

Borderline Personality Disorder in Newly Married Women: A Case Report

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Abstract

Background

Borderline Personality Disorder (BPD) is marked by emotional dysregulation, impulsivity, unstable relationships, and fear of abandonment. Marriage, instead of providing stability, can worsen symptoms due to emotional stress and interpersonal conflicts. Understanding BPD in newly married individuals is essential for effective treatment.

Case Presentation

A 19-year-old newly married woman presented with repeated self-harm, emotional instability, and impulsivity, worsened by conflicts with her husband's family. A history of childhood trauma and parental loss contributed to her distress. She exhibited a dysphoric mood, constricted affect, and persecutory delusions. Diagnosed with BPD and comorbid depression, she was treated with Dialectical Behavior Therapy (DBT), SSRIs, and family psychoeducation.

Discussion

This case highlights how early trauma, rigid family structures, and social pressures can exacerbate BPD. Marriage became a stressor due to perceived rejection and heightened emotional reactivity. Public scrutiny and social media exposure further intensified her distress.

Conclusion

A multimodal approach combining DBT, pharmacotherapy, and family support is crucial for managing BPD during life transitions. Early intervention and emotional validation can improve stability and relationship dynamics.

Key words: Borderline Personality Disorder, Dialectical Behavior Therapy, SelfHarm Behaviours, Major Depressive Disorder, Bangladeshi Patients.

1. Background

Borderline Personality Disorder (BPD) is a deeply distressing mental health condition that affects how individuals see themselves and connect with others. It is marked by intense emotional instability, impulsivity, a fragile sense of self, and difficulties in maintaining stable relationships (American Psychiatric Association, 2022). People with BPD often struggle with overwhelming emotions, a persistent fear of abandonment, rapid mood swings, and impulsive behaviors, making everyday life and relationships challenging. These struggles not only cause distress for the individual but also impact their loved ones, creating a cycle of emotional pain and misunderstanding [1].

BPD is more common than many realize, affecting about 0.7% to 2.7% of the general population, with significantly

higher rates among those seeking mental health treatment. Young adults, women, and individuals from lower socioeconomic backgrounds are particularly vulnerable, often due to a combination of biological, environmental, and psychological factors. Childhood trauma, especially emotional neglect and abuse, plays a major role in the development of BPD, shaping how individuals regulate emotions and form relationships later in life [1-3].

For someone with BPD, major life transitions—such as marriage—can be especially overwhelming. Marriage requires trust, emotional regulation, and communication skills, all of which can be challenging for individuals struggling with the intense emotions and fear of abandonment that come with BPD. Research has shown that individuals with BPD often experience difficulties adjusting to marital life, which can lead to misunderstandings,

emotional turmoil, and relationship instability. The early stages of marriage, in particular, can trigger deep-seated fears and emotional responses, making it important to understand how BPD affects romantic relationships [4].

In this case report, we share the story of a newly married woman diagnosed with BPD, offering a glimpse into her emotional struggles, relationship challenges, and personal growth as she navigated married life. Her experiences highlight the difficulty of managing emotions, the deep-rooted fear of abandonment, and the lasting impact of past trauma on intimate relationships. We also explore the therapeutic approaches that helped her, emphasizing the importance of psychotherapy, emotional regulation techniques, and supportive relationships in managing BPD [5].

By sharing her journey, we intend to clarify the complex relationship between BPD and marital adjustment, highlighting the importance of early intervention, personalized therapy, and greater awareness of the emotional difficulties faced by individuals with BPD in intimate relationships. A deeper understanding of these challenges can help mental health professionals, partners, and families create healthier, more supportive environments. Ultimately, this case underscores the need for compassion, patience, and effective treatment strategies to help individuals with BPD build fulfilling relationships and lead more stable, meaningful lives.

2. Case presentations

A 19-year-old newly married woman presented to the National Institute of Mental Health Bangladesh with her mother, seeking help for severe emotional instability, recurrent self-harm, feelings of emptiness, low mood, impulsivity, aggression, and interpersonal difficulties. She described an overwhelming sense of despair and frustration, exacerbated by recent life changes. Since her marriage two months ago, she had struggled with adapting to her husband's family dynamics, frequently experiencing criticism, rejection, and a loss of autonomy. The resulting distress led to frequent emotional outbursts, verbal conflicts, and self-harm episodes as a means of coping. Her personal history revealed significant childhood adversity. Two years earlier, she lost her biological father, an event that profoundly affected her emotional well-being. Following his death, her mother remarried, but the patient had a distant and emotionally disconnected relationship with her stepfather. She described a childhood marked by instability, parental conflict, and emotional neglect, leaving her with deep-seated fears of abandonment and difficulty forming secure relationships. Her stepfather provided little emotional support, making her feel further isolated within her own home.

After her marriage, she encountered a highly structured and rigid household environment, where family expectations felt overwhelming and restrictive. She struggled with feelings of judgment and lack of acceptance from her in-laws, which heightened her emotional sensitivity. Her husband,

while supportive at times, often became frustrated with her emotional reactions, leading to additional stress within the marriage. This cycle of perceived rejection, intense emotional reactivity, and impulsive behaviors resulted in escalating marital tensions and self-harm episodes.

During the mental state examination, she appeared cooperative, well-groomed, and coherent in speech. Despite her distress, she showed intact cognitive functions and a strong desire to understand and manage her emotions. However, she presented with a dysphoric mood, constricted affect, and persecutory delusions, particularly concerning her interactions with her in-laws. Although she did not exhibit active suicidal intent, her history of self-harm and impulsivity placed her at high risk for future episodes.

Based on her clinical history and symptomatology, she met the DSM-5 criteria for borderline personality disorder (BPD) with comorbid major depressive disorder (MDD). A structured treatment plan was initiated, incorporating both pharmacological and psychological interventions. She was prescribed selective serotonin reuptake inhibitors (SSRIs) to stabilize mood and a low-dose atypical antipsychotic to manage persecutory thoughts. Dialectical Behavior Therapy (DBT) was recommended, focusing on emotional regulation, distress tolerance, and interpersonal effectiveness skills. Additionally, psychoeducation and counseling were extended to her biological mother to improve family dynamics and reduce emotional invalidation by owns responsibility.

At her three-month follow-up, she showed significant improvement in emotional regulation and reduced self-harm behaviors. While her relationship with her in-laws remained challenging, she demonstrated greater self-awareness and an increased ability to manage conflict without resorting to impulsive behaviors.

3. Discussion

This case underscores the complex interplay between early-life trauma, interpersonal stressors, and social pressures in the onset and exacerbation of borderline personality disorder. Research has consistently shown that childhood adversity, particularly parental loss, neglect, and exposure to familial conflict, significantly increases the risk of BPD (Zanarini et al., 2018). The patient's unresolved grief following her father's death, combined with the emotional distance from her stepfather, contributed to her fear of abandonment, unstable self-image, and difficulty regulating emotions [6].

Marriage, often viewed as a stabilizing life event, can act as a significant stressor for individuals with BPD. Studies indicate that people with BPD struggle with adjusting to structured familial environments, where heightened emotional sensitivity and fear of rejection can lead to interpersonal conflicts. In this case, the transition into her husband's household triggered a cascade of emotional dysregulation, heightened sensitivity to criticism, and maladaptive coping mechanisms. Her in-laws' rigid

expectations and perceived lack of emotional support exacerbated her emotional reactivity, leading to aggression, impulsivity, and self-harm episodes [7].

Beyond family dynamics, social media and public scrutiny further influenced her emotional distress. As the wife of a well-known influencer, she faced increased external pressure to conform to societal expectations. Research has found that individuals with BPD often experience heightened distress from social media exposure, where constant comparisons and external judgment amplify feelings of inadequacy. Her paranoia and emotional instability may have been further heightened by the fear of online criticism and public perception. From a clinical perspective, this case highlights the importance of early intervention and a multimodal treatment approach. While pharmacotherapy can help stabilize mood symptoms, psychotherapy remains the cornerstone of effective management. Dialectical Behavior Therapy (DBT), specifically designed for emotional dysregulation and impulsivity, has proven highly effective in improving emotional stability, distress tolerance, and interpersonal skills. However, treatment must extend beyond the individual; family psychoeducation and structured therapy involving significant others are essential for reducing conflict and fostering a supportive environment [8,9].

This case also reflects the broader difficulties individuals with BPD face in maintaining intimate relationships. The fear of abandonment, emotional sensitivity, and difficulty trusting others often create relational instability. Effective intervention requires helping both the patient and their spouse develop strategies for managing emotional fluctuations, improving communication, and setting healthy boundaries [10].

4. Conclusion

This case highlights the unique challenges faced by newly married women with borderline personality disorder, particularly when navigating complex family dynamics, rigid societal expectations, and personal trauma histories. The combination of early-life emotional neglect, marital stress, and external pressures significantly impacted her ability to regulate emotions and maintain stable relationships. The presence of public scrutiny and social media exposure further heightened her emotional distress, demonstrating how modern stressors can amplify psychological vulnerabilities in individuals with BPD. Despite these challenges, the case underscores the potential for positive change through structured therapy, family support, and tailored interventions. With early identification, compassionate care, and a strong therapeutic framework, individuals with BPD can develop emotional stability, improved interpersonal relationships, and greater self-awareness. The patient's journey demonstrates that, while BPD presents significant challenges, recovery is possible when individuals receive the right combination of psychological and social support. This case also emphasizes the need for greater awareness, early intervention, and the reduction of stigma surrounding BPD, particularly

in societies where marital expectations and rigid family structures play a significant role in mental health outcomes. By fostering compassionate understanding, promoting structured therapy, and encouraging supportive family dynamics, individuals with BPD can navigate life transitions more effectively and build fulfilling, emotionally stable lives.

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Abbreviations

BPD- borderline personality disorder, DBT-Dialectical Behavior Therapy, MDD- major depressive disorder, SSRIs-selective serotonin reuptake inhibitors

Author Contributions

TA conceived the idea and wrote the first draft of the manuscript and conducted the literature review and extracted the data. NAS critically revised & supervised the manuscript. All authors approve the final version.

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Data Availability

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Declarations

Ethical approval and consent to participate
Not applicable.

Consent For Publication

Written informed consent was obtained from the patient for the publication of his personal or clinical details, along with any identifying images, in this study.

Competing Interests

The authors declare no competing interests.

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