UNDERSTANDING RELATIONAL DYSFUNCTION IN BORDERLINE, NARCISSISTIC AND ANTISOCIAL PERSONALITY DISORDERS: CLINICAL CONSIDERATIONS, PRESENTATION OF THREE CASE STUDIES AND IMPLICATIONS FOR THERAPEUTIC INTERVENTION

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ABSTRACT

Personality disorders are a class of mental disorders involving enduring maladaptive patterns of behaving, thinking and feeling which profoundly affect functioning, inner experience and relationships. This work focuses on three Cluster B personality disorders (Borderline, Narcissistic and Antisocial PDs), specifically illustrating how relational dysfunction manifests in each condition. People with Borderline Personality Disorder (BPD) experience pervasive instability in mood, behavior, self-image and interpersonal patterns. In relationships, they tend to alternate between extremes of over-idealization and devaluation. Intense fear of abandonment, fluctuating affect, inappropriate anger and black/white thinking deeply influence how they navigate personal relationships, which are often unstable, chaotic, dramatic and ultimately destructive. They have a fundamental incapacity to self-soothe the explosive emotional states they experience as they oscillate between fears of engulfment and abandonment. This leads to unpredictable, harmful, impulsive behavior and chronic feelings of insecurity, worthlessness, shame and emptiness. Their relationships are explosive, marked by hostility /contempt for self and partner alternating with bottomless neediness. Manipulation, lying, blaming, raging and "push-pull" patterns are common features. Individuals with Narcissistic Personality Disorder (NPD) exhibit a long-standing pattern of grandiosity and lack of empathy. They have an exaggerated sense of self-importance, are self-absorbed, feel entitled and tend to seek attention. Scarcely concerned with others' feelings, they can be both charming and exploitative. Oversensitive to criticism, they are prone to overt or covert rage, *gaslighting* and self-referential thinking. Antisocial Personality Disorder (APD) is marked by impulsive, callous and irresponsible behavior with no regard be manipulative, parasitic, aggressive, cold, cruel and self-serving. In addition to analyzing relational dysfunction in each disorder, this paper presents three relational case studies (BPD-couple, NPD-parent/child, APD-various relations) and discusses treatment implications.

Borderline Personality Disorder- features and relational implications

- Pervasive pattern of instability in self-image, emotions and interpersonal relationships as well as elevated impulsivity; external locus of control
- Interpersonal relationships: paradoxical instability, intensity, volatility
- Concern with real or imagined abandonment, being alone not tolerated
- Fluctuate between extremes of idealization and devaluation
- Lack of integration of the concept of self/other →identity diffusion → primitive defenses centering around splitting
- Reactions to daily life marked by emotional instability/volatile feelings → intense anger, episodic sadness overwhelming anxiety, self-damaging behavior
- Perceived intense stress → raging, blaming, "falling apart"-manifestations of paranoid ideation, dissociation and micro-psychotic episodes may be present

Case study and treatment approach. *Couple: Susanna, BPD patient (age 36) and Sam (42). Susanna's history: mother moved from relationship to relationship, uprooting them each time. One stepfather absent (mother parentified daughter), another stepfather sexually abusive (age 10-13). In adolescence emergence of self-injury, bulimia; 3 suicide attempts by age 25. Relationship with Sam symbiotic (living/working together). No toleration of Sam's interests outside of relationship (marathons, friends, close bond with his step-sister). Dynamic cycle: symbiotic demand →jealous rage at any perceived threat → explosive conflict with self-harm by Susanna → cooling phase marked by shame, emptiness (hers) and distancing inducing guilt/relief (his) → new perceived threat of abandonment. Precipitating event before therapy: Sam accused of sex with his own step-sister; he expresses judgment ("you're crazy") and a desire leave her; she attempts suicide.*

- *Schemas*→ internalized constructs which underlie our beliefs, identity and emotional lenses; activated throughout life in relational settings → *Modes* - cognitions, feelings and behaviors with intense emotional arousal activated by internal stimuli (memories, anticipatory thinking) or external stimuli (interpersonal interactions, observed reality). Multimodal assessment and schema /attachment based intervention with Susanna: **Schemas**:Disconnection/ rejection (shame, defectiveness, abandonment), Impaired Autonomy (dependency, vulnerability to harm); **Modes during conflict** (Vulnerable Child, Angry Child, Dysfunctional Parent-demanding), **Maladaptive Coping** (Self-harm, seeking, raging); **View of Self** (damaged, powerless); **Basic View of Other**-dangerous, unavailable;**Current dyad attachment**-AnxiousPreoccupied; **Attachment History/Family of Origin** (insecure-ambivalent attachment, history of abuse and enmeshment); **Basic view of world** (hostile, confusing).
- Susanna's volatile reactions due to fragmented sense of self /pervasiveness of splitting (primitive defense). Fostered understanding of this mechanism.
  Imagery work → mental map → helped her navigate the splitting reaction
- Imagery work used to recall, transform, visualize, re-route, re-assess → insight, perception not accessible through verbal routes → openness to imagination, flexibility, expression and mentalization. E.g. Susanna visualized her abandonment rage as black smoke blinding/suffocating whole environment → transformed into circumscribed box in own solar plexus → could negotiate with it, could see it did not contaminate Sam or her perception of him as a whole. Also, could create image representing safety in their relationship (rowing boat together on serene lake)practiced self-soothing .

Antisocial Personality Disorder- features and relational implications

- early-onset, pervasive pattern of lack of regard for rules/well-being of others
- driven by self-gratification → sense of superiority →predatory behavior
- no capacity for remorse/bonding; *cold empathy(cognitive,emotionless)*
- impulsive, irritable and aggressive, mask of self-control, manipulative
- enjoys eliciting fear, shame, shock, pain and other powerful states in others
- chronically deceitful, avoid commitment, relationships tend to be superficial
- capacity for tolerating frustration and boredom very low, high impulsivity
- control of others through gaslighting, baiting, bullying, covert aggression
- *presocialized emotional world* → feelings experienced in relation to self only
- Emotional life dominated by anger, sensitivity to humiliation, envy, boredom, contempt, exhilaration, and pleasure through dominance (sadism)

Case study and treatment dynamics

Young adult: James (19). Early childhood: hyperactivity, charm, misbehavior. Middle childhood: truancy, animal cruelty, shoplifting. Adolescence: psychologically abusive relational dynamics (playing "games" with people around him meant to elicit fear, shock, shame or pain; filming their reactions; sabotaging others; fractured little sister's wrist. At age 17 arrested for carjacking, breaking and entering, and serious hit and run accident. Court mandated therapy. Initially relaxed, well-spoken, stated he was "happy" and "just bored", paid me compliments. Manifested snowballing pleasure in recounting his actions in increasing detail and unsolicited precision. Resisted any meaningful schema work. Accepted cognitive-behavioral work if it could help him "outsmart" and "convince" people. Resisted attempts to re-direct work towards his maladaptive thinking and actions. When challenged, became angry and devaluing towards me, attempting to discuss my personal life and making cryptic statements ("I was just thinking about how easy it is to cut the breaks on someone's car") or shocking comments ("I missed my chance to bang Emma (sister) as a minor"). He often denied statements he had just made or accused me of "putting words in his mouth"; became angry when he did not get the desired reaction from me. At times, he would momentarily act sad or express fragile feelings- if I hinted an empathic response, he would attempt to ridicule me and state he had just been "messing with me". Therapy interrupted when he was arrested after being accused of sexual and physical assault of a peer.

The therapy relationship as exemplary of APD relational dynamics

- pleasure and satisfaction in trying to elicit intense, distressing emotions in others (fear, shock, shame, pain) both in his life and in the therapeutic relation
- attempts to control clinician through covert intimidation (ominous threats, shocking statements) and efforts to direct attention to clinician's personal life
- gaslighting, baiting and denying, desire to shock, outsmart, domineer
- resistance to personal insight, vulnerable emotions, alliance and empathy
- psychopathicpattern: charming/seducing→gaslighting/controlling→devaluing
- Attempts to twist any input meant to modify or question his maladaptive behavior into information to master in order to outsmart other people

Narcissistic Personality Disorder- features and relational implications

- pattern of grandiosity/inflated self-image, need for admiration, poor empathy
- self-referential thinking, sense of entitlement, scarce awareness of others
- Oversensitive to criticism, typically believe others are envious of him/her
- Self image: special, superior, entitled, important, deserving special treatment
- prone to interpersonally exploitative behavior, gaslighting, attention seeking
- self-centered, domineering /passive-aggressive; pompous or exhibitionistic
- poor capacity for attachment, intimacy, compassion, altruism
- Perceived threat to superiority → rage, acting like victim, manipulation
- Superficial relationships, egocentric, dramatic, boastful, charming

Case study and treatment dynamics- *Jane (25) comes in reporting food addiction and depression; returned to live with mother Sissy (51) after university. History: insecure-avoidant attachment to narcissistic mother, early on, Jane had attuned herself to her mother's overwhelming needs, introjecting her anxiety and doing everything in her power to please and unburden her. As she grew, her dawning autonomy caused Sissy to become increasingly verbally abusive and guilt-inducing, whilst projecting a grandiose, almost heroic image of herself unto the outside world. Jane 's emotional needs were not met- indeed, she was routinely shamed for them and made to feel they caused her mother suffering, exhaustion and embarrassment. At third session, arrived with mother insisting she could "help her explain"; Sissy overtook attention stating "this is so hard for me. I worked so hard and now having a daughter like this- how do you think I feel?". When I inquired about what she meant, she looked at Jane and quipped "well, like a hog in heels!". Jane did not seem angered by this; rather, she began to justify how she was getting help for being "weak with food". I was able to eventually direct Sissy to a separate therapist (she declined) and continue work with Jane. Schema therapy helped her identify her internalized working models, her damaged sense of self, and her maladaptive coping styles. She was able to recognize the effects her relationship with her narcissistic mother had had on her and begin working in earnest on herself as a separate individual deserving of her own perceptions, desires and needs.*

- long-standing traumatic bonding. Cognitive restructuring +schema work →sort her own identity, needs and wishes from her narcissistic mother's
- worked to repairing her capacity for independently interpreting inner and outer states without feeling guilt and shame for doing so without looking at the world through her mother's emotional lens.
- worked on healthier self-soothing (instead of overeating), inner sense of defectiveness, self-sabotage, shame, fear of independence causing guilt/anxiety

MODE TYPE	MODE	ROOT	KEY ASSOCIATED FEELINGS/FEATURES
Dysfunctional Parent (internalized by Jane)	Demanding Parent (overbearing, self-centered, guilt-inducing, narcissistic, scarce empathy, unreachable)	Unrealistic demands and standards, disregard for child's individual wishes and needs, projection	Sets exceedingly high expectations for self, pressures self ,has a harsh, negative, shame-based stance towards self, dissatisfied, fears failure
Innate child (Internalized by Jane)	Vulnerable Child	Unmet attachment needs (incl. safety, secure base, nurturance, attention, protection, acceptance, empathy, love)	Sadness, loneliness, anxiety, overwhelming pain and fear. Can spill into maladaptive coping modes and addiction