

Preliminary Development and Content Validation of Self- Repair Training for Women with Symptoms of Borderline Personality Disorder

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ABSTRACT

Self-repair training for women affected by borderline personality disorder has the potential to provide a foundation for the expansion of educational and therapeutic interventions for this population. The present study was conducted with the aim of developing and conducting a preliminary content validation of self-repair training for women with symptoms of borderline personality disorder. This study was qualitative in nature and employed a conventional content analysis approach. The research context included scientific resources (including books, articles, and research dissertations), and the sample consisted of sources related to the principles and techniques of self-repair training. A content analysis recording form was used to extract the techniques and principles of self-repair training. The textual data were analyzed based on the six stages introduced by Yusefi and Golparvar (2026) for developing a self-repair training package. To analyze the preliminary expert content validity, the inter-rater agreement coefficient, Content Validity Index (CVI), and Content Validity Ratio (CVR) were calculated. The findings resulted in the development of a self-repair training package consisting of 10 sessions lasting 80 to 100 minutes each, with an inter-rater agreement coefficient of 0.98, a Content Validity Index (CVI) of 1.00, and a Content Validity Ratio (CVR) of 0.99. Based on the findings of the present study regarding the self-repair training package for women with symptoms of borderline personality disorder, it is recommended that future studies evaluate the competitive effectiveness of this training package in comparison with other educational and therapeutic approaches on important variables among women with symptoms of borderline personality disorder.

Keywords: self-repair, training package, borderline personality disorder, women

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Introduction

Borderline personality disorder (BPD) is recognized as one of the most severe and complex personality disorders because of its pervasive instability in affect regulation, interpersonal relationships, self-image, identity integration, and behavioral control (1). Individuals with symptoms of borderline personality disorder frequently experience chronic emotional dysregulation, impulsive behaviors, unstable interpersonal attachment patterns, identity disturbance, self-destructive tendencies, and recurrent feelings of emptiness and abandonment (2, 3). The disorder is associated with substantial impairment in

psychological functioning, social adaptation, and quality of life, particularly among women, who represent a large proportion of clinical populations diagnosed with borderline personality disorder (4, 5). In recent decades, growing attention has been directed toward understanding the developmental, emotional, cognitive, and interpersonal mechanisms underlying borderline personality pathology in order to design more comprehensive and effective interventions (6, 7).

One of the most central characteristics of borderline personality disorder is instability and fragmentation of the self. Disturbances in self-concept, identity continuity, emotional coherence, and self-acceptance are frequently reported among individuals with symptoms of this disorder (8, 9). Research has shown that women with borderline personality disorder often experience chronic confusion regarding personal identity, unstable self-definition, negative self-evaluations, and fluctuating perceptions of self-worth (10, 11). These self-related difficulties not only intensify emotional suffering but also contribute to maladaptive coping strategies, interpersonal conflicts, impulsive reactions, and recurrent psychological crises (12, 13). Agnew et al. demonstrated that women with symptoms of borderline personality disorder frequently describe their self-experience as fragmented, unstable, and emotionally painful, emphasizing the importance of interventions focused on self-reconstruction and identity integration (8).

Emotional dysregulation constitutes another core feature of borderline personality disorder. Individuals with borderline symptoms often demonstrate intense emotional reactivity, heightened sensitivity to interpersonal stressors, difficulty modulating negative affect, and maladaptive responses to emotional experiences (14, 15). These individuals frequently experience rapid mood fluctuations, chronic anger, shame, guilt, fear of abandonment, and emotional emptiness (16, 17). Research has further indicated that difficulties in emotion regulation are associated with impulsivity, self-harming behaviors, dissociation, and impaired interpersonal functioning among individuals with borderline personality disorder (18, 19). The emotional instability experienced by these individuals often disrupts their capacity for adaptive self-reflection, self-compassion, and emotional resilience, thereby increasing vulnerability to recurrent psychological distress (20, 21).

Theoretical perspectives on borderline personality disorder emphasize the role of developmental trauma, disrupted attachment experiences, maladaptive schemas, and impaired mentalization in the formation of unstable self-structures (3, 22). According to mentalization-based theories, individuals with borderline pathology experience difficulty understanding and regulating internal emotional states and interpersonal experiences, resulting in instability in identity and emotional processing (3). Similarly, schema-oriented perspectives propose that maladaptive schemas related to abandonment, mistrust, emotional deprivation, shame, and defectiveness contribute significantly to the maintenance of borderline symptoms (23). Furthermore, psychodynamic conceptualizations suggest that immature defense mechanisms and unstable object relations interfere with coherent identity formation and emotional integration in individuals with borderline personality disorder (24, 25).

Several investigations have examined the cognitive and emotional characteristics associated with borderline personality disorder. Studies have shown impairments in theory of mind, emotional awareness, and social cognition among individuals with borderline symptoms (14, 26). Webb and McMurran reported that borderline traits are associated with alexithymia and emotional intelligence deficits, which further complicate emotional communication and self-understanding (27). Similarly, Peyvastegar identified a

significant relationship between interpersonal problems, alexithymia, and borderline symptoms among female students (28). Research has also demonstrated that individuals with borderline personality disorder frequently rely on maladaptive defense mechanisms and exhibit impaired emotional coping strategies (19, 25). Such findings collectively highlight the need for interventions that target emotional integration, self-awareness, self-compassion, and adaptive identity reconstruction.

In recent years, researchers have increasingly emphasized the importance of self-related processes in the treatment of borderline personality disorder. Self-concept instability, negative self-schema activation, self-criticism, and self-directed hostility are common among individuals with borderline symptoms (9, 29). Feelings of shame, self-rejection, and impaired self-forgiveness frequently intensify emotional suffering and perpetuate maladaptive behavioral cycles (30, 31). Petrov and Dimitrov argued that identity reconstruction and the movement from shame toward self-acceptance are essential therapeutic processes for individuals with borderline personality disorder (11). Likewise, Wulff et al. demonstrated that both implicit and explicit self-concepts of forgiveness are impaired among women with borderline personality disorder, suggesting the necessity of interventions focused on self-forgiveness and self-repair (30).

A variety of psychotherapeutic interventions have been developed for individuals with borderline personality disorder, including dialectical behavior therapy, mentalization-based therapy, schema therapy, acceptance and commitment therapy, reality therapy, and narrative therapy (2, 32). Dialectical behavior therapy has demonstrated effectiveness in reducing self-harm behaviors, emotional instability, and impulsivity (16, 33). Goodman reported that dialectical behavior therapy contributes to improved emotion regulation and changes in neural activity associated with emotional processing (17). Acceptance and commitment therapy has also shown promising outcomes in reducing borderline personality features through increased psychological flexibility and acceptance processes (21). Furthermore, emotion regulation therapy and reality therapy have been associated with reductions in borderline personality symptoms and improvements in adaptive coping (20).

Narrative-oriented approaches have additionally received growing attention in the treatment of borderline personality disorder because of their emphasis on reconstructing personal meaning, identity, and self-understanding (32, 34). Narrative therapy seeks to help individuals externalize problems, reconstruct fragmented self-narratives, and create more coherent and empowering personal identities (32). Research has suggested that meaning reconstruction and self-forgiveness play important roles in reducing rumination, shame, and emotional distress (31). Because many individuals with borderline personality disorder experience unstable and fragmented life narratives, interventions focused on self-reconstruction and meaning integration may be particularly beneficial (8, 11).

Recent evidence has also highlighted the importance of resilience, emotional validation, and self-regulation in reducing borderline personality symptoms. Harpoth et al. found that positive emotions and ego-resiliency are significantly associated with quality of life among individuals with borderline personality disorder (5). Similarly, studies examining self-regulation deficits have suggested that impaired behavioral control and emotional impulsivity contribute substantially to borderline symptom severity (12, 18). Emotional validation, self-care, adaptive coping strategies, and self-compassion may therefore represent important therapeutic targets in interventions designed for women with borderline symptoms (11, 30).

Despite advances in psychotherapy for borderline personality disorder, many available interventions primarily focus on symptom reduction rather than comprehensive reconstruction of self-related processes. Moreover, few interventions have specifically integrated dimensions such as identity repair, self-acceptance repair, cognitive and behavioral reconstruction, self-narrative repair, emotional validation, self-forgiveness, and self-empowerment into a unified educational framework. Existing findings suggest that women with borderline personality disorder require interventions that address the deeper disruptions in self-structure and emotional identity underlying their symptoms (8, 9). In addition, culturally adapted educational and therapeutic programs focusing on self-repair remain limited, particularly within Iranian clinical and research contexts (35, 36).

The growing use of digital and community-based interventions further underscores the need for structured and content-valid educational packages targeting borderline personality symptoms (7). Advances in genetic, developmental, and psychosocial research have increasingly demonstrated that borderline personality disorder emerges through complex interactions among emotional vulnerability, identity disturbance, interpersonal dysfunction, and environmental stressors (37, 38). Consequently, interventions focused on repairing self-related dimensions may provide a more integrative and sustainable approach to improving psychological functioning in women with symptoms of borderline personality disorder (4, 6).

Accordingly, the present study was conducted with the aim of developing and conducting a preliminary content validation of a self-repair training package for women with symptoms of borderline personality disorder.

Methods and Materials

The present study was a qualitative investigation employing a conventional content analysis approach. The study context consisted of scientific resources (including books, articles, and valid and retrievable dissertations) focused on the self-repair needs of women with symptoms of borderline personality disorder as identified by Yekta et al. (2023). The inclusion criteria for scientific resources were publication and accessibility in valid scientific databases, adherence to scientific research standards, retrievability, and a focus on the self-repair needs of women with symptoms of borderline personality disorder. The study sample consisted of valid scientific resources meeting the inclusion criteria, which are presented in Table 1. The adequacy of the identified resources was determined based on the principle of data saturation. Ethical considerations included adherence to scientific and ethical principles of accurate citation and referencing, and the use of textual content solely for extracting the self-repair needs of women with symptoms of borderline personality disorder.

Content Analysis Results Recording Form: This form was used, based on conventional content analysis, to extract the educational principles and techniques required for each dimension of self-repair, including identity repair, self-acceptance repair, self-concept repair, cognitive and behavioral repair, self-re-narration and issue repair, and self-empowerment repair. The content validity of this form, using a conventional content analysis approach, was evaluated and confirmed by six independent reviewers holding doctoral degrees in counseling and psychology and possessing expertise in content analysis.

Data collection procedures were described in detail in the section concerning the achievement of the foundational conceptual and theoretical model, which shared the same process of extracting and identifying

the principles and techniques of self-repair training in the present study, as reported by Yekta et al. (2026). Briefly, after identifying and extracting the scientific texts required for obtaining the principles and techniques related to the educational dimensions of self-repair, the next stage involved a precise content review through which resources with comprehensive coverage of the educational principles and techniques for the self-repair of women with symptoms of borderline personality disorder, while also possessing scientific rigor and valid references, were identified and selected (Yekta et al., 2026). To develop and finalize the self-repair training package, the six-stage approach proposed by Yusefi and Golparvar (2026) was employed. These six stages were as follows: Step 1: In this stage, the concepts and sub-concepts extracted from the content analysis of the principles and techniques of self-repair training were reviewed multiple times, and the concepts appropriate for the educational package were ultimately selected. Step 2: The concepts and sub-concepts extracted from the content analysis of the principles and techniques of self-repair training were repeatedly reviewed, after which the final necessary principles and techniques related to self-repair training for women with symptoms of borderline personality disorder were selected. Step 3: In this stage, the principles and techniques for teaching the dimensions of self-repair were carefully allocated and finalized for each of the six-dimensional concepts and sub-concepts of self-repair. Step 4: In this stage, prioritization for teaching the dimensions of self-repair (initiation, continuation, and termination of training), the number of sessions, and the time required for teaching each technique were determined. Step 5: In this stage, the development and preparation of the educational package content were conducted based on the guidelines of the American Psychological Association, including behavioral definitions, determination of objectives, strategies, and techniques for each session. Step 6: Finally, the content validity, process, scheduling, sequence, and overall structure of the self-repair educational package were evaluated by six specialists. For the preliminary content validation of the developed self-repair training package, the inter-rater agreement method (agreement coefficient calculation), Content Validity Ratio (CVR), and Content Validity Index (CVI) were employed.

Findings and Results

Based on the six-stage process described in the Materials and Methods section (Yusefi & Golparvar, 2026), a self-repair training package consisting of 10 sessions lasting 80 to 100 minutes was developed. The first session was allocated additional time due to coordination procedures for initiating the training course and administering the pretest, whereas the remaining sessions were considered 80 minutes in duration. The objectives and overall structure of the package are presented below.

Table 1. Structure and Content of the Self-Repair Training Package for Women with Symptoms of Borderline Personality Disorder

Session	General Objective	Specific Objectives	Duration
Session 1	Administration of the pretest, introduction, presentation of group goals and rules, establishment of rapport, introduction to the overall structure and objectives of the training course, initiation of scientific education regarding the signs and symptoms of borderline personality disorder, and initiation of self-acceptance repair training	Introduction and implementation of the pretest; introduction to the structure and objectives of the training course; education regarding the signs and symptoms of borderline personality disorder; unconditional self-acceptance training; self-forgiveness training; summary and homework assignment	100 min
Session 2	Review of previous homework, continuation of self-acceptance repair training, and initiation of self-concept repair training	Review of previous homework and clarification of participants' questions; self-compassion training; self-concept reconstruction training; summary and homework assignment	80 min
Session 3	Review of previous homework and continuation of self-concept reconstruction training through emotional management and resilience training	Review of previous homework and clarification of participants' questions; training in management of emotions and negative affect; self-resilience and flexibility training; summary and homework assignment	80 min
Session 4	Review of previous homework and initiation of cognitive and behavioral repair training	Review of previous homework and clarification of participants' questions; identification of maladaptive thoughts, schemas, and attitudes; training in replacing maladaptive and negative thoughts and attitudes; summary and homework assignment	80 min
Session 5	Review of previous homework, continuation of cognitive and behavioral repair training, and initiation of self-narrative and problem repair training	Review of previous homework and clarification of participants' questions; self-management and self-control training; narrative-based problem externalization training; summary and homework assignment	80 min
Session 6	Review of previous homework and continuation of self-narrative and problem repair training	Review of previous homework and clarification of participants' questions; training in constructing a new life narrative; training in re-authoring the life story; summary and homework assignment	80 min
Session 7	Review of previous homework and initiation of identity repair training	Review of previous homework and clarification of participants' questions; corrective self-representation training; corrective self-identification training; summary and homework assignment	80 min
Session 8	Review of previous homework, continuation of identity repair training, and initiation of self-empowerment training	Review of previous homework and clarification of participants' questions; emotional validation training; problem-focused stress coping training; self-regulation and emotion regulation training; summary and homework assignment	80 min
Session 9	Review of previous homework and continuation of self-empowerment training	Review of previous homework and clarification of participants' questions; meaning expansion and confrontation with existential concerns; self-care training for promoting mental health and well-being; summary and homework assignment	80 min
Session 10	Review of previous homework, summary of the training course, administration of the posttest, coordination for the two-month follow-up stage, and termination of the training program	Review of previous homework and clarification of participants' questions; summary of the training course and emphasis on practicing acquired skills; administration of the posttest and coordination for follow-up implementation	80 min

The findings presented in Table 1 indicate that the self-repair training package for women with symptoms of borderline personality disorder was developed in a structured and sequential format across 10 sessions. The program was designed to comprehensively address the major dimensions of self-repair, including self-acceptance repair, self-concept repair, cognitive and behavioral repair, self-narrative and problem repair, identity repair, and self-empowerment. The first session was allocated 100 minutes due to the administration of the pretest, participant orientation, and introduction to the educational process, whereas the remaining sessions were conducted in 80-minute formats.

The initial sessions primarily focused on establishing therapeutic rapport, increasing awareness regarding the signs and symptoms of borderline personality disorder, and strengthening self-acceptance through unconditional self-acceptance and self-forgiveness training. Subsequently, the package progressed toward reconstructing self-concept through self-compassion training, emotional management, and resilience enhancement. These components were designed to facilitate emotional stabilization and improve adaptive coping capacities among participants.

The middle sessions concentrated on cognitive and behavioral repair and self-narrative reconstruction. These sessions included identification of maladaptive thoughts and schemas, replacement of dysfunctional cognitions, development of self-management and self-control skills, and application of narrative-based techniques such as problem externalization and re-authoring of life stories. The emphasis of these sessions was on helping participants reinterpret their personal experiences and reconstruct more adaptive and coherent self-narratives.

The later sessions focused on identity repair and self-empowerment. Training components included corrective self-representation, corrective self-identification, emotional validation, problem-focused coping with stress, emotion regulation, existential meaning-making, and self-care strategies aimed at enhancing psychological well-being. The final session was dedicated to summarizing the training process, reinforcing the application of acquired skills, administering the posttest, and coordinating the follow-up phase scheduled two months after completion of the intervention.

It should be noted that the time allocated to each stage of the training represented baseline and recommended durations. When necessary, during the implementation of the training process, these time allocations could be modified by the instructors until the educational and practical objectives were fully achieved. Following the development of the educational package in 10 sessions, six expert psychologists and counselors independently evaluated the package in terms of the detailed content of each session, the appropriateness of the techniques in relation to the targeted dimension of self-repair training, the scheduling and sequential process of the training sessions, and the overall educational structure. During the first stage of evaluation, the reviewers proposed corrective suggestions and revisions. After the required revisions were implemented, the revised educational package was once again subjected to content evaluation by the six reviewers. The findings demonstrated that, regarding the congruence of the session content with the self-repair training process, the appropriateness of the sessions with the required structure and stages of self-repair training, the adequacy of the time allocated for each stage and skill involved in self-repair training, and the overall adequacy of the self-repair educational package for women with symptoms of borderline personality disorder, the developed package achieved expert agreement coefficients (convergent agreement) of 0.98, 0.97, 0.99, and 0.98, respectively. Furthermore, based on expert evaluations concerning the necessity or non-necessity of the content of each session, the techniques and methods included in the self-repair educational package, the time allocated to these techniques, and the process of placement and implementation of the training components within each session, the Content Validity Index (CVI) and the Content Validity Ratio (CVR) were obtained as 1.00 and 0.99, respectively.

Discussion and Conclusion

The present study was conducted with the aim of developing and conducting a preliminary content validation of a self-repair training package for women with symptoms of borderline personality disorder. The findings demonstrated that the developed package consisted of 10 structured sessions covering the dimensions of self-acceptance repair, self-concept reconstruction, cognitive and behavioral repair, self-narrative repair, identity repair, and self-empowerment. Furthermore, the content validation indices indicated a highly favorable level of expert agreement regarding the appropriateness of the educational content, the sequence and structure of the sessions, the adequacy of the allocated time, and the congruence between the proposed techniques and the dimensions of self-repair. The inter-rater agreement coefficients, Content Validity Index (CVI), and Content Validity Ratio (CVR) all suggested that the package possessed strong preliminary content validity and conceptual coherence for application among women with symptoms of borderline personality disorder.

The findings may be interpreted within the broader conceptualization of borderline personality disorder as a disorder fundamentally associated with instability of the self, identity diffusion, emotional dysregulation, and impaired self-coherence (1, 3). The emphasis of the present package on multiple dimensions of self-repair is consistent with evidence suggesting that women with borderline personality disorder experience deep disruptions in self-definition, self-acceptance, and emotional continuity (8, 9). Previous qualitative studies have shown that affected individuals often describe their sense of self as fragmented, unstable, and emotionally painful, thereby necessitating interventions that specifically address identity reconstruction and self-integration (8). The current educational package attempted to respond to this clinical need through a multidimensional and sequential structure targeting the reconstruction of self-related capacities.

One of the important features of the developed package was its focus on self-acceptance and self-forgiveness during the initial sessions. This component is theoretically and empirically meaningful because individuals with symptoms of borderline personality disorder frequently experience intense shame, chronic self-criticism, guilt, and self-rejection (11, 29). Research by Wulff et al. demonstrated that women with borderline personality disorder show impairments in both implicit and explicit self-concepts of forgiveness, indicating profound difficulties in accepting and reconciling with the self (30). Similarly, Graham et al. emphasized that self-forgiveness and meaning reconstruction are central psychological processes for reducing rumination and emotional suffering (31). Therefore, integrating unconditional self-acceptance and self-forgiveness into the package may facilitate emotional stabilization and reduce maladaptive self-directed cognitions among women with borderline symptoms.

Another major dimension of the package involved reconstruction of self-concept and enhancement of emotional resilience. Existing evidence indicates that individuals with borderline personality disorder frequently possess unstable, contradictory, and negatively biased self-concepts (9, 10). Emotional instability and maladaptive affective reactions contribute substantially to the maintenance of borderline symptoms (14, 15). Accordingly, the inclusion of self-compassion training, emotional management, and resilience enhancement in the present package appears theoretically justified. Harpoth et al. reported that ego-resiliency and positive emotional experiences are significantly associated with quality of life among individuals with borderline personality disorder (5). Likewise, research on emotional regulation deficits has

repeatedly emphasized that improving emotional awareness, emotional flexibility, and adaptive coping may reduce the intensity of borderline symptoms (13, 19).

The cognitive and behavioral repair dimension of the package also aligns closely with previous theoretical and empirical literature. Borderline personality disorder has been associated with maladaptive schemas, dysfunctional cognitions, impulsive reactions, and distorted perceptions of self and others (22, 23). Cognitive distortions and maladaptive defense mechanisms often contribute to emotional reactivity and interpersonal dysfunction in affected individuals (24, 25). The present package addressed these issues through identification of maladaptive thoughts and schemas, replacement of dysfunctional cognitions, and training in self-management and self-control skills. Such strategies are compatible with contemporary cognitive-behavioral and schema-based approaches that seek to improve self-regulation and adaptive functioning among individuals with borderline symptoms (2, 12).

The narrative and identity repair components of the package represent another theoretically important contribution of the present study. Narrative-oriented approaches emphasize that psychological suffering often emerges from fragmented and problem-saturated self-narratives (32, 34). Women with borderline personality disorder frequently experience disruptions in autobiographical coherence, identity continuity, and personal meaning (8). Consequently, interventions that facilitate re-authoring of life stories and reconstruction of self-narratives may contribute to stronger identity integration and emotional coherence. Petrov and Dimitrov argued that movement from shame toward acceptance and identity reconstruction constitutes a critical therapeutic process for clients with borderline personality disorder (11). The present package attempted to operationalize these concepts by integrating techniques such as problem externalization, construction of new life narratives, and re-authoring of personal stories.

The identity repair dimension of the package further corresponds with evidence suggesting that disturbances in self-representation and self-identification are central features of borderline pathology (8, 10). Individuals with borderline personality disorder often demonstrate unstable self-images and fluctuating self-evaluations, particularly within interpersonal contexts (38). The use of corrective self-representation and corrective self-identification techniques in the present package may therefore help participants develop more stable and coherent identity structures. Such findings are consistent with developmental and mentalization-based theories emphasizing the importance of integrated self-experience in psychological functioning (3).

Another important aspect of the developed package was the inclusion of self-empowerment, emotional validation, stress coping, self-regulation, and existential meaning-making. Borderline personality disorder is strongly associated with emotional vulnerability, impulsive coping patterns, and difficulties tolerating stress and interpersonal rejection (14, 18). Emotional validation techniques may reduce emotional invalidation experiences and facilitate emotional acceptance among participants. Similarly, training in problem-focused coping and self-regulation may improve adaptive responses to stressful situations. These components are compatible with findings indicating that self-regulation deficits and emotional impulsivity are major mechanisms underlying borderline symptomatology (12, 13). Furthermore, meaning-oriented interventions have been linked to improvements in psychological resilience and emotional functioning (31).

The strong content validity indices obtained in the present study also support the methodological adequacy of the package development process. The use of expert evaluations, inter-rater agreement, CVR,

and CVI procedures demonstrated that specialists considered the package content, structure, sequencing, and techniques to be highly appropriate for women with symptoms of borderline personality disorder. Such findings are particularly important because interventions for borderline personality disorder require careful integration of emotional, cognitive, interpersonal, and identity-related dimensions (2, 3). The high level of convergent agreement among experts suggests that the present package achieved conceptual consistency and practical applicability within the framework of self-repair education.

The findings of the present study may also be considered in light of recent developments in psychotherapy and digital mental health interventions for borderline personality disorder. Drews-Windeck et al. emphasized the growing importance of structured interventions specifically tailored to individuals with borderline symptoms (7). Similarly, Das and Datta demonstrated that acceptance and commitment therapy may improve psychological functioning among young adults with borderline features (21). The present package extends previous approaches by integrating self-forgiveness, self-narrative reconstruction, identity repair, emotional validation, and self-empowerment into a unified educational framework. This integrative orientation may increase the flexibility and applicability of the intervention in future therapeutic and psychoeducational settings.

The present findings additionally correspond with studies examining interpersonal dysfunction, emotional awareness deficits, and maladaptive personality processes in borderline personality disorder (27, 28). Emotional dysregulation and impaired interpersonal functioning often reinforce self-criticism, instability, and emotional distress in affected individuals (4, 38). Consequently, interventions focused on repairing self-related dimensions may indirectly improve interpersonal functioning, emotional awareness, and psychological adaptation. The present educational package may therefore provide a multidimensional framework for addressing both the intrapersonal and interpersonal manifestations of borderline personality symptoms.

Overall, the findings suggest that the developed self-repair training package possesses substantial conceptual coherence and strong preliminary content validity for women with symptoms of borderline personality disorder. The package integrates contemporary theoretical perspectives and evidence-based therapeutic principles related to identity reconstruction, emotional regulation, self-forgiveness, cognitive restructuring, narrative reconstruction, and self-empowerment. Because disturbances in self-structure represent one of the most central and enduring features of borderline personality disorder, interventions specifically targeting self-repair processes may offer meaningful opportunities for improving psychological functioning and emotional integration among affected women.

One limitation of the present study was that the investigation focused solely on the development and preliminary content validation of the self-repair educational package and did not evaluate its clinical effectiveness in an experimental or quasi-experimental design. Additionally, the content validation process relied on expert judgment, which, despite its methodological importance, may still involve subjective evaluations. Another limitation was the absence of direct participant feedback during the package development stage. Furthermore, the package was specifically designed for women with symptoms of borderline personality disorder, which may limit the generalizability of the findings to men or other clinical populations.

Future studies are recommended to investigate the effectiveness of the self-repair educational package through controlled experimental designs and follow-up assessments. Researchers may also compare the effectiveness of this package with established interventions such as dialectical behavior therapy, schema therapy, mentalization-based therapy, and acceptance and commitment therapy. Additional studies could examine the mediating roles of self-forgiveness, emotional regulation, identity integration, and resilience in explaining therapeutic outcomes. It is also suggested that future investigations adapt and evaluate the package for different age groups, cultural contexts, and clinical populations.

From a practical perspective, the present educational package may provide counselors, psychotherapists, and mental health professionals with a structured and multidimensional framework for addressing self-related disturbances among women with symptoms of borderline personality disorder. The package may be particularly useful in counseling centers, clinical settings, community mental health programs, and psychoeducational interventions focused on emotional regulation and identity reconstruction. Training mental health professionals in the implementation of self-repair techniques may contribute to more comprehensive psychological services for individuals experiencing borderline personality symptoms.

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Authors' Contributions

All authors equally contributed to this study.

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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