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Self-Repair in Women with Symptoms of Borderline Personality Disorder: A Qualitative Study

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A B S T R A C T

Objective: This study aimed to develop an integrated model of self-repair needs among women with symptoms of borderline personality disorder using a deductive thematic network analysis of scientific literature.

Methods and Materials: This qualitative study employed a deductive thematic network analysis approach to synthesize findings from scholarly sources published between 2011 and 2025 that addressed self-repair, identity, emotion regulation, narrative processes, and empowerment in women with borderline personality disorder. A total of 120 articles, books, and dissertations were initially retrieved through systematic searches in PubMed, Scopus, Google Scholar, ISC, and other scientific databases. Based on predefined inclusion criteria—credibility, retrievability, adherence to scientific standards, and direct relevance to self-repair needs—21 sources were selected for final analysis. Data extraction was conducted using a structured thematic coding form, and the analytic process followed Attride-Stirling's (2001) framework for thematic network development. The rigor of the analysis was enhanced through independent coding by five reviewers and validation using the Content Validity Ratio (CVR) and Content Validity Index (CVI).

Findings: Analysis revealed six major organizing themes essential to self-repair in women with borderline personality disorder: identity repair, self-acceptance repair, self-concept repair, cognitive-behavioral repair, self-narrative and problem re-narration, and self-empowerment. Each theme encompassed multiple foundational and inferential subthemes, indicating a multidimensional structure underlying self-repair processes. High agreement among coders (CVR and CVI = 0.999) confirmed the robustness and consistency of the thematic categories. The inferential patterns emphasized that identity fragmentation, maladaptive cognitions, emotional dysregulation, self-criticism, disrupted narrative coherence, and feelings of emptiness function as interconnected barriers to effective self-repair.

Conclusion: The study provides a comprehensive integrative framework describing the psychological, cognitive, emotional, and narrative domains essential for self-repair in women with borderline personality disorder, offering a foundation for designing targeted therapeutic models and assessment tools.

Keywords: *self-repair, identity repair, self-acceptance repair, self-concept repair, cognitive and behavioral repair, self-narrative and issues, self-empowerment, borderline personality disorder, women*

1. Introduction

Borderline Personality Disorder (BPD) remains one of the most clinically complex and theoretically contested psychopathologies in contemporary psychology, characterized by pervasive instability across affect regulation, identity, interpersonal functioning, and behavioral control. Recent discourse emphasizes that the disorder's central feature is not merely emotional dysregulation, but a multidimensional disturbance in the sense of self that manifests through identity fragmentation, narrative discontinuity, self-invalidation, and chronic feelings of inner emptiness (Faggioli et al., 2024; Koivisto et al., 2022; Sripunya et al., 2024). Scholars have increasingly argued that the instability of the self in BPD is the organizing principle from which emotional, behavioral, and interpersonal difficulties emerge (Spytska, 2024; Vater et al., 2015). This perspective has led to a growing body of qualitative and quantitative research focused on understanding how individuals with BPD experience, narrate, and attempt to repair their sense of self, especially in women, who are diagnosed more frequently and who often exhibit distinct sociocultural vulnerabilities (De-la-Morena-Perez et al., 2023; Valero et al., 2025).

Epidemiological data continue to highlight the significance of BPD as a global public health concern. Prevalence studies point to elevated rates of BPD symptoms across clinical and non-clinical populations, with particularly high representation in institutional settings such as correctional systems (Dahlenburg et al., 2024). These findings reaffirm the need for theoretical and clinical models that address both the intrapsychic mechanisms and broader sociocultural determinants that contribute to distress, impairment, and chronicity. Women with BPD, in particular, face gendered expectations, structural violence, and stigma that shape their self-perception and influence the manifestation of symptoms (De-la-Morena-Perez et al., 2023; Valero et al., 2025). These gendered dynamics underscore the necessity of conceptual frameworks that incorporate social identity, narrative identity, and empowerment as core components of treatment.

Emerging research delineates how identity disturbance is intricately linked with maladaptive defense mechanisms, trauma histories, and early relational disruptions. Studies show that deficits in self-cohesion often stem from childhood experiences of invalidation, harsh punishment, neglect, or inconsistent caregiving (Hallquist et al., 2015; Harpøth et al., 2020). These early adversities contribute to patterns of self-invalidation, shame, and negative compartmentalization of the self, reinforcing the instability that characterizes BPD (Koivisto et al., 2022; Vater et al., 2015). Furthermore, research demonstrates that emotional and behavioral dysregulation—a hallmark feature of BPD—is tightly interwoven with difficulties in self-concept clarity and coherence, leading to cyclical patterns of impulsivity, self-harm, and interpersonal turmoil (Boylan, 2024; Chu et al., 2016; Stein et al., 2025).

Contemporary theoretical advances emphasize the importance of addressing maladaptive cognitions, emotional reactivity, and behavioral tendencies within an overarching structure of self-repair. For instance, mindfulness-based and dialectical-behavioral interventions have shown efficacy in improving emotion regulation by fostering greater awareness of internal states and reducing cognitive distortions (Euler et al., 2024; Schmidt et al., 2024). Simultaneously, psychotherapeutic processes aimed at narrative reconstruction have gained traction, with evidence suggesting that reshaping one's narrative identity can reduce fragmentation and promote coherence (Pol et al., 2024). The integration of narrative work aligns with broader theoretical frameworks asserting that personal meaning-making and coherent storytelling play central roles in psychological well-being (Attride-Stirling et al., 2001; Casellas Pujol et al., 2024).

The relational and social dimensions of BPD also warrant attention. Difficulties in understanding others' perspectives, high sensitivity to interpersonal threat, and chronic fear of abandonment contribute to ruptures in social functioning (Ntshingila et al., 2016; Stepp et al., 2016). These interpersonal vulnerabilities are closely linked to alterations in social identity and perceived social worth, further destabilizing self-understanding and sense of belonging (Schulze et al., 2024; Yu et al., 2025). Research indicates that deficits in self-efficacy and perceived social support exacerbate borderline symptoms, particularly among adolescents and young adults navigating complex developmental transitions (Yu et al., 2025).

Additionally, qualitative studies reveal that many individuals with BPD describe profound experiences of emptiness, purposelessness, and existential disconnect, which intensify emotional suffering and contribute to maladaptive coping behaviors (Spytska, 2024; Sripunya et al., 2024). These experiences underscore the importance of interventions focused not only on emotional regulation but also on meaning-making, existential repair, and restoration of a valued life. The interplay between emotional

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dysregulation, identity fragmentation, and existential distress highlights the need for holistic models that capture the full spectrum of self-disturbance in BPD.

Scholars have also noted a strong association between self-related cognitions and the perpetuation of problematic behaviors. For instance, negative self-attributions and maladaptive belief systems are shown to reinforce cycles of shame, dependency, and helplessness, which in turn increase vulnerability to self-harm and relational instability (Boylan, 2024; Schmidt et al., 2024). Interventions that target these distorted cognitions can reduce symptom severity and enhance adaptive functioning. Furthermore, research on emotion regulation strategies suggests that individuals with BPD often rely on reactive, maladaptive responses that contribute to rapid emotional shifts and interpersonal conflict (Chu et al., 2016; Harpøth et al., 2020). Adaptive emotion regulation training, therefore, becomes a crucial component of self-repair and therapeutic progress.

In addition to psychological mechanisms, sociocultural structures exert powerful influences on how BPD is diagnosed, treated, and experienced. Patriarchal ideologies, structural violence, and cultural norms surrounding femininity and emotional expressiveness shape how women understand their symptoms and how clinicians interpret them (Valero et al., 2025). These sociopolitical factors contribute to misdiagnosis, stigmatizing narratives, and disparities in access to care, highlighting the need for frameworks that incorporate both individual and systemic perspectives.

Technological and digital innovations have further expanded the landscape of mental health treatment. E-mental health platforms show promise in providing supplementary or alternative forms of intervention, particularly for individuals with personality disorders who may face barriers to traditional treatment settings (Xie et al., 2022). However, questions remain regarding the adequacy of digital tools in addressing deep-seated identity disturbances and narrative fragmentation, domains that traditionally rely on nuanced therapeutic relationships and reflective dialogue.

Collectively, the literature reflects a fragmented yet rapidly developing understanding of self-repair in BPD. Various approaches—clinical, narrative, cognitive-behavioral, relational, and sociocultural—offer partial insights into different facets of the self. Yet despite this progress, what remains absent is an integrative framework that synthesizes across domains to articulate a comprehensive model of self-repair specific to women with BPD symptoms. This gap is significant, given the unique developmental, interpersonal, and sociocultural experiences of women that shape their symptom expression and recovery trajectories (De-la-Morena-Perez et al., 2023; Valero et al., 2025). The conceptual model developed in the present study draws upon these diverse bodies of research, integrating identity repair, self-acceptance, self-concept reconstruction, cognitive-behavioral repair, narrative re-authoring, and empowerment-based strategies into a unified framework grounded in qualitative synthesis. This model is informed by contemporary clinical trials, qualitative accounts of lived experience, developmental research, and psychotherapeutic theory, reflecting the multidimensional nature of BPD and the central role of the self in its manifestation (Casellas Pujol et al., 2024; Pol et al., 2024; Stein et al., 2025; Wülfing et al., 2025). By Based on the gaps identified in previous research and the need for an integrative conceptualization, the aim of this study is to develop a unified model of self-repair for women with symptoms of borderline personality disorder.

2. Method and Materials

The present study is a qualitative investigation in the form of deductive thematic network analysis based on theoretical and empirical background (Attride-Stirling, 2001). The study context consisted of scientific sources (including books, articles, and valid, retrievable dissertations) focused on the self-repair needs of women with symptoms of borderline personality disorder from 2011 to 2025. At this stage, 120 valid scientific sources were initially retrieved. The inclusion criteria for scientific sources in the study were publication and accessibility in reputable scientific databases, adherence to scientific research standards, retrievability, and a specific focus on the self-repair needs of women with symptoms of borderline personality disorder. The study sample consisted of 21 valid scientific sources that met the inclusion criteria. The adequacy of twenty-one sources was determined based on the principle of saturation. These sources are presented in Table 1. Ethical principles included adherence to scientific and ethical standards in correct and accurate referencing of sources and using the content of texts solely for the purpose of extracting the self-repair needs of women with symptoms of borderline personality disorder. The following instruments were used in the study.

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Table 1

Sources Used for Extracting Themes Related to Self-Repair in Women with Symptoms of Borderline Personality Disorder

Authors & Year	Extracted Themes
Spytska (2024)	Mood and emotional fluctuations; need for emotional and behavioral repair
Stepp et al. (2016)	Risk factors and correlates of symptoms; need for repair of self-capacity
Boylan (2024)	Self-injury; self-sabotage; need for cognitive and behavioral repair
Chu et al. (2016)	Negative and positive emotional experiences; need for emotional repair
Casellas Pujol et al. (2024)	Self-narrative; narrative-related problems; need for narrative repair
Dahlenburg et al. (2024)	Violence; aggression; negative emotions and affect
Dammann et al. (2011)	Self-concept; self-image; needs for reconstruction and self-repair
De-la-Morena-Perez et al. (2023)	Gender identity; gender-related issues; need for gender identity repair
Ducasse et al. (2023)	Disturbed identity; identity fragmentation; need for identity repair
Euler et al. (2024)	Maladaptive defense mechanisms; intensification of self-related problems
Faggioli et al. (2024)	Identity-related issues; need for identity repair
Koivisto et al. (2022)	Self-invalidation; self-devaluation; self-sabotage
Ntshingila et al. (2016)	Perceived powerless self; need for empowered self-repair
Pol et al. (2024)	Problematic life narratives; need for re-narration
Schmidt et al. (2024)	Maladaptive beliefs, attitudes, and thoughts; need for cognitive and behavioral repair
Schulz et al. (2024)	Problematic attributions; need for cognitive and attributional repair
Sripunya et al. (2024)	Feelings of meaninglessness and inner emptiness; need for existential and meaning-repair
Vater et al. (2015)	Fragmentation and problems in self-concept; need for self-concept repair
Harpøth et al. (2022)	Inflexible self; lack of self-acceptance; need for self-acceptance repair
Lotfi-Hajilo et al. (2017)	Defense mechanisms and coping problems; need for self-empowerment
Motala et al. (2024)	Self-concept difficulties; need for self-concept repair

This checklist was used in the initial stage of the study to examine the eligibility of studies and retrieved texts for inclusion in the analysis. The criteria included in this checklist were publication and accessibility in reputable scientific databases, adherence to scientific research standards, coverage of the self-repair needs of women with symptoms of borderline personality disorder, valid and adequate citations, and retrievability and accessibility.

Deductive Thematic Analysis Results Recording Form

This form was used to extract organizing themes, basic themes, and descriptive instances for each theme based on the thematic network analysis approach, followed by conventional thematic analysis to determine the self-repair needs of women with symptoms of borderline personality disorder. This form was used at the time of extracting results from scientific texts, and its content validity was in full alignment with the thematic network analysis approach.

Data collection was carried out by searching the PubMed, Frontiers, Google Scholar, Scopus, Scientific Information Database of Jahad-e Daneshgahi at the University of Tehran, MagIran, ISC, the Comprehensive Humanities Portal, and NoorMags databases, focusing on the self-repair needs of women with symptoms of borderline personality disorder. In the first stage, sources that met the inclusion criteria were selected. At this stage, 120 sources, including books, scientific articles, and research dissertations, were identified. In the next stage, through careful content review, sources that comprehensively covered the self-repair needs of women with symptoms of borderline personality disorder and at the same time possessed scientific rigor and valid, adequate citations were identified and selected. At this stage, 21 final sources were chosen for thematic analysis. Finally, based on the thematic network analysis approach (Attride-Stirling, 2001), followed by conventional thematic analysis, organizing themes, basic themes, and descriptive instances for the basic themes were extracted. In this stage, five independent reviewers carefully examined the entire process of data extraction. In data analysis, the four-step process of deductive thematic network analysis (Attride-Stirling, 2001), followed by conventional thematic analysis of the scientific texts, was conducted, and to determine the content validity of the thematic analysis, the Content Validity Ratio (CVR) and the Content Validity Index (CVI) were used.

3. Findings and Results

The thematic network of self-repair in women with symptoms of borderline personality disorder, along with the basic and subthemes under each organizing theme, is presented in Figure 1 and Table 2. Due to the large number of subtheme examples, these instances are not included in Table 2.

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Figure 1

Thematic Network of Self-Repair in Women with Symptoms of Borderline Personality Disorder

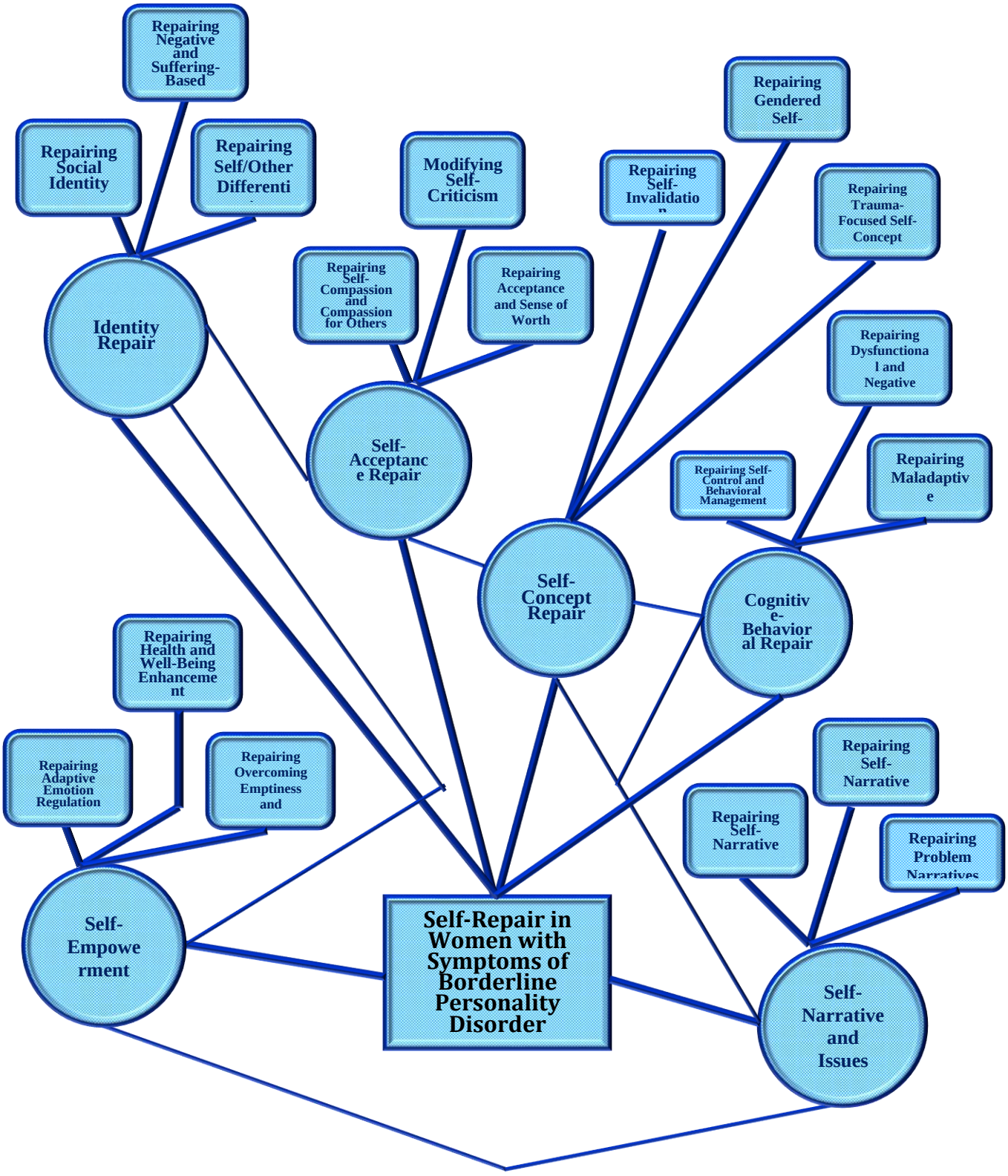

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Table 2

Results of Deductive Thematic Analysis on Self-Repair for Women with Symptoms of Borderline Personality Disorder

Organizing Theme	First-Order Basic Theme	Second-Order Basic Theme
Identity Repair	Repairing Self/Other Differentiation	Emotional contagion; difficulty understanding others' perspectives
	Repairing Social Identity	Instability in social relationships; instability in social emotions; disturbance in social identity; rejection-based identity
	Repairing Negative and Suffering-Based Identity; Shame-Based Identity	Victim-based identity; shame-based identity; suffering-based identity
Self-Acceptance Repair	Modifying Self-Criticism	Self-criticism; harsh attitudes toward the self
	Repairing Self-Compassion and Compassion for Others	Kindness toward the self; kindness toward others
	Repairing Acceptance and Sense of Worth	Acceptance of a range of issues; need for self-worth; need for a valued life
Self-Concept Repair	Repairing Self-Invalidation	Disturbed self-experience; feelings of deficiency and inadequacy; self-doubt
	Repairing Gendered Self-Concept	Self-concept based on harmful childhood and adolescence experiences; mistrust; sense of insecurity
	Repairing Trauma-Focused Self-Concept	Weakness-based self-concept; damaged self-image; lack of coherent self-concept
Cognitive-Behavioral Repair	Repairing Maladaptive Cognitions and Thoughts	Feelings of defectiveness and shame; dependency and helplessness; stigma-based thinking
	Repairing Self-Control and Behavioral Management	Impulsive behaviors; poor self-management; aggression and anger
	Repairing Dysfunctional and Negative Beliefs	Negative self-attributions; maladaptive cognitions; cognitive disturbance
Self-Narrative and Issues	Repairing Self-Narrative	Need to change one's personal story; need for reconstructing a new self-narrative
	Repairing Problem Narratives	Need to narrate problems as issues; reconstructing problems
	Repairing Narrative Identity	Reconstructing self-identity; positive identity narratives
Self-Empowerment	Repairing Health and Well-Being Enhancement	Damage to health; damage to well-being
	Repairing Overcoming Emptiness and Abandonment	Feelings of meaninglessness; emptiness; confusion; abandonment; helplessness
	Repairing Adaptive Emotion Regulation	Changing emotion regulation strategies; incongruent emotions; emotional fluctuations

As shown in Table 2, the organizing themes consist of six major thematic categories, each containing its own basic and subthemes.

The first organizing theme, identity repair, includes repairing self/other differentiation (emotional contagion; difficulty understanding others' perspectives), repairing social identity (instability in social relationships; instability in social emotions; disturbance in social identity; rejection-based identity), and repairing negative, suffering-based, and shame-based identities (victim-based identity; shame-based identity; suffering-based identity).

The second organizing theme, self-acceptance repair, includes modifying self-criticism (self-criticism; harsh attitudes toward the self), repairing self-compassion toward oneself and others (kindness toward the self; kindness toward others), and repairing acceptance and worthiness (acceptance of a range of problems; need for self-worth; need for a valued life).

The third organizing theme, self-concept repair, includes repairing self-invalidation (disturbed self-experience; feelings of deficiency and inadequacy; self-doubt), repairing gendered self-concept (self-concept grounded in harmful childhood and adolescence experiences; mistrust; sense of insecurity), and repairing trauma-focused self-concept (weakness-based self-concept; damaged self-image; lack of coherent self-concept).

The fourth organizing theme, cognitive and behavioral repair, includes repairing maladaptive cognitions and thoughts (feelings of defectiveness and shame; dependency and helplessness; stigma-based thinking), repairing self-control and behavioral management (impulsive behavior; poor self-management; aggression and anger), and repairing dysfunctional and negative beliefs (negative self-attributions; maladaptive cognitions; cognitive disturbance).

The fifth organizing theme, self-narrative and issue re-narration, includes repairing self-narrative (need to change one's personal story; need for reconstructing a new self-narrative), repairing problem narratives (need to narrate problems as issues; reconstructing problems), and repairing narrative identity (reconstructing one's identity; positive identity narratives).

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The sixth organizing theme, self-empowerment, includes repairing health and well-being enhancement (damage to health; damage to well-being), repairing the ability to overcome feelings of emptiness and abandonment (feelings of meaninglessness; emptiness; confusion; abandonment; helplessness), and repairing adaptive emotion regulation (changing emotion regulation strategies; incongruent emotions; emotional fluctuations).

The results of the thematic analysis conducted by five independent coders were compared with the scientific texts. The Content Validity Ratio (CVR) and the Content Validity Index (CVI), after implementing revisions to the thematic analysis across the five independent coders, were both calculated as 0.999.

4. Discussion

The findings of this study revealed a six-domain integrated model of self-repair in women with symptoms of borderline personality disorder (BPD), including identity repair, self-acceptance repair, self-concept repair, cognitive-behavioral repair, narrative repair, and self-empowerment. These domains reflect a multidimensional process through which individuals with BPD work to reconstruct a coherent self, regulate emotions, restructure maladaptive cognitions, and foster psychological resilience. The model aligns with contemporary clinical and theoretical literature emphasizing that disturbances in self-structure and identity lie at the core of BPD pathology (Faggioli et al., 2024; Koivisto et al., 2022; Spytska, 2024). The present study contributes to this expanding discourse by offering a comprehensive thematic synthesis that integrates emotional, cognitive, behavioral, existential, and narrative components of self-repair.

The first major finding—identity repair—corresponds strongly with research demonstrating that identity fragmentation, emotional contagion, and difficulties in self–other differentiation are central deficits in BPD (Dammann et al., 2011; Faggioli et al., 2024). Prior studies have shown that individuals with BPD struggle with unstable self-representations, rapid shifts in self-definition, and contradictory self-states that impair their interpersonal functioning (Vater et al., 2015). The present themes of disrupted social identity and rejection-based identity further align with evidence indicating that women with BPD experience heightened sensitivity to social threat, structural violence, and gender-based stigma (De-la-Morena-Perez et al., 2023; Valero et al., 2025). These sociocultural pressures amplify the instability of self-boundaries and contribute to a sense of identity rooted in shame and victimization. Thus, the finding that identity repair is a primary domain of self-repair is consistent with the long-standing argument that stabilization of identity is a prerequisite for therapeutic progress (Ducasse et al., 2023).

The second domain, repairing self-acceptance, reflects the role of self-criticism, harsh self-evaluations, and profound deficits in self-compassion among women with BPD. Extensive evidence supports that self-criticism and hostile attitudes toward oneself fuel affective instability, self-harm behaviors, and maladaptive coping (Boylan, 2024; Stein et al., 2025). Consistent with this, the present study identified modification of self-criticism and cultivation of compassion toward oneself and others as central components of self-repair. This finding resonates with studies demonstrating that compassion-focused and contextual-behavioral therapies improve emotion regulation and reduce symptom severity by strengthening kindness and acceptance toward oneself (Casellas Pujol et al., 2024). Moreover, the thematic emphasis on self-worth and the pursuit of a valued life reflects evidence that low perceived self-value is a driving mechanism behind interpersonal dependency, fears of abandonment, and chronic emptiness (Sripunya et al., 2024). Taken together, the results suggest that self-acceptance constitutes a core therapeutic target, mediating improvements in emotional stability and interpersonal functioning.

Repairing self-concept emerged as a third major domain and aligns closely with research showing that individuals with BPD frequently experience self-invalidation, feelings of deficiency, and incoherent internal self-representations (Koivisto et al., 2022). Studies of gendered self-concept highlight that traumatic childhood experiences, disrupted attachment histories, and sociocultural expectations strongly shape how women with BPD perceive themselves (De-la-Morena-Perez et al., 2023; Hallquist et al., 2015). The present themes—trauma-focused self-concept, gendered insecurity, and negative self-imagery—mirror findings that deficits in self-coherence are exacerbated by internalized stigma and maladaptive schemas related to worthlessness and inadequacy (Schulze et al., 2024). This reinforces the importance of therapeutic interventions that target cognitive schemas, self-integration, and reconsolidation of self-related memories.

The fourth domain—cognitive and behavioral repair—was strongly supported by previous empirical findings. Themes such as shame, dependency, helplessness, impulsivity, and aggression reflect hallmark cognitive-

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behavioral patterns in BPD, supported by decades of clinical research (Chu et al., 2016; Stepp et al., 2016). Studies have repeatedly shown that maladaptive cognitions serve as precursors to emotional dysregulation and self-destructive behaviors. For instance, distorted attributions and dysfunctional beliefs are strongly associated with self-esteem fluctuations, loneliness, and maladaptive behaviors (Schulze et al., 2024). The present findings echo this evidence, emphasizing how cognitive disturbance interacts with behavioral impulsivity to perpetuate the cycle of instability. Moreover, research indicates that maladaptive defense mechanisms further complicate treatment engagement and moderate treatment outcomes (Euler et al., 2024). These results collectively reinforce the necessity of integrating cognitive restructuring, behavioral management, and emotion regulation training into self-repair frameworks.

The fifth domain—narrative repair—highlights the significance of personal storytelling, meaning-making, and re-authoring one's identity in the recovery process. The themes of re-narrating life events, redefining personal meaning, and constructing a coherent identity narrative mirror the growing recognition that narrative identity plays a central role in psychological well-being (Pol et al., 2024). Previous studies show that individuals with BPD often internalize fragmented, negative, or contradictory narratives that reinforce cycles of shame and relational instability (Ducasse et al., 2023). Narrative interventions have demonstrated promising outcomes by helping individuals integrate traumatic experiences, establish clarity in personal values, and reconstruct more adaptive stories about themselves (Casellas Pujol et al., 2024). The alignment between the present findings and existing evidence underscores the therapeutic relevance of narrative processes as a mechanism of self-repair.

The sixth domain, self-empowerment, reflects themes of enhancing well-being, overcoming emptiness, and strengthening adaptive emotion regulation. Feelings of emptiness have been identified as a central diagnostic marker of BPD and a significant predictor of self-harm and suicidality (Sripunya et al., 2024). The present findings, which emphasize the need to regulate emptiness, abandonment fears, and existential confusion, echo earlier research showing that these experiences arise from a convergence of identity diffusion, affective instability, and interpersonal sensitivity (Spytska, 2024). Additionally, empowerment-based models highlight that fostering resilience, agency, and self-determination can improve functioning and reduce reliance on maladaptive coping (Ntshingila et al., 2016). The present thematic emphasis on strengthening adaptive emotional regulation is also consistent with findings that mindfulness, distress tolerance, and cognitive flexibility interventions produce meaningful improvements in BPD symptoms (Schmidt et al., 2024). Together, these findings demonstrate how empowerment processes serve as a foundational dimension of self-repair.

A unique contribution of this study is the integration of digital and sociocultural factors within the conceptualization of self-repair. Research on e-mental health indicates expanding opportunities for supplemental treatment of personality disorders, but also raises important concerns regarding digital interventions for individuals with severe identity disturbances (Xie et al., 2022). Similarly, structural violence, patriarchal norms, and systemic biases shape women's experiences with diagnosis and treatment, reinforcing the need for gender-sensitive therapeutic models (Valero et al., 2025). The present model indirectly reflects these influences through themes of stigma, shame, and social identity disruption. Moreover, recent findings that maladaptive narcissistic traits may coexist with BPD in women (Wülfing et al., 2025) suggest the necessity of differentiating between self-protective and self-destructive identity strategies within therapeutic frameworks.

Another important implication relates to the connection between self-efficacy, social adjustment, and BPD features. Studies show that poor social support, reduced self-efficacy, and impaired school or role functioning mediate the severity of BPD symptoms (Yu et al., 2025). The present themes of empowerment, social identity repair, and narrative reconstruction appear to align with this evidence, highlighting opportunities for interventions that strengthen social support and enhance adaptive functioning.

5. Conclusion

Overall, the integration of identity, cognition, emotion regulation, narrative coherence, and empowerment provides a comprehensive understanding of self-repair processes in women with BPD. These findings not only align with existing research but offer a synthesis that can inform future interventions and theoretical development in the field.

6. Limitations and Suggestions

This study relied exclusively on published scientific literature as its dataset, which means the thematic structure reflects existing knowledge rather than newly collected patient narratives. Although deductive thematic analysis

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provides systematic integration of prior research, it may not capture emerging experiential variations in diverse cultural or clinical populations. The sample was restricted to literature published between 2011 and 2025, and publications outside these years or in languages other than English may contain relevant insights that were not included. Additionally, while extensive validation procedures were conducted, the interpretation of themes remains dependent on the analytic perspectives of the researchers. Because the study focused exclusively on women, its findings cannot be generalized to men or nonbinary individuals with BPD despite shared core symptoms.

Future studies should incorporate direct qualitative data from women with BPD to triangulate the thematic structure identified in this review and expand the theoretical understanding of self-repair. Cross-cultural studies could further illuminate how sociocultural norms, gender expectations, and structural inequalities shape identity repair and emotional recovery. Longitudinal research examining changes in self-repair abilities across treatment trajectories would help clarify causal relationships and identify which domains of self-repair respond most readily to intervention. Finally, future work should test and validate therapeutic models explicitly derived from this thematic framework, including narrative-based, compassion-focused, and empowerment-centered interventions.

Clinicians should view self-repair as a multidimensional process that integrates identity stabilization, self-compassion, cognitive restructuring, narrative reconstruction, and emotional empowerment. Interventions should be gender-sensitive and context-aware, recognizing the sociocultural pressures experienced by women with BPD. Treatment planning can be enhanced by systematically addressing each major self-repair domain and tailoring therapeutic tools to the unique needs of each individual. Integrating traditional therapeutic approaches with digital supports, peer-led programs, and narrative-based practices may further strengthen outcomes.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

M. Y., M. G., and Z. Y. collaboratively contributed to the conception and design of the study. M. Y. led the qualitative framework development, supervised the deductive thematic network analysis, and coordinated the extraction of self-repair components. M. G. performed the data analysis procedures, including thematic coding based on Attride-Stirling's model and the calculation of CVI and CVR indices. Z. Y. conducted the comprehensive literature review, organized the scientific sources, and drafted the initial manuscript. All authors contributed to the interpretation of results, critically revised the manuscript for intellectual content, and approved the final version for publication.

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