 (17.20)	-.80**	-.64**	.35**	.44**	-

\* $p < .05$ ; \*\* $p < .001$ . *M* = Mean; *SD* = Standard-deviation; SCS = Self-Compassion Scale; SSPS = Social Safeness and Pleasure Scale; ICES = Invalidating Childhood Environment Scale; BPQ = Borderline Personality Questionnaire.



**Figure 1.** Mediation effect of self-compassion and social safeness between maternal invalidation and borderline traits. All results are standardized ( $N = 132$ ). \* $p < .05$ ; \*\* $p < .001$ . SCS = Self-Compassion Scale; SSPS = Social Safeness and Pleasure Scale; ICES = Invalidating Childhood Environment Scale; BPQ = Borderline Personality Questionnaire



**Figure 2.** Mediation effect of self-compassion and social safeness between paternal invalidation and borderline traits. All results are standardized ( $N = 132$ ). \* $p < .05$ ; \*\* $p < .001$ . SCS = Self-Compassion Scale; SSPS = Social Safeness and Pleasure Scale; ICES = Invalidating Childhood Environment Scale; BPQ = Borderline Personality Questionnaire

The obtained model in **Figure 1** explained 69% of borderline traits ( $F_{(3, 128)} = 93.60; p < .001$ ). The direct effect of the maternal 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]. The effect of self-compassion was greater. Additionally, the statistically negative effect of the mediators between maternal invalidation and borderline traits represents a potentially positive effect of self-compassion and social safeness.

In **Figure 2**, the obtained model explained 68% of the borderline traits ( $F_{(3, 128)} = 89.80; p < .001$ ). The direct effect of the paternal invalidation on borderline traits was non-significant ( $c' = .10$ , IC 95% [-.11, 3.77],  $p = .065$ ). Self-compassion ( $\beta = -.64, p < .001$ ) and social safeness ( $\beta = -.21, p < .05$ ) showed a significant effect on borderline traits. The significant total effect ( $c = .35$ , IC 95% [3.48, 9.50],  $p < .001$ ) showed that the paternal invalidation had a significant effect on borderline traits



through self-compassion and social safeness. The pairwise contrasts results between the mediators showed that self-compassion and social safeness presented distinct effects in this relationship, IC 95% [0.03, 0.25]. Self-compassion showed a greater effect. The statistically negative effect of the mediators between paternal invalidation and borderline traits reflects a potentially positive effect of self-compassion and social safeness.

## Discussion

According to Meyer (2013), SM individuals have added stress due to stigma processes. This added stress increases the likelihood of experiencing 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 SM. Positive environmental factors of childhood, such as warmth, safeness and compassion contribute to subjective happiness in adult SM (Greene & Britton, 2015). Given the importance of understanding the processes that influence borderline features, we analysed the mediator role of self-compassion and social safeness in the relationship between parental invalidation and borderline features in SM individuals.

All variables showed significant correlations with one another. According to Sturrock and 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 SM individuals. Contexts that prize heteronormativity subject SM people to invalidation and discrimination in the form of microaggressions, leading to self-concealment and shame responses. Fruzzetti et al. (2005) claimed that a problematic relationship between parents and children is a relevant aetiological distal factor for developing borderline traits. That is, a lack of support from the parents in stressful situations can lead to a development of borderline symptoms. Our results align with this theory and with Linehan's approach (Linehan, 1993), as we found a positive relationship between parental invalidation and borderline traits in SM individuals. This kind of environment usually inhibit the expression of personal emotions when not socially acceptable so that children need to internally manage their emotions with no parental support (Crowell et al., 2009). Our results showed that in SM people, the association between borderline traits and mother's invalidation was stronger than with father's invalidation. Culturally in Portugal, until not long ago, the mother figure was more present in the child's education and care, mostly because they would be domestic workers. Even though it has been proven recently that the paternal role representations in the Portuguese society seem to be changing when comparing to older generations, the mother is still the figure that is most present care wise (Monteiro et al., 2012). This cultural phenomenon might explain why the father's invalidation is not as significant as the mother's invalidation in the Portuguese SM population.

It was found that lower levels of parental invalidation were associated with higher levels of self-compassion. This might be explained by invalidating parents not promoting healthy emotion regulation strategies at early ages, such as self-soothing coping strategies and a self-kindness stance towards perceived failures and inadequacies. Thus, children might learn to be harsh and ignore personal suffering, to be indifferent, judgemental and critical towards the self. Keng and Wong (2017) argue that having a kinder attitude towards the self is a protective factor against engaging in destructive behaviours typical of people with borderline features. 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 protect against self-harm, suicide, or isolation. Our results seem to echo this ascertainment by showing that SM adults who have high self-compassion seem to present lower borderline symptoms.

A negative association between parental invalidation and social safety was also found. This might be tentatively explained by the development of interpersonal relationships in which one exhibits behaviours previously learned within the relationship with parents. This means that if the person's relationship with their parents was characterised 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, as well as a development of a sense of overall safeness throughout their social relationships. On the contrary, if parents are often invalidating, not giving the child the necessary tools to deal with a certain range of emotions, this negatively impacts the child's ability to relate to others effectively. Beeney et al. (2018) proposed that social support is the ability to trust and to have close relationships in which people could count on in times of need. It has been argued that people with borderline features can have reduced social support, lower social integration and higher chances of interpersonal conflict, thus lacking from the benefits that a social environment can provide (Beeney et al., 2018).

Two mediation models were conducted, one for maternal invalidation and another for paternal invalidation, to understand the relationship of both invalidations on borderline features in SM adults, and the effect of self-compassion and social safeness. Maternal invalidation had a significant direct effect over borderline traits and part of that effect went through self-compassion and social safeness. On the other hand, paternal invalidation did not have a significant direct effect on borderline traits, but it did present a significant indirect effect through self-compassion and social safeness. Showing self-kindness, with emotional awareness and recognising suffering as part of the human experience holds a significant effect in the relationship between maternal and paternal invalidation and borderline traits, including in SM individuals. Additionally, it seems that the impact of a father's invalidation on the development of borderline features in SM individuals is fully explained by feeling safe within the self and with people around. Our results seem to tentatively indicate that parent-child relationships characterised by emotional invalidation, lack of warmth, kindness and acceptance are strongly related with the presence of borderline traits in SM individuals because they do not promote an overall sense of safeness within social relationships (echoing the rearing threatening parental environment that did not act as 'a safe base'; Bowlby ([1969]), as well as do not promote a coping repertoire characterised by self-soothing and self-kindness when things go wrong or when facing setbacks.

Overall, our results seem to corroborate research suggesting the importance of self-compassion in SM individuals (e.g. Carvalho & Guiomar, 2022), but move the needle further by showing its specific role underlying the impact of parental invalidation on borderline features in SM adults. Self-compassion can be seen as a contributor for resilience against minority stress in SM people, and may serve as an action of defence against minority stress (Beard et al., 2017).

### *Limitations and future directions*

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 identity and sexual orientation. A more representative sample of different non-heterosexual orientations could allow us to draw more solid conclusions and generalise our results to this population. The cross-sectional design of this study prevents 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 has some limitations (e.g. social desirability, close questions) that could be overcome by resorting to interviews that would allow for a more in-depth exploration of the borderline features and childhood experiences. Furthermore, it would be interesting to replicate these analyses in a clinical sample of SM people diagnosed with BPD because the findings from community studies may not necessarily generalise to clinical populations. SM people with BPD might present more emotional invalidation experiences and more severe borderline symptoms, which may result in a stronger direct effect between these variables than the ones observed in our mediation models. Moreover, this clinical population might present an underdeveloped ability to being self-compassionate and other mediator could have higher effects (e.g. self-criticism, fears of compassion). It should also be relevant to explore the influence of socioeconomic status, as well as to examine

whether the participants were raised in a heteronormative family structure, by single parents, same-sex partners or other possible family structures. Different socioeconomic status and family structures may reflect different norms, values and contexts that can influence a person's development. For example, an SM youth raised by same-sex parents may suffer from double SM stress and higher discrimination from a heteronormative society and, at the same time, may have a more validating environment in the household related to their own sexuality (Kivalanka & Goldberg, 2009). Additionally, and intersecting with the body of work developed in the field of Queer Geographies, future studies should explore the impact of urban, suburban and rural areas on sexual- and gender-related victimisation, parental (in)validation, social safeness and BPD symptoms in SM individuals (Goldberg & Garcia, 2020). Notwithstanding these limitations, this study was pioneer in testing the mediator role of essential variables to explain borderline features in an understudied population such as SM individuals. These findings suggest the importance of designing preventive interventions adapted to SM people to cultivate a safe internal and external environment. SM people who go through invalidating rearing experiences could benefit from individual or group compassion-based interventions to promote self-compassion and safe connections with others. Reinforcing caring, positive and warm self-to-self and self-to-others could function as a way to counteract borderline symptomatology in SM groups.

### **Compliance with ethical standards**

All procedures performed were in accordance with the Ethics Commission, an integral part of the Development and Investigation Department of Miguel Torga Higher Institute. All procedures consider the 1964 Helsinki declaration and its later amendments or comparable ethical standards. All participants provided their informed consent.

### **Disclosure statement**

No potential conflict of interest was reported by the authors.

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