

Review of *Theories of Borderline Personality Disorder* (Springer Nature, 2024)

Rashya Kasaeiyan,¹ Samer El Hayek²

¹Faculty of Education and Psychology, Shiraz University, Iran; ²Medical Department, Erada Center for Treatment and Rehabilitation in Dubai, United Arab Emirates

Borderline personality disorder (BPD) is a complex mental health condition that poses significant challenges for clinicians, researchers, and those affected by it. Characterized by symptoms such as emotional instability, chaotic relationships, impulsivity, and fear of abandonment, BPD affects individuals profoundly in their daily lives and interactions. Clinicians face difficulties managing BPD due to unpredictable mood shifts and maintaining therapeutic relationships. The disorder not only impacts the person diagnosed but also affects their family, friends, and society at large and is often associated with high risks of substance use overdose and suicidal behavior. Despite extensive research, BPD remains stigmatized and

misunderstood, necessitating a clear understanding of its causal factors. Theories about BPD have evolved over time, beginning with psychoanalytic views on early childhood developmental failures and contemporary cognitive-behavioral approaches focused on dysfunctional thought patterns and emotional regulation issues. A multifaceted approach integrating various theories is essential to comprehensively address BPD's complexity. *Theories of Borderline Personality Disorder* by Salavati and Selby is a book that delves into modern cognitive and behavioral perspectives that have molded the current understanding of BPD.¹

Initially, psychodynamic theories dominated the understanding and treatment of BPD, emphasizing significant childhood experiences. However, over the past 30-40 years, research has shifted towards exploring cognitive-behavioral aspects. These modern theories focus on thought and behavior patterns that sustain BPD. While acknowledging the influence of past experiences is crucial, it is more important to understand how these factors have shaped current cognitive and social interaction patterns, self-perception, and identity to recognize BPD today.

Theories of Borderline Personality Disorder aims to thoroughly explore the theoretical processes underpinning BPD across multiple dimensions, including neurobiological, developmental, behavioral, cognitive, and self-actualization aspects.¹ While it does not feature in-depth neurophysiological examinations, it incorporates recent research advances. The authors propose that biological vulnerabilities in BPD's development are exacerbated by psychosocial and environmental factors. By focusing on an integrative approach, the book aims to aid individuals, clinicians, students, advocates, and educators in understanding BPD more comprehensively to improve the lives of those affected by the disorder.

This book presents a comprehensive look at BPD by integrating various cognitive-behavioral theories and exploring their historical and current applications.¹ It aims to give readers a nuanced understanding of BPD, beginning with foundational issues in its diagnosis.

Chapter 1 introduces BPD and its historical background in modern diagnostics, while Chapter 2 delves into the diverse presentations and alternative diagnostic approaches, such as the Diagnostic and Statistical Manual of Mental Illnesses-5 model and the Hierarchical Taxonomy of Psychopathology. The text seeks to illuminate both the potential and the challenges of current BPD diagnostic frameworks.

In Chapter 3, the authors examine the developmental processes linked to parenting styles and their connections to BPD diagnosis. They highlight how specific parenting behaviors, such as emotional invalidation, inconsistency in rewards or punishments, and emotional neglect, contribute to the development of BPD. While overt cases of abuse or domestic violence clearly impact BPD develop-

Correspondence: Rashya Kasaeiyan, Faculty of Education and Psychology, Shiraz University, Shiraz, Iran.
E-mail: rashyakasaeian@gmail.com

Key words: borderline personality disorder, personality, personality disorder.

Contributions: RK, writing-original draft preparation; SHE, writing-review and editing. Both authors have read and agreed to the final version of the manuscript for publication.

Conflict of interest: the authors declare no potential conflict of interest.

Ethics approval and consent to participate: not applicable.

Informed consent: not applicable.

Availability of data and materials: not applicable.

Funding: none.

Received: 28 March 2025.

Accepted: 31 March 2025.

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Mental Wellness 2025; 3:21

doi:10.4081/mw.2025.21

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ment, more subtle influences also exist. Emotional invalidation occurs when a child's emotions are dismissed or ignored, leading them to feel their emotions are unimportant. Inconsistent parenting creates confusion as caregivers' responses vary unpredictably across similar situations. These problematic parenting methods can contribute to emotional instability, fear of abandonment, and identity issues characteristic of BPD. Chapter 4 extends this discussion by exploring how adverse childhood experiences and maltreatment may instigate maladaptive developmental processes that set the stage for BPD's emergence.

Chapters 5 to 9 of the book delve into advances in understanding emotion regulation and dysregulation in BPD. A key focus of contemporary BPD research is emotion regulation, the ability to manage emotional experiences effectively and improve or endure emotions. Conversely, emotion dysregulation involves factors that exacerbate emotional distress and loss of control. Chapter 5 provides a general overview of these concepts as applied to BPD, with later chapters expanding on emotion regulation theories specifically related to BPD.

Dialectical behavior therapy (DBT), developed by Marsha Linehan in 1993,² has emerged as one of the most successful treatments for BPD. However, DBT is not only effective in treating BPD; it also encompasses a comprehensive theory explaining the disorder. This theory is detailed across two chapters: Chapter 6 provides an overview of DBT theory, while Chapter 7 offers a developmental perspective. Central to the DBT theory is the idea that individuals with BPD have a biological predisposition towards emotional dysregulation. They are biologically more sensitive to emotional stimuli, experience emotions more intensely, and take longer to return to equilibrium after emotional episodes. In addition to this biological vulnerability, Linehan highlights the impact of an invalidating environment – where individuals' emotional experiences are consistently dismissed or punished – leading individuals to perceive their emotions as wrong or unacceptable. Such environments complicate their ability to trust and manage their emotions effectively. Linehan's theory suggests that the combination of biological vulnerability and an invalidating environment contributes to the development of BPD. DBT combines cognitive-behavioral techniques with mindfulness to address emotional dysregulation and impulsivity in BPD. It provides patients with skills to manage distress, improve relationships, and reduce self-destructive behaviors. DBT often results in symptom reduction, emotional stability, improved coping mechanisms, and enhanced quality of life. While the book does not fully explore the scientific support for DBT's efficacy, it includes two chapters on its underlying theory.

In Chapter 8, the emotional cascade theory of BPD, introduced by Selby and Joiner in 2009,³ seeks to explain the intense emotional experiences and behavioral dysregulation observed in BPD. This psychological model suggests that individuals with BPD experience "emotional cascades," where negative emotions such as anger, sadness, or anxiety lead to a cycle of rumination and increased emotional distress. When faced with negative events, those with BPD tend to ruminate – intensely focusing on their distressing feelings and their causes or consequences. This cycle amplifies the intensity of the emotions, culminating in overwhelming distress that may drive impulsive or self-destructive behaviors as a means of distraction or coping. Therapeutic interventions like mindfulness-based therapies and cognitive-behavioral strategies aim to interrupt this cycle by reducing rumination and fostering adaptive emotional regulation techniques. By breaking the emotional escalation cycle, these treatments can lessen emotional distress and decrease impulsive behaviors. Emotional cascade theory also contributes to understanding BPD as an "emergent" complex phenomenon within dynamic systems theory.

Chapter 9 explores cognitive aspects of BPD, highlighting schemas through schema theory by Young *et al.* from 1996.⁴ This theory is instrumental in comprehending how deep-seated, unhealthy thought, emotion, and behavior patterns develop and persist in individuals with BPD. According to schema theory, harmful thinking patterns often originate in childhood due to unmet emotional needs like safety, affection, and approval. Over time, these schemas become ingrained and are linked to various mental states or "modes" that those with BPD frequently exhibit. Common modes include the "vulnerable child," marked by fear and helplessness; the "angry child," characterized by anger; and the "detached protector," where emotional withdrawal occurs. Schema therapy aims to help individuals with BPD identify these destructive patterns, understand their roots, and develop healthier ways of thinking and behaving. By addressing these issues at their core, the therapy seeks to reduce emotional volatility and enhance social interactions, leading to a more stable life.

In Chapter 10, the authors discuss dissociation in BPD. While not directly a form of emotion dysregulation, dissociation often occurs during periods of high emotional stress, acting as a coping mechanism. It involves temporary disconnection from reality, where individuals may feel detached from their thoughts, emotions, or environment, often experiencing numbness or observing themselves from the outside. Although it can temporarily relieve overwhelming emotions, dissociation may also increase confusion and instability, contributing to the identity disturbance and chaos prevalent in BPD.

Chapter 11 discusses acceptance and commitment therapy (ACT) as a treatment approach for BPD. This therapy views various mental health conditions, including BPD, as arising from non-acceptance of one's experiences and engaging in actions misaligned with personal values. ACT encourages individuals to accept their thoughts and emotions without judgment or suppression, even when these feelings are difficult to handle. By fostering acceptance, ACT helps individuals break the cycle of avoiding emotions and impulsive behaviors that exacerbate their condition. It emphasizes aligning actions with personal values rather than seeking immediate relief from discomfort. This approach allows individuals to reduce emotional reactivity and gain better control over their actions. Furthermore, the commitment aspect of ACT aids those with BPD in focusing on long-term goals and values, steering them toward more constructive choices and behaviors.

In the final chapters of the book, Chapters 12 to 16, the authors delve into the theoretical foundations of comorbidity between BPD and other psychiatric diagnoses. BPD is notably comorbid with several conditions, and understanding these patterns can help clarify its core elements. Chapter 12 specifically addresses non-suicidal self-injury and suicidal behavior in BPD, which are prevalent and often lead to intense, negative reactions due to their provocative nature. These insights aim to enhance comprehension of BPD's complex diagnosis.

Chapter 13 delves into the relationship between BPD and post-traumatic stress disorders, highlighting the significant impact of early-life trauma on individuals with BPD. Many with BPD have histories of physical, sexual, or emotional abuse and neglect. The chapter emphasizes how trauma influences the development of BPD symptoms such as emotional dysregulation, unstable relationships, and a fragile self-concept. Traumatic experiences at critical developmental stages hinder the formation of healthy coping mechanisms, often leading to impulsive or self-destructive behaviors in an attempt to manage overwhelming emotions. These experiences contribute to distorted thinking patterns and a deep-seated fear of abandonment. Effective treatment for BPD must prioritize addressing trauma to help individuals heal and establish healthier coping strategies. By focusing on these traumatic roots, individuals with BPD can gradu-

ally overcome emotional and relational instabilities linked to their past experiences.

Chapter 14 examines the link between BPD and eating disorders, which often co-occur in clinical settings. Both conditions share traits like emotional dysregulation, impulsivity, and a distorted self-image. Eating disorders associated with BPD include anorexia nervosa, bulimia nervosa, and binge eating disorder. Individuals with BPD might engage in disordered eating to cope with intense emotions or emptiness. Impulsivity in BPD can lead to erratic eating behaviors and exacerbate both conditions when they coexist, resulting in more severe emotional and behavioral challenges than either disorder alone.

Chapter 15 explores the overlap between BPD and attention-deficit hyperactivity disorder (ADHD). Research indicates a significant number of individuals are diagnosed with both disorders, which share symptoms such as impulsivity, emotional dysregulation, and attention difficulties. Untreated ADHD may heighten the risk of developing BPD due to persistent impulsivity and instability. The text notes that co-occurring BPD and ADHD can exacerbate symptom severity and complicate treatment, emphasizing the need for integrated approaches to address both conditions comprehensively. Ongoing research seeks to clarify the biological vs. behavioral connections between these disorders.

Chapter 16 discusses various comorbidities linked to BPD, such as major depressive disorder, bipolar disorders, anxiety disorders, and substance use disorders. These overlaps illustrate the complexity of diagnosing BPD due to shared symptoms and vulnerabilities. For instance, bipolar disorder may share vulnerabilities with BPD, while substance use disorders might stem from difficulties in emotion regulation or impulsivity. This nuanced interaction among diagnoses complicates the theoretical understanding and formulation of BPD.

This book does not delve deeply into the specific implementation or techniques of psychosocial interventions for BPD. However, it examines how different theoretical approaches influence therapeutic interventions and their impact on individuals with BPD. The

authors believe that a deeper understanding of these theoretical frameworks can enhance the effectiveness and efficiency of treatments, ultimately alleviating suffering and promoting well-being for those affected by BPD.

This book is designed for mental health professionals, students, researchers, and individuals with personal connections to BPD. It aims to provide knowledge and insights to approach BPD with empathy and informed perspectives. By critically analyzing influential theories, the authors seek to enhance understanding of BPD, encourage thoughtful reflection on practical applications, and promote more compassionate and effective treatment methods. The ultimate goal is to improve the quality of life for individuals with BPD and the standard of care they receive.

The authors explore various theoretical frameworks that define BPD, analyzing their implications for clinical practice and how they may complement or contradict each other. They highlight the ongoing challenges in treating this complex disorder but aim to pave a constructive path forward. The goal is to provide hope, empathy, and understanding for individuals affected by BPD and those committed to helping them.

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