

SELF-COMPASSION AS A MEDIATOR BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND BORDERLINE PERSONALITY IN INDONESIAN EMERGING ADULTS

Christin Wibhowo^{1*}, Ridwan Sanjaya²

¹ Lecturer in the Faculty of Psychology, Soegijapranata Catholic University (SCU), Semarang, Indonesia.

² Lecturer in the Faculty of Computer Science, Soegijapranata Catholic University (SCU), Semarang, Indonesia

christine@unika.ac.id, ridwan@unika.ac.id

*Corresponding Author: christine@unika.ac.id

Abstract

Behaviors that show traits of borderline personality disorder (BPD) are often found in Indonesian society. Several therapies have been conducted, but no therapy is considered the most effective because several factors cause BPD. This study aims to determine the role of self-compassion (SC) as a mediator variable between Adverse Childhood Experiences (ACEs) and BPD in Indonesian Emerging Adults. This study used quantitative methods. Data collection used the Self-Compassion Scale-Short Form (SCS-SF), 11 items, $\alpha = 0.703$, and the McLean Screening Instrument for BPD (MSI-BPD), 10 items, $\alpha = 0.726$. To measure ACEs, Felitti's ACEs Scale consisting of 10 items was used ($\alpha = 0.734$). The participants in this study were emerging adults (18-25 years old). All scales were distributed via Google Forms. Data were analyzed using mediator variable analysis through PROCESS with the SPSS program. A significant relationship was found between ACEs, SC, and BPD ($F=17.464$; $p < 0.001$). SC is a mediator between ACEs and BPD in Indonesian emerging adults. In addition, SC can also directly reduce BPD symptoms. SC and ACEs contribute 25% to BPD. Future researchers can continue this study by paying attention to BPD scores in participants, conducting mindfulness training, and re-examining the role of SC as a moderator variable.

Keywords: borderline personality disorder, self-compassion

INTRODUCTION

Borderline personality disorder (BPD) is not as popular as narcissism or bipolar, but behaviors that indicate the presence of BPD in society are often found in Indonesia. Badan Pusat Statistik (2023) in Indonesia says that the number of divorces is increasing due to drunkenness, gambling, domestic violence, adultery, and constant arguments. These behaviors are certainly not because the individual deliberately commits criminal behavior but because they suffer from a personality disorder called BPD. In addition, the incidence of suicide, which is also a BPD criterion, is also increasing due to personality disorders (Ministry of Health of the Republic of Indonesia, 2024). Several researchers have studied effective therapies to reduce BPD symptoms, such as Dialectical Behavior Therapy (DBT) (Verheul et al., 2003). In Indonesia, Wibhowo and Sanjaya (2022) concluded that chatbots play an essential role for clients with BPD. Chatbots can help psychologists assist BPD clients more easily. However, no therapy is considered the most effective for reducing BPD symptoms. Some studies have concluded that adverse childhood experiences (ACEs) and self-compassion (SC) play a role in BPD. Therefore, this study aims to determine the relationship between ACEs and BPD, with SC as a mediator. This research is useful for developing psychology, especially clinical psychology and health psychology, about BPD. It is also helpful for the Indonesian government to determine policies to reduce BPD in the community. By knowing the relationship between ACEs, SC, and BPD, pre-psychologists and therapists can provide appropriate interventions for individuals with BP

LITERATURE REVIEW

This section reviews the existing literature related to emerging adulthood, borderline personality disorder, adverse child experiences, and self-compassion to develop research hypotheses.

Emerging Adulthood

According to Arnett (2000), an adult period is at the age of 18-25 years. This emerging period is a critical period caused by many life transitions in life arrangements, relationships, education, and work, which can cause stress and psychological pressure. If, at this critical time, individuals experience BPD, it is feared that some risks will happen. Thus, this study aims to determine the role of SC as a mediator variable between ACEs and BPD in Indonesian Emerging Adults. This research is useful for individuals with BPD and parties related to BPD. The results of this study can prevent or provide appropriate treatment for individuals with BPD.

Borderline Personality Disorder

According to the DSM-5 (American Psychiatric Association, 2022), BPD is characterized by features including strenuous efforts to avoid real or imagined abandonment; unstable and intense patterns of interpersonal relationships, impulsivity, repeated suicidal behavior, gestures, or threats, or self-injurious behavior, affective instability due to marked mood reactivity, chronic feelings of emptiness, inappropriate anger and paranoid ideas associated with dissociative disorders. In the PPDGJ (DEPKES. RI, 2000), BPD is included in Emotionally Unstable Personality Disorder, threshold type (F60.31). Kernberg (cited in Keppen, 2014); Gunderson, Crowell, Beauchaine, and Linehan (2009); Kitamura and Nagata (2014), and Wibhowo, Retnowati, and Ul Hasanat (2019) concluded from their research that childhood experiences correlate with the presence of BPD in adulthood. Individuals who have experience of getting violence or seeing violence committed by those closest to them will experience splitting. They will experience conflict to love or hate the persons closest to them who commit the violence. This is the trigger for BPD. Compared to other personality disorders, individuals with BPD often remember their childhood as painful. These painful childhood experiences are called adverse childhood experiences (ACEs).

Adverse Childhood Experiences

Persons who often receive violence from their parents (ACEs) will assume that violence is indeed the solution to a problem. This pain will be assumed to overcome their sadness or guilt. As adults, they will hurt themselves, engage in risky behaviors, and even make suicide attempts to mask their pain. Some individuals' painful feelings are expelled to "make up" for their feelings. This pattern continues to form BPD. According to Felitti et al. (1998), ACEs include various aspects of household dysfunction, such as intimate partner violence (IPV) and parental substance use; they also include maltreatment experiences of sexual violence, physical violence, emotional violence, and physical neglect. Schulze, Cloos, Zdravkovic, Lis, and Krause-Utz (2022) concluded that emotional abuse, which includes violence, has the highest power associated with most BPD traits (identity disturbance, negative relationships, and impulsive self-harm). However, not all types of ACEs correlate with BPD. Therefore, the relationship between ACEs and BPD needs to be re-examined.

Hypotheses Development

Although ACEs play a role in BPD, based on research conducted by Keng and Wong (2017), it was found that self-compassion (SC) plays a significant role in reducing BPD. The role of SC as a mediator was also studied by Carbonneau, Cantin, Barbeau, Lavigne, and Lussier (2021), who concluded that self-compassion as a Mediator of the Relationship between Adult Women's Attachment and Intuitive Eating Nutrients. According to Neff (2023), Self-compassion (SC) is compassion for oneself. By having SC, a person will have self-kindness, common humanity, and mindfulness and can understand the failures that occur in his life because he is still a normal human being. Individuals who love themselves (SC) will focus on achievement and not focus on ACEs. Thus, they feel worthy, and there is no desire to hurt themselves, which is the characteristic of BPD. Likewise, when individuals can do things with mindfulness, they will not feel emptiness. In other words, if people have self-compassion (SC), their BPD criteria will decrease. A study conducted by Sommerfeld and Bitton (2020) and Southward, Howard, Christensen Pacella, and Cheavens (2023) found that SC is instrumental in reducing BPD.

Thus, even though someone has ACEs, if he is also able to do SC, then his BPD symptoms will decrease. This study hypothesizes a relationship between ACEs, SC, and BPD in emerging adults (Figure 1).

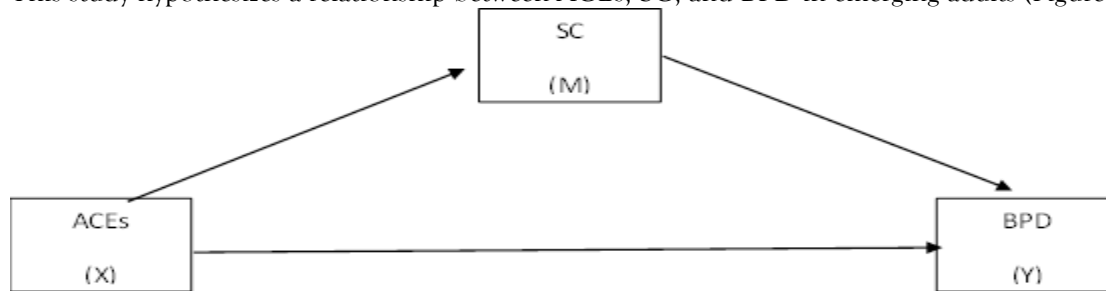


Figure 1

Proposed Conceptual Framework

Hypothesized relationship between ACEs (Adverse Childhood Experiences), SC (Self-compassion), and BPD (Borderline Personality Disorder).

METHOD

Research Design

This study used quantitative methods, and data were analyzed using mediator variable analysis through PROCESS with the SPSS program.

Participants/ Sample

This study's participants were 107 emerging adults (18-25 years old).

Sampling and Procedures

The sampling technique used is incidental sampling. Incidental Sampling is a sampling technique based on chance; that is, any patient who happens to meet the researcher can be used as a sample if it is deemed that the person who happens to meet is suitable as a data source. Researchers shared Google forms on several social media platforms (Instagram and WhatsApp) and asked individuals aged 18-25 to fill out the scale using the Google form link. There were 107 participants.

Instrument

Data collection in this study used the Self-Compassion Scale-Short Form (SCS-SF), 11 items, $\alpha = 0.703$, and the McLean Screening Instrument for BPD (MSI-BPD), 10 items, $\alpha = 0.726$. Examples of items on the SCS-SF are "when I fail at something important to me, I become consumed by feelings of inadequacy" and "I try to be understanding and patient towards those aspects of my personality I don't like." Examples of items on the MSI-BPD are "Have you chronically felt empty?" and "Have you often been distrustful of other people?". Felitti's ACEs Scale, which consists of 10 items ($\alpha = 0.734$), was used to measure ACEs. Examples of items in ACEs are "Do you feel you don't have enough to eat, have to wear dirty clothes, or have no one to protect or care for you?" and "Have you lost a parent through divorce, neglect, death, or other reasons?" All scales were distributed via Google Forms. Data were analyzed using mediator variable analysis through PROCESS with the SPSS program.

Procedure

After conducting a literature review, the researcher compiled a measuring instrument and sent a research proposal to the ethics commission. Furthermore, the Research Ethics Commission, Faculty of Psychology, Soegijpranata Catholic University issued a Research Ethics Approval Letter Number 36/B.7.5/Fp. Kep/1/2025. The next step is that researchers share Google forms on several social media (Instagram and WhatsApp) and ask individuals aged 18-25 to fill out the scale on the Google form link. The research was conducted from January 25 to February 10, 2025. After the data is collected, scoring and data analysis are carried out.

RESULT AND DISCUSSION

Result

There were 107 participants. They were 18 years (10%), 19 years (30%), 20 years (25%), 21 years (12%), 22 years (10%), and 23-25 years (13%). There were 80.4% female participants and 19.6% male participants.

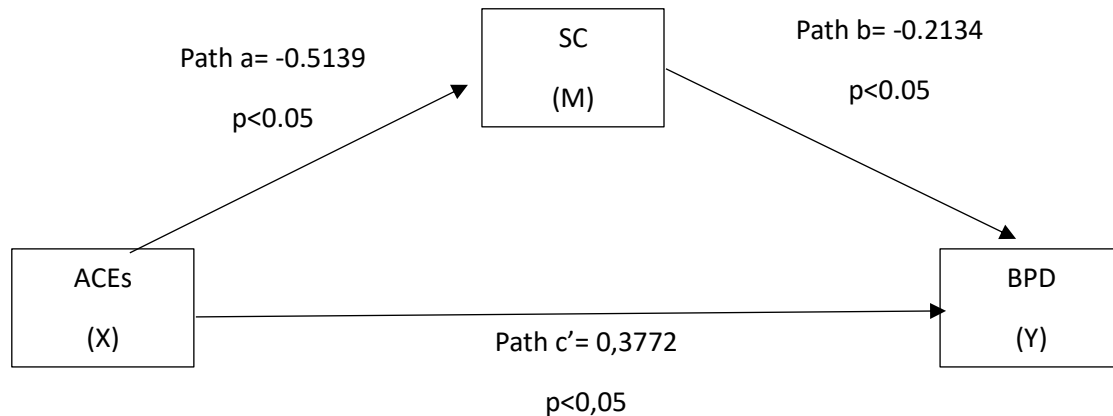


Figure 2

The relationship between ACEs, SC, and BPD

The results of the study show that there is a significant negative relationship between ACEs and SC. The higher the ACEs, the lower the SC a person has. Conversely, the lower the ACEs, the higher the individual has SC. There is a significant negative relationship between SC and BPD. If an individual has high SC, then the individual's BPD criteria will be lower. Low SC will make an individual's BPD higher. In addition, there is a significant positive relationship between ACEs and BPD. The higher one's ACEs, the higher the BPD criteria. It was also found that there is a significant relationship between ACEs and BPD through SC. From the results of the data analysis, there is a partial mediation effect because the entire path is significant.

The data were also analyzed using regression analysis. The result is a significant relationship between ACEs, SC, and BPD ($F = 17.464$; $p < 0.001$). SC and ACEs contribute 25% to BPD. The relationship between ACEs and SC as independent variables can be seen in Figure 3.

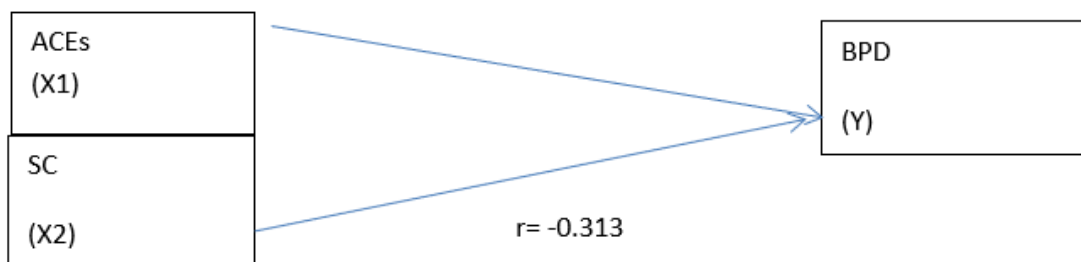


Figure 3

The relationship between ACEs and BPD, and the relationship between SC and BPD

From the data analysis shown in Figure 3, it can be concluded that ACEs are positively correlated with BPD. This means that the higher the ACEs, the higher the BPD criteria, and vice versa, the lower the ACEs, the lower the BPD criteria. SC is negatively correlated with BPD. The higher the SC a person has, the lower the BPD criteria; the lower the SC, the higher the BPD criteria. Furthermore, the relationship between each aspect of ACEs and SC can also be seen in Table 1.

Table 1.

Relationship between ACEs and SC

ACEs	SC
Abuse	-.151; $p = 0.121$
Neglect	-.211; $p = 0.029$
Household dysfunction	-.216; $p = 0.026$

Based on data analysis, it can be seen that ACEs are negatively correlated with SC in the type of neglect and household dysfunction. Abuse does not correlate with SC.

Table 2.

Relationship between ACEs and BPD

ACEs	SC
Abuse	0.322; $p = 0.01$
Neglect	0.428 $p = 0.00$
Household dysfunction	0.229 $p = 0.00$

From the results of data analysis, it can be concluded that all types of ACEs are significantly positively correlated with BPD. Individuals who experience violence and neglect, and experience household dysfunction in childhood will potentially have BPD.

Table 3.

Relationship between SC and BPD

SC	BPD
Self-judgment	-0.409, $p = 0.000$
Isolation	-0.294, $p = 0.002$
Over-identification	-0.451, $p = 0.000$
Self-kindness	-0.072, $p = 0.460$
Common humanity	0.007, $p = 0.942$
Mindfulness	-0.48, $p = 0.62$

SC plays a significant role in BPD, but not all aspects of SC correlate with BPD. Self-judgment, isolation, and over-identification are each negatively correlated with BPD. Mindfulness, common humanity, and self-kindness did not correlate with BPD.

DISCUSSION

Relationship between ACEs and SC

From the results of data analysis, it can be seen that there is a negative relationship between ACEs and SC. These results indicate that someone who experiences adverse childhood experiences (ACEs) will have difficulty having self-compassion (SC). Two types of ACEs, namely neglect and parental mental illness, are negatively correlated with SC. If, during childhood, a person's needs are not met due to parental neglect, then the child will feel that he/she does not deserve love and attention. One example of an item in the ACEs Scale is "Did you feel that no one in your family loved you or thought you were special?". Individuals who do not feel loved as children, then as adults, fail to love themselves or fail to practice self-compassion. Likewise, when children have unpleasant experiences because their parents do not have mental health (parental mental illness, which is a personality disorder and irresponsible behavior such as drinking and gambling), children may withdraw from society because they feel guilty. If this lasts into adulthood, they will have self-isolation, over-identification, and self-judgment. He is not able to have SC.

The results of this study are based on research from Hazzard et al. (2021), who concluded that individuals with low levels of ACEs have high SC. Participants with high levels of ACEs have a higher BMI (body mass index) or have unhealthy eating behavior. High ACEs also make a person more depressed and unable to love themselves. Furthermore, high SE will make individuals healthier. The results of the research by Guo et al. (2021) also concluded the same thing, namely that ACEs owned by students will reduce their ability to SC.

Relationship between SC and BPD

SC's role in BPD is also under Wibhowo's research (2024), which also concluded that a person who is not self-judgment, not isolated, and does not over-identify will not engage in behaviors that risk his physical and psychological health. That way, he does not do self-harm, does not have a feeling empty, and can build good relationships with others. Thus, individuals who have high SC ability will have low BPD criteria. Research with similar results was also conducted by Neff, Kirkpatrick, and Rude (2007), and Sommerfeld and Bitton (2020). Low SC correlates with higher BPD traits. Neff, Kirkpatrick, and Rude (2007) said that self-compassion prepares a person to be less judgmental toward oneself, less isolated, and more balanced in perspectives so that he or she does not need to be overwhelmed by negative emotions, mistakes, or failures. Based on research conducted by Suh and Jeong (2021), one of the criteria for BPD, namely suicidal behavior and thought (SHT), can be reduced by the presence of SC. Individuals who love themselves will focus more on pursuing achievement and avoid self-defeating behavior. They will also think that failure is a natural thing that can be turned into success as long as they are alive. The same research was also conducted by Dolezal, Winterowd, and Farra (2021) on participants in the American Indian/Alaska Native People. The result shows that SC reduces the risk of suicidal behavior. Individuals with BPD are emotionally unstable, especially if they have to remember to evaluate themselves when having experienced failure. With SC, individuals with BPD do not have to judge themselves. Instead, with the ability of SC, they will be able to love themselves without self-evaluation or comparison with others. Instead, they will keep a positive outlook despite failures, considered incapable and imperfect (Neff, 2011). Another criterion of BPD is intense and transient anger. These criteria can be reduced if someone has SC. This is under research conducted by Basharpour, Daneshvar, and Noori (2016), who concluded that SC could reduce anger behavior. The research results from Koivisto, Melartin, and Lindeman (2022) concluded that self-invalidation (the same as over-identification in SC) means that a person feels that his failure is his fault because he is incapable. Self-invalidation is correlated with several BPD criteria, which include difficulty in the identification of emotions, secondary emotional reactions such as guilt, shame, anger, and resentment, self-related and interpersonal problems, and suicidal urges. Parpart et al. (2024) stated that shame and guilt play a role in BPD. The element of SC, namely isolation, has the same meaning as loneliness, namely feeling alone, especially when individuals experience problems. The research results of Reinhard, Nenov-Matt, and Padberg (2022) also found that loneliness increases BPD. Furthermore, self-judgment in SC means that individuals do not like their personality and themselves. Examples of items in self-judgment are "I'm disapproving and judgmental about my own flaws and inadequacies" and "I'm intolerant and impatient towards those aspects of my personality I don't like. This self-judgment has the same meaning as self-disgust, a negative self-conscious emotion which has been linked with borderline personality disorder (BPD). The other SC elements, namely self-kindness and common humanity, did not play a role in reducing BPD. Examples of items on both elements are "I try to be understanding and patient towards those aspects of my personality I don't like" and "I try to see my failings as part of the human condition." To achieve self-kindness and common humanity, a person with BPD needs to evaluate themselves and their life experiences. This evaluation process is unfavorable for people with BPD because, without guidance when evaluating their experiences, it will lead to severe dissociative symptoms. Based on previous research, mindfulness actually plays a role in BPD and other personality disorders. This is evidenced by research conducted by Schmidt, Soler, Vega, and Pascual (2024), Keng, Smoski, & Robins, (2011), and Wupperman, Craig, Whitman, and Axelrod (2009). All of these studies concluded that mindfulness contributes to the reduction of BPD. In this study, mindfulness was not associated with BPD. This can be explained as follows. The ability to practice mindfulness cannot be mastered automatically, so mindfulness training is necessary for people with BPD. There was no information about whether the

participants in this study had attended mindfulness training. In addition, (Keng et al. (2011) said that mindfulness is a construct that originated in Buddhism and has only a brief history in psychology. Thus, there are significant challenges in defining, operationalizing, and measuring it. Although several studies have been conducted to measure mindfulness, researchers still disagree on the meaning and nature of mindfulness (Brown, Ryan, & Creswell, 2007). Some researchers consider mindfulness as a one-dimensional construct that refers specifically to paying attention to the present experience. However, other researchers argue that aspects of curiosity, acceptance, and compassion are important to mindfulness. Examples of mindfulness items in this study are "When something painful happens, I try to take a balanced view of the situation" and "When something upsets me, I try to keep my emotions in balance." These items need to be re-examined to be more precise in measuring mindfulness. As mentioned earlier, to achieve mindfulness (answering 'yes' to both items), a person with BPD must be trained. Furthermore, Keng et al. (2011) suggested further research on the effect of mindfulness on mental health, as the results are still varied. Attention should also be paid to the timing of training and the characteristics of personality disorders, as they significantly affect the effectiveness of mindfulness.

Relation between ACEs and BPD

In this study, it was found that all types of ACEs (violence, neglect, and household dysfunction) had a positive relationship with BPD. The results of this study are in accordance with the results of research from Wibhowo, Retnowati, and Ul Hasanat (2019). Someone who experiences ACEs will feel neglected, not have his basic needs met, and not get a good example from his parents. As an adult, he does anything so that others will accept him, so he becomes very dependent on others. When no one is around, he becomes frightened and feels worthless, so he chooses risky behaviors to comfort him. Schulze, A., Cloos, L., Zdravkovic, M. et al. (2022) concluded that emotional abuse, which includes violence, has the highest strength associated with most BPD traits (identity disturbance, negative relationships, and impulsive self-harm). Estric, Calati, and Lopez-Castroman (2022) concluded that ACEs contribute to the development of personality traits that lead to adult threshold personality disorder (BPD). Neurocognitive changes may partially mediate the relationship between ACEs and BPD. A person experiencing ACEs may cause changes in neurocognition, which will further increase symptoms of BPD.

SC as a protective factor in the association of ACEs and BPD

SC (self-compassion) is a very important factor in reducing BPD symptoms. Although individuals have ACEs, if they have SC, then BPD symptoms will decrease. Someone who feels neglected and unappreciated in childhood (ACEs), but if he tries to keep giving attention and tenderness to himself (SC), then he can avoid risky behavior because he views his life as pleasant (not experiencing BPD). The results of research on the role of SC as a mediator variable have been studied by Buxton, Hofheinz, Remmers, and Michalak (2024), who concluded that self-compassion is a mediator of change in a mindful depression treatment. Research by Scheibner, Daniels, Utz, Franca, and Bermpohl (2018) concluded that self-compassion mediates change in mindful depression treatment. Self-compassion mediated the relationship between mindfulness and BPD symptom severity as well as between mindfulness and emotion dysregulation. Self-compassion seems to be one psychological process that could explain the relationship between mindfulness and BPD symptoms. One promising approach in therapy could be to target self-compassion more directly during mindfulness training and intervention. Reducing ACEs is not easy, so it is important to strengthen the ability to SC. In addition to SC training, to increase SC, individuals can be encouraged to engage in regular mindfulness meditation practice, journal about negative feelings with self-compassion, talk to themselves in the third person and/or like talking to a friend when experiencing failure/rejection. Another way to increase SC is for individuals to be encouraged to have friends who also show self-compassion and, if necessary, seek counseling if negative self-talk is interfering with daily activities (Stutts, 2022).

Limitations and Future Research Recommendations

The strength of this study is that it is a new research, specifically on the role of SC as a mediator variable between ACEs and BPD in Indonesia. This study presents several limitations. First, participants in this study did not differentiate between participants with high, medium, and low BPD scores. Hence, the dynamics of the role of SC as a mediator variable are unknown. Second, participants had not received

mindfulness training, which is part of SC, so mindfulness did not play a role in reducing BPD. Third, the study did not analyze the role of SC as a moderator. The relationship between ACEs and BPD has often been studied, so it is necessary to know the role of SC as a moderator variable.

Implications for Behavioral Science

Based on the results of this study, the Indonesian government can suggest training, especially in intracurricular activities, in schools so that students can focus on developing their potential. The training will make students confident so that they do not engage in self-judgment, isolation, and over-identification. Neighborhood meetings have been conducted in Indonesia, but only for women. Local governments can require these meetings to be held for men, adolescents, and children. The meetings are filled with psychoeducation on self-compassion and how to prevent potential borderline personality disorder. The government can work with psychologists to be resource persons at psychoeducation events. Thus, the community will have more self-kindness, common humanity, and mindfulness, decreasing the potential for BPD and risky behavior.

CONCLUSION

The result of this study is SC as a protective factor between ACEs and BPD in Indonesian emerging adults. In addition, SC can also directly reduce BPD symptoms. As an individual who has BPD, it is recommended to increase SC (not judging yourself, not blaming yourself when you fail, and accepting your strengths and weaknesses as an ordinary human being). The Indonesian government can suggest training in schools so that students can focus on developing their potential. Thus, students will be confident and will not engage in self-judgment, isolation, and over-identification. Thus, the community will have more self-kindness, common humanity, and mindfulness, so the potential for BPD in the community will decrease. Risky behavior in the community will decrease as BPD decreases. Future researchers can continue this study by observing participants' BPD scores, conducting mindfulness training, and examining SC as a moderator variable.

Acknowledgment

The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Ethics Committee of the Psychology Faculty, Soegijapranata Catholic University. Informed consent was obtained from all participants.

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