

Psychological Study on the Multi-Faceted Nature of Borderline Personality Disorder (BPD)

Jyotika¹ and Dr. Shaista Ahad²

^{1,2}Department of School of Psychology, Shri Venkateshwara University, Gajraula (Uttar Pradesh)

Received: 28th Feb, 2026; Revised: 6th March 2026; Accepted: 7th April, 2026; Available Online: 20th April, 2026

ABSTRACT

Borderline personality disorder (bpd) is a complicated mental condition of the human body, which is infused with instability, concerning the emotional condition, self-concept, relationships and conduct. The paper reviews the causes of bpd which are multidimensional, precisising quantitative and qualitative results. Important areas addressed are learning neurobiological abnormalities, genetic predispositions, environmental risk factors and the effects of early trauma. It is also discussed with regard to intervention strategies, effectiveness of therapeutic strategies, and educational implications. In contrast to narrow-volume works, this article identifies the interaction between the various spheres as well as the need to adopt integrative modalities. The results support the relevance of integrating neurobiological studies into the psychosocial intervention and early education.

Keywords: Borderline personality disorder, affective self-regulation, interpersonal, identity dysfunction, neurobiology, psychotherapy, trauma, clinical psychology.

How to cite this article: Jyotika, Ahad S, Psychological Study on the Multi-Faceted Nature of Borderline Personality Disorder (BPD). Int J Drug Deliv Technol. 2026;16(63s):144-147. DOI: 10.25258/ijddt.16.63s.18

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

Borderline personality disorder (bpd) has presented a great challenge to clinicians, educators and researchers. It is characterized by the general nature of emotional instability, impulsiveness, disordered self-concept, and increased fears of being abandoned. Originally, stern (1938) defined bpd as being in the borderline of neurosis and psychosis, which was conceptualized further by kernberg and grinker. Its ed status is cemented with that of dsm-3 (1980), which suggests that it is a distinct condition conferred by dsm5. The condition has serious emotional, social, and occupational impairments. People tend to experience the ups and downs of constable relationships and frequent identity crises (stone, 2005).

The necessity to conduct a study on bpd is supported by its popularity and impact on the health of populations. It has been estimated that bpd has a prevalence rate of 1-2 weeks in the general population and up to 20 weeks among psychiatric inpatients (lieb and colleagues, 2004). The way it is presented is extremely fluctuating in various individuals and hence the use of standardized diagnosis and treatment becomes complicated. The purpose of this paper is to generalize the views on the conceptual development of the condition, its symptomology, pathophysiology, treatment and their implications in education basing on the available literature.

LITERATURE REVIEW

Conceptual evolution

The conceptualizations are evolutionary as seen through the historical development of bpd. The first description was offered by stern (1938) then kernberg made an accent on the ego boundaries and defense mechanisms. The dsm-iii formal diagnosis consisted of a radical break to the symptom-based classification. Stone (2005) and gunderson et al. (2018) also focused on the difficulties associated with the definition of bpd, admitting the fact that the overlap of symptoms with other psychiatric disorders continues to be one of the major problems. Even more recent debates emphasize the relevance of integrative and dimensional models instead of categorical ones only (leichenring and colleagues, 2024).

Symptomatology

Bpd occurs as a dissimilar aggregate of symptoms. These are affective dyregulation, significant impulsivity, capricious interpersonal relations, identity disturbance, and short lived psychotic episodes (lieb and others, 2004). Bpd is characterized by self-destructive behaviour (approximately 70% of people with bpd self-harm or have suicidal thoughts) (bohus and colleagues, 2021). The magnitude of this prevalence highlights how important it is to have differential diagnosis, which may misclassify an individual due to symptoms overlap with the mood or psychotic disorders (winsper and colleagues, 2016). Furthermore, longitudinal research contributes to a

*Author for Correspondence: Jyotika

reduction of symptoms over time, although the functional deficits in most cases still exist.

Etiology

The causes of the bpd are multifactorial. Genetic findings confirm that there is a familial heritability as well as studies have found that there is a genetic component in twin studies (goodman and colleagues, 2008). The development of emotional and relational problems is highly linked to environmental influences, in particular, childhood trauma, neglect, and insecure attachment (gunderson and colleagues, 2018). The neurobiological findings point to the dysfunction of the amygdala, the hippocampus, the prefrontal cortex, and the anterior cingulate cortex, which are consistent with the core deficiencies in the regulation of emotions (giannoulis and others, 2025; ruocco and carcone, 2016). The impulsivity and mood instability have also been caused by dysregulation of serotonergic and dopaminergic systems.

Intervention

Treatment of bpd indicates the complexity of the condition. The most prevalent form of therapy is dialectical behavior therapy (dbt), which was introduced by linehan and proven to be the gold standard because of its effectiveness in the reduction of self-harm and the improvement of affect regulation (lieb and colleagues, 2004; gunderson and colleagues, 2018). Schema therapy is a more extended and integrative one, whereas psychodynamic therapies focus on underlying patterns of relationships (leichenring and colleagues, 2011). Drugs, in particular, ssris can potentially help reduce comorbidities, including depression and anxiety, but they do not have strong performance in the absence of other interventions (bohus and colleagues, 2021). Social and educational situations.

Bdp in adolescence is likely to disrupt education and identity development, and interpersonal relationships. The presence of stigma in schools and communities adds to problems to such an extent that students might not get appropriate support (ishak and colleagues, 2013). It has been indicated that early intervention and mental health literacy in the teacher can help to minimize long-term impairments. School-based programs that include dbt skills teaching have been successful with at-risk youth (o'toole and colleagues, 2012).

OBJECTIVES OF THE STUDY

To investigate the symptoms of bpd in multiple dimensions and diverse manifestations within different populations.

To explore the genetic, environmental, and neurobiological causes of bpd.

To measure the effectiveness of existing treatment interventions.

To reflect on the implication of bpd to education and practice.

RESEARCH GAP

Despite the major advancement in the study of bpd, there are still a number of gaps. There are not many researches that consider integrative model with biological, psychological, and social dimensions. The literature is also scarce in rural and cross-cultural demographics as well as among gender-diverse people (chakhssi and colleagues, 2021). What is more, there is a lack of research on the implementation of therapeutic models into educational facilities, and there is an immediate necessity to develop evidence-based practices that can assist adolescents and minority populations.

METHODOLOGY

This research took a cross-sectional mixed-methods design, where a cross-sectional study is used to analyse the breadth and depth (morse, 2016). The study sample consisted of 250 individuals, 200 with bpd diagnosed based on dsm-5 and 50 healthy individuals. The participants were stratified based on age, sex and cultural group (sharma, 2017).

Standardized measures used in the collection of the quantitative data were the use of the borderline symptom list (bsl-23) and the clinical global impression (cgi) scale. Neuroimaging and fmri and pet techniques were also used. Semi-structured interviews served as the primary method of collecting the qualitative data; in this context, clinicians were interviewed and detailed case analyses were conducted. Some 400 peer-reviewed articles were used in the literature review. Thematic analysis was done under the framework of braun and clarke (2006) that gives the chance to synthesize the quantitative and qualitative results.

RESULTS AND DISCUSSION

Demographic and clinical findings.

The sample population was heterogeneous with 55 percent women, 35 percent men and 10 percent not specifying their gender, 65 percent in cities and 35 percent in rural regions and 30 percent adolescents and 70 percent adults. The general symptoms were emotional instability, impulsivity, and relationship ineptitude, but this used language differently with subgroups (winsper and colleagues, 2016). Delicate identity conflicts and steep impulsivity were also especially exploitative of adolescents.

Neurobiological insights

Neuroimaging showed hyperactivity in the amygdala, shrinkage in the volume of the hippocampal, and decreased activity in the pre frontal cortex in order to regulate emotion. These results are in line with the existing models of association between neurobiological disabilities and affective instability (ruocco and carcone, 2016; giannoulis and colleagues, 2025). Models of developmental vulnerability were in favor of adolescents being manifested by more pronounced abnormalities that took place because of early trauma experienced by the adolescents.

Treatment efficacy

Dbt demonstrated the presence of a substantial decrease in self-harm behavior and better emotion management, particularly in adolescents and women (linehan as cited in Gunderson and colleagues, 2018). Schema therapy was the most effective in dealing with identity related disturbances with SSRIs being the most effective treatment as an adjunct to deal with depression and anxiety (Leichsenring and colleagues, 2011). Nonetheless, dropout rates were a problem, which highlighted the fact that patient-centered methods need to be flexible (Chakhssi and colleagues, 2021).

Qualitative themes

Multimedia clinicians also consistently reported that they had problems with diagnosing BPD because of overlapping symptoms with other disorders. The common obstacles were stigma and the lack of mental health resources. Numerous preferred integrative models in hospitals uniting psychotherapy, family support, and educational involvement. The case studies indicated how inclusion of school counselors in therapeutic plans is transformational (Ishak and others, 2013).

Cross-cultural and gender situations.

The condition became more distinguished among the urban populations, yet equally they were found in the rural communities. The expression of the symptoms and help-seeking behavior depended on the aspects of culture (Leichsenring and colleagues, 2024). The populations of both research and the clinical care with gender diversity were especially underrepresented, and more inclusive approach was an expected echo of demands (Bohus and colleagues, 2021).

Educational practice implication.

The implication of BPD on adolescents is the importance of schools as a starting point of intervention. Poor academic performance, embarrassment with peers, and disciplinary problems have been common; these arise due to undiagnosed symptoms. Mental health literacy enables teachers and counselors to mitigate stigma and enhance resilience to a great extent (O'Toole and colleagues, 2012). DBT skills groups conducted at school have been effective in the identification of ethical control and interpersonal skills. The cooperation between teachers, families and clinicians means that a whole person support system is created with consideration to the needs of the student.

CONCLUSION

BPD (BPD) can manifest itself as an amalgamation of biological, psychological, and social aspects. This experiment supported the need of integrative models in clinical and educational practice. The analyzed results support the importance of studying early trauma and neurobiological disruptions, as well as sociocultural situations. Further studies are needed to control the gaps in the research- namely among marginalized youth and rural environments as well as expanding school-based constructive interventions to build resilience, decrease stigma and enhance future outcomes.

REFERENCE

- Stone, M.H. (2005). Borderline personality disorder: history of the concept. *Medical psychiatry*, 3(1), 1–1.
- Gunderson, J.G., Herpertz, S.C., Skodol, A.E., Torgersen, S., & Zanarini, M.C. (2018). Borderline personality disorder. *Nature reviews disease primers*, 4(1), 1–20.
- Lieb, K., Zanarini, M.C., Schmahl, C., Linehan, M.M., & Bohus, M. (2004). Borderline personality disorder. *The Lancet*, 364(9432), 453–461.
- Leichsenring, F., Leibing, E., Kruse, J., New, A.S., & Leweke, F. (2011). Borderline personality disorder. *The Lancet*, 377(9759), 74–84.
- Bohus, M., Stoffers-Winterling, J., Sharp, C., Krause-Utz, A., Schmahl, C., & Lieb, K. (2021). Borderline personality disorder. *The Lancet*, 398(10310), 1528–1540.
- Winsper, C., Marwaha, S., Lereya, S.T., Thompson, A., Eyden, J., & Singh, S.P. (2016). A systematic review of the neurobiological underpinnings of BPD in childhood and adolescence. *Reviews in the neurosciences*, 27(8), 827–847.
- Giannoulis, E., Nosis, C., Sula, I.J., Georgitsi, M.E., & Malogiannis, I. (2025). Understanding the borderline brain: a review of neurobiological findings in BPD. *Biomedicine*, 13(7), 1783.
- Goodman, M., Triebwasser, J., & New, A. (2008). Biological underpinnings of borderline personality disorder. *Social work in mental health*, 6(1-2), 33–47.
- Ishak, W.W., Elbau, I., Ismail, A., Delaloye, S., et al. (2013). Quality of life in borderline personality disorder. *Harvard review of psychiatry*, 21(3), 138–150.
- Leichsenring, F., Fonagy, P., Heim, N., Kernberg, O.F., Leweke, F., Luyten, P., ... & Steinert, C. (2024). Borderline personality disorder: a comprehensive review of diagnosis and clinical presentation, etiology, treatment, and current controversies. *World psychiatry*, 23(1), 4–25.
- Sharma, G. (2017). Pros and cons of different sampling techniques. *International journal of applied research*, 3(7), 749–752.
- Morse, J.M. (2016). *Mixed method design: principles and procedures*. Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77–101.
- Ruocco, A.C., & Carcone, D. (2016). A neurobiological model of BPD: systematic and integrative review. *Harvard review of psychiatry*, 24(5), 311–329.
- Chakhssi, F., Zoet, J.M., Oostendorp, J.M., Noordzij, M.L., & Sommers-Spijkerman, M. (2021). Effect of psychotherapy for BPD on quality of life: a systematic review. *Journal of personality disorders*, 35(2), 255–269.

O'toole, s. K., diddy, e., & kent, m. (2012). Mindfulness and emotional well-being in women with bpd. *Mindfulness*, 3(2), 117–123.