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REVIEW ARTICLE

Black & white relations: Intimate relationships of patients with borderline personality disorder

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Abstract

BACKGROUND: Individuals with borderline personality disorder (BPD) suffer from an excessive fear of abandonment, leading to tense moments in their intimate relationships. These struggles translate into lower marital satisfaction perceived by both intimate partners. However, this connection is bidirectional, since conflicts with a romantic partner are the most common precipitating factors of decompensation in BPD patients.

METHOD: This narrative review was performed using PubMed, Web of Science, and Scopus databases with keywords "borderline personality disorder", "partnership", marital problems", and "marital conflicts". Articles, books, and book chapters published within January 1980 – December 2020 were extracted and analysed. Additional sources were found while reviewing references of relevant articles. The total of 131 papers met the inclusion criteria.

RESULTS: Patients with BPD struggle with reaching marital satisfaction. They often find themselves in disharmonic and unfulfilling relationships. The association between the relationship issues and BPD may partly come from misunderstanding one or both partners' behaviour. Individuals with BPD tend to misinterpret their partner's behaviour, struggle with communication, and sometimes be verbally and physically aggressive. They often do not recognize that their intrapersonal processes influence their interpersonal struggles. Understanding the role of the maladaptive personality traits in the relationship and their management could be beneficial for both partners.

CONCLUSION: Individuals with BPD often report dysfunctional romantic relationships characterized by insecure attachment, maladaptive communication, and lower relationship satisfaction. Future studies should focus on finding effective strategies of couples´ therapy working with this population.

INTRODUCTION

Although partner conflicts are among the most common precipitating factors in the decompensation of personality disorders, few studies address this issue. Patients with borderline personality disorder (BPD) suffer from a wide range of dysfunctions in emotional functioning, behaviour, relationships, and self-esteem. They also show significant struggles in intimate relationships and at work, and their quality of life is often low (Bender *et al.* 2001; Soloff *et al.* 2002; Chakhssi *et al.* 2019). Notably, functioning in close relationships is usually decreased (Atkins 2005).

This paper's primary goal was to summarize the current state of knowledge of the intimate relationship in patients with BPD. We formulated four research questions:

(1) What are the typical relationship issues of patients with BPD?
(2) Do these struggles have any developmental roots in their childhood and adolescence?
(3) What are the sources of issues in intimate relationships in patients with BPD?
(4) What are the clinical consequences of partnership issues in this population?

METHOD

This narrative review was performed using PubMed, Web of Science, and Scopus databases with keywords "borderline personality disorder", "partnership", marital problems", and "marital conflicts". Articles, books, and book chapters published within January 1980 – December 2020 were extracted and analysed. Nominated articles had to meet following inclusion criteria: (1) published in peer-reviewed periodicals; (2) reviews on the topic; (3) books or chapters on the topics, (4) human studies. The exclusion criteria were: (1) commentaries; (2) dissertations; (3) abstracts from conferences. The primary database exploration was completed using the keywords in various combinations without language limits and selecting 103 articles. The titles and abstracts of these papers were screened, and their relevance was evaluated. Relevant articles were collected and organised by their importance. Sixty-eight articles were eligible for further examination – a secondary search in the reference lists. The secondary search yielded 63 relevant sources. In total, 131 papers were included in the review (Figure 1).

RESULTS

(1) What are the typical relationship issues of patients with BPD?

A growing body of literature reports that borderline personality disorder brings adverse consequences for intimate relationships (Gutman *et al.* 2006, Truant 1994) (Figure 2). Several longitudinal and cross-sectional studies have shown that individuals with BPD or with pronounced BPD traits have more romantic relationships that last shorter than relationships of persons without BPD (Lavner *et al.* 2015; Zanarini *et al.* 2015).

The relationships of patients with BPD or BPD features also tend to be less satisfactory and more hostile than those without BPD (Bouchard S & Sabourin 2009; Weinstein *et al.* 2012; Lavner *et al.* 2015). Individuals with more severe BPD symptoms, and their partners report lower relationship satisfaction (South *et al.* 2008; Stroud *et al.* 2010). Their romantic relations often characterize high instability in the form of frequent breakups and reconciliations, along with a tendency to choose partners with mental health problems, low relationship satisfaction, high interpersonal dependence, communication issues, and physical and psychological violence (Bouchard *et al.* 2009a; 2009b; Bouchard & Sabourin 2009). The symptoms and the diagnosis of BPD also predict adolescent conflicts with the romantic partner (Chen *et al.* 2004), domestic violence (Stuart *et al.* 2006), separation, and divorce (Zimmerman & Coryell 1989). Borderline symptoms also seem to increase the risk of divorce in some cases (Whisman & Schonbrun 2009), although this finding is inconsistent (Disney *et al.* 2012).

Symptoms of BPD have been associated with communication difficulties (Bouchard *et al.* 2009), more negative interpretation of partner's behaviour (Bhatia *et al.* 2013), and aggression towards the partner (South *et al.* 2008; Weinstein *et al.* 2012). Longitudinal studies examining the relationship between BPD symptoms and the interpersonal functioning over time reveal poor outcomes. BPD symptoms in adolescent women were associated with a lower relationship quality, greater likelihood of abuse by a romantic partner, and lower partner satisfaction in a four-year follow up (Daley *et al.* 2000). Ten-year data from the Collaborative Longitudinal Personality Disorders Study show that patients with BPD report significant shortcomings as a "spouse/partner" (Gunderson *et al.* 2011).

BPD and its influence at the beginning and during the relationship

Despite this research, critical gaps remain in our understanding of the impact of BPD on intimate relationships. Cross-sectional studies show that BPD symptoms connect with a shorter marriage duration (Whisman & Schonbrun 2009). However, they leave open questions about when the problems leading to a breakup start occurring, including whether the BPD symptoms are associated with relationship dysfunction from the beginning of the relationship, whether problems develop over time, or if it is a combination of these two scenarios. To address these essential questions, more longitudinal studies are needed to evaluate couples in the earliest stages of their marriage and during its course (Atkins 2005). Prospective data on the long-term effects of BPD symptoms on divorce rates

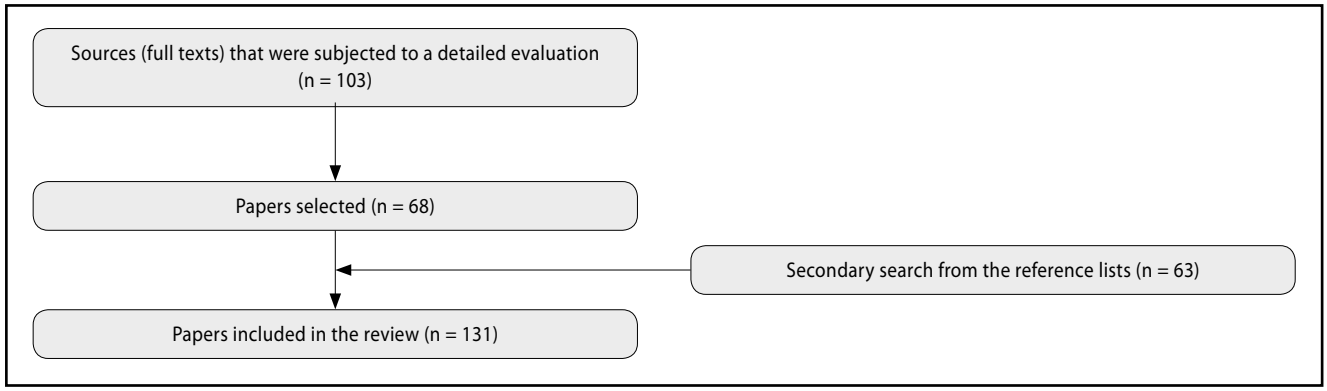

Fig. 1. Summary of the selection process

are needed. Previous studies examining whether the BPD symptoms are associated with a higher probability of ever divorcing cannot directly address whether BPD symptoms predict divorce. Also, few studies have taken a dyadic approach to understand how BPD symptoms manifest in relationships (Daley *et al.* 2000; Stroud *et al.* 2010).

Although previous findings have shown robust associations between BPD symptoms and auto-reports of verbal aggression (Stuart *et al.* 2006; Bouchard *et al.* 2009b; Bouchard & Sabourin 2009), little attention has been paid to examine the association of BPD with couples' communication patterns. Observational coding of couples' communication is a standard procedure in the relationship research that offers a more objective assessment of couples' communication behaviour than couples' reporting (Gottman 1994). One study examining the observational evaluation of couples' communication concerning BPD found that couples in which a woman has BPD showed more negative behaviour than nonclinical couples during problem-solving interviews (de Montigny-Malenfant *et al.* 2013).

Data from 172 couples evaluated during the first ten years of their marriage provide new insights (Zanarini *et al.* 2015). The individuals with BPD symptoms tended to marry partners who also reported increased BPD symptoms, consistent with the hypothesis that individuals with BPD engage in assortative coupling. The BPD symptoms were connected with negative communication observed during problem-solving and social support tasks for wives and husbands. The BPD symptoms were associated with increased severity of negative communication in the community samples. The BPD symptoms of husbands predicted more severe and complicated conflicts, worse feelings, and lower marital satisfaction. The effect sizes were small for marital satisfaction and small to medium for marital problems. Nevertheless, the BPD symptoms did not predict a 10-year divorce rate (Zanarini *et al.* 2015).

One longitudinal analysis showed that the adverse effects of the BPD were usually present from the beginning of the marriage (Stroud *et al.* 2010). The BPD symptoms have significantly correlated with the patient´s and their partners' marital satisfaction over time, suggesting that couples with more severe BPD symptoms are more dissatisfied than couples without these symptoms. These connections were more related to the initial assessment rather than satisfaction over time. This finding is consistent with a sustained dynamic model of marital functioning in which couples with problems at the beginning carry them time over time (Huston *et al.* 2001). The BPD symptoms generally lead to a decreased quality of marriage early on, with lasting effects over time.

In the study of Disney *et al.* (2012), more pronounced BPD symptoms did not predict an increased risk of divorce. The ability to keep the marriage intact for ten years despite problems is remarkable (Zanarini *et al.* 2015). This result could indicate a degree of adaptation and suggests that individuals with more pronounced BPD symptoms may be reluctant or unable to leave a problematic marriage, consistent with research with anxiously attached individuals whose partners do not meet their needs (Slotter & Finkel 2009). Disney *et al.* (2012) also speculate that BPD symptoms may lead to early termination of a relationship. If the couple does not break up in their relationship's early stages, it tends to last. Future research is needed to examine the individual and relational outcomes of those remaining in these marriages.

Interpersonal dependence

Individuals exhibiting significant BPD features are often characterized by insecure attachment (Blatt & Levy 2003) and experience unfortunate social consequences, especially dysfunction in romantic relationships (Trull *et al.* 1997, Zweig-Frank & Paris 2002, Bagge *et al.* 2004, Lavner *et al.* 2015). BPD patients tend to develop intimate relationships characterized by increased hostility and dependence, insecure attachment, and passivity. Individuals with BPD often fear separation and abandonment and respond to signs of disinterest or rejection with panic, self-harm, anger, or impulsive actions. Deficits in communication skills

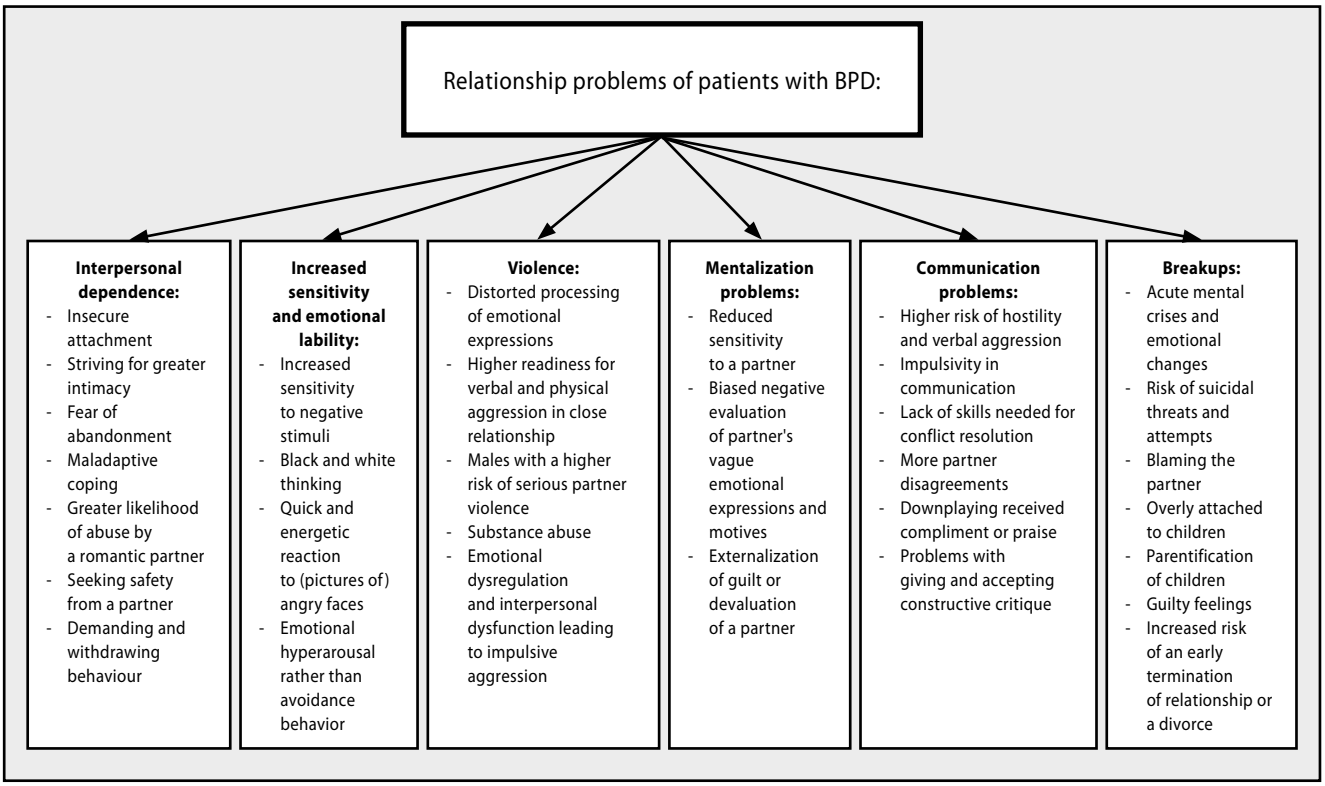

Fig. 2. Types of relationship problems of BPD patients

lead to helplessness or maladaptive coping that brings only temporary relief. Even minor problems can trigger an emotional crisis (Praško *et al.* 2003). These issues mirror frequent struggles both in the intimate relationship. A good message is that intimate partners can help guide responses to attachment concerns of the patient and thus may calm them (Overall & Simpson 2015). However, if both partners dispose of insecure attachment, they both want acts increasing safety from the other partner, which often leads to reciprocal criticism, thus worsening relationship satisfaction.

Increased sensitivity and emotional instability in intimate relations

BPD patients tend to struggle with trusting other people and their relationships, forming either dependent bonds or behaving in a distant and avoidant manner. They experience others either as good or bad, with nothing in-between (APA 2013). In an intimate relationship, these attitudes can quickly change.

In one experimental approach-avoidance task, women with increased BPD symptoms responded more quickly in approaching than avoiding angry faces than controls – thus showing increased sensitivity towards negative stimuli (Bertsch *et al.* 2018). This has been referred to as the "(in)congruency effect": behaviour congruent to affection (approach happy / avoid angry faces) which is faster than affective-incongruent behaviour (approach angry / avoid happy faces) which requires individuals to rapidly suppress congruent tendencies (Volman *et al.* 2011; Radke *et al.* 2013; Radke *et al.* 2015).

In summary, there is growing evidence that interpersonal dysfunction of BPD patients is associated with hypersensitivity to perceived negative stimuli and insufficient avoidance of interpersonal threats. This may present a major factor in the high prevalence of reactive aggression in BPD (Edwards *et al.* 2003; Mancke *et al.* 2018).

Conflicts and violence in relationships of BPD patients

The association of BPD and intimate partner conflicts deserves to be explored, as this disorder has been associated with more interpersonal conflicts in close relationships and low social functioning (Benjamin & Wonderlich 1994; Trull *et al.* 1997; Creasey & Hesson-McInnis 2001; Chen *et al.* 2004).

Chen *et al.* (2004) used longitudinal data to investigate the connection between personality disorders and the conflict between romantic partners during the transition to adulthood (i.e., from ages 17 to 27). The results showed that a personality disorder was associated with a consequent increase in relationship conflicts (Chen *et al.* 2004). Cluster B personality disorders were connected with a steady increase in these conflicts during the transition to adulthood. Paranoid, schizoid, schizotypal, borderline, narcissistic, and obsessive-compulsive symptoms of personality disorders positively correlated with more partner conflicts (Chen *et al.* 2004). Similarly, Daley *et al.* (2000) found

in a community sample of late adolescent girls that BPD symptoms positively correlated with subsequent relationship conflicts, even controlling an influence of depressive symptoms.

Intimate partner violence presents an extreme variant of an interpersonal conflict. It is a broad term that describes physical, sexual, or psychological harm caused by a current or former romantic partner or spouse (Centers for Disease Control and Prevention 2012). Intimate partner violence can fall into different subtypes. Johnson (2011) distinguished situational violence and intimate terrorism. Situational violence is the most common form of partner violence. It refers to violent acts that perform one or both partners as the conflict escalates into a heated argument. In contrast, intimate terrorism describes a pervasive pattern of coercive control over a partner using various forms of violence. Representative community studies found that at least one in five couples in the United States experiences partner violence every year (Schafer *et al.* 1998; Edwards *et al.* 2003; Dixon *et al.* 2008), with men and women reporting similar rates (Archer 2001; Goldenson *et al.* 2007). Although the level of intimate partner violence is generally the same between men and women, recent evidence shows an imbalance between men and women in intimate terrorism with men being more than four times more likely than women to commit it (Johnson *et al.* 2014). There is no clear evidence that men use more severe violence than women (Hamberger & Guse 2002), but male partner violence leads to more severe injuries than female violence (Archer 2001). Regardless of gender, the use of violence in intimate relationships is associated with an increased risk of victims' physical and mental health problems (e.g., injuries, chronic pain, sexually transmitted diseases, depression, posttraumatic stress disorder, and substance use; Campbell 2002; Afifi *et al.* 2012; Okuda *et al.* 2011).

First remarks considering BPD and intimate partner violence and victimization were published more than twenty years ago (Zanarini *et al.* 1999). Empirical work on the relationship between BPD and partner violence arose a decade later (Gunderson & Lyons-Ruth 2008; Hill *et al.* 2008; Rosenthal *et al.* 2008). Patients with BPD seem to show higher readiness for verbal and physical aggression in close relationships (South *et al.* 2008).

BPD has been connected with more critical forms of partner disagreements, violent quarrels, and violence, especially in men (Holtzworth-Munroe & Stuart 1994; Dutton 1995; Tweed & Dutton 1998; Holtzworth-Munroe 2000; Holtzworth-Munroe *et al.* 2000; Edwards *et al.* 2003). Greater severity of personality disorders correlates with lower satisfaction in the partnership and greater aggression (Tweed & Dutton 1998).

Regarding the severity of intimate partner violence, extraordinarily violent and aggressive acts are more common in individuals who met the diagnostic criteria for BPD, though it needs to be said that majority of the BPD patients do not commit such acts (Lawson *et al.* 2010; Newhill *et al.* 2009; Ross & Babcock 2009). South *et al.* (2008) found that a sample of heterosexual individuals with BPD or antisocial personality disorder was more likely to act more verbally aggressive than persons with other personality disorders. Whisman & Schonbrun (2009) described connections between BPD symptoms and more minor and more severe physical violence. Mauricio & Lopez (2009) found that BPD in the male community sample predicted the most severe partner violence in a dose-dependent relationship. Besides, there is evidence of a link between symptoms of BPD and murders of intimate partners. In a study of men imprisoned for such murder, a third of them showed borderline/dysphoric characteristics (Dixon *et al.* 2008).

Two studies tested the role of distorted emotional perception in borderline/dysphoric offenders based on the traditional conceptualization of BPD that emphasizes sensitivity to emotional stimuli (Linehan 1993) and social information processing models of intimate partner violence (Holtzworth-Munroe 2000). Babcock *et al.* (2008) found that borderline/dysphoric (B/D) perpetrators of intimate partner violence were less accurate in identifying standardized facial expressions than other subgroups of spouses (i.e., nonviolent, domestic violence, and generally violent/antisocial). Also, Mauricio & Lopez (2009) found that men classified as mildly or severely violent showed anxious adult attachment in addition to elevated borderline personality characteristics.

Further, Dutton *et al.* (1994) reported that insecurely attached individuals with severe BPD might perceive partners as inaccessible, suppress the anxiety of abandonment, and respond to them is hostile with overt signs of anger.

Substance use has been shown to increase intimate partner violence (Savarese *et al.* 2001). In a cross-sectional study of male perpetrators of partner violence, those who consumed alcohol or drugs were more likely to (a) have high BPO (borderline personality organization), and (b) commit more severe acts of violence than those who did not use these substances (Thomas *et al.* 2013), indicating a potential interaction risk of substance use and BPO in the severity of partner violence.

Another possible mechanism for the intimate partner violence related to BPD that has not been directly investigated in any study and could serve as a target for future research is impulsivity. BPD is characterized by increased impulsivity (i.e., the inability to regulate certain behaviours) associated with intimate partner violence (Hamberger & Hastings 1991; Cohen *et al.* 2003; Euler *et al.* 2019). Impulsivity may also explain the overlap of borderline/dysphoric and generally violent/antisocial subtypes (Holtzworth-Munroe *et al.* 2003) and can underlie the more severe violence

perpetrated by individuals presenting traits of both antisocial personality disorder and BPD when compared with individuals with BPD alone (Edwards *et al.* 2003; Newhill *et al.* 2009). To our knowledge, however, no study has directly tested whether impulsivity serves as a mechanism for committing intimate partner violence related to BPD.

Although studies focusing on the relationship between BPD and intimate partner violence in women are few, they generally support the link between borderline personality symptomatology and this type of violence. In a study by Clift & Dutton (2011), borderline personality organization (BPO) in female perpetrators of partner violence was significantly connected with the frequency of psychological and physical aggression. This group was more likely to commit violence against intimate partners than to become a victim of intimate partner violence. Similarly, in a sample of prosecuted perpetrators of partner violence, borderline personality traits were associated with a frequency of physical aggression towards partners but not from them (Hughes *et al.* 2007).

Although there has been an established link between BPD symptomatology and intimate partner violence for both men and women, there may be specific gender differences. Maneta *et al.* (2013) found that in 109 heterosexual couples, men with more severe BPD symptoms were more frequent perpetrators and victims of partner violence. In women, no connection was found between the BPD severity and the perpetration of partner violence, but a positive relationship was found with their victimization by a partner. This finding contrasts with Clift & Dutton (2011) who found the opposite in a female sample. Weinstein *et al.* (2012) also suggest that BPD symptoms are more strongly related to intimate partner violence in women than in men. Heterogeneity of the BPD symptomatology and the samples are likely to explain differences among these findings.

Problems with mentalization in patients with BPD

Mentalization refers to understanding and interpreting human behaviour in primary mental states within oneself and others (Fonagy & Target 2006). These mental states include feelings, beliefs, emotions, needs, desires, goals, and objectives (Fonagy & Target 2006, Hayden *et al.* 2018). The ability to mentalize plays a crucial role in interpersonal behaviour for several main reasons. It allows individuals to perceive and think about actions. Therefore, it is vital for a differentiated understanding of human behaviour (Slade 2005). It is also central to the regulation of interpersonal relationships (Fonagy & Bateman, 2006).

The study by Lavner *et al.* (2015) used data from a community sample of 172 newlywed couples to examine spouses' BPD symptoms concerning their observed communication, partner's symptoms of BPD, a 4-year marital quality trajectory, and a 10-year divorce rate. The pairs underwent two tasks in which researchers observed and coded their behaviour. In the first task, each spouse came up with a source of tension in their relationship, and the couple was discussing it for ten minutes. The researchers coded positive skills, such as wishes and needs or constructive solution, and negative skills that included externalization of guilt or partner's devaluation. In the second task, the couple had two 10-minutes conversations in which a partner came up with something they would like to change about themselves. This topic was not related to a source of tension in their marriage. The other partner should have responded as they would typically do, would the topic arise. Researchers then coded "the helper's" reactions as positive (emotional, instrumental, or other) or negative (criticism, marginalization of the topic, and blaming). The BPD symptoms correlated with more negative skills during the problem-solving task and more negative reactions in the social support tasks. Spouses who reported more BPD symptoms had partners who also reported more BPD symptoms. Longitudinally, the BPD symptoms were connected with lower marital satisfaction and more severe marital problems. Nevertheless, the symptoms of BPD did not predict a 10-year divorce rate. These findings highlight chronic distress in relationships associated with BPD symptoms that is present early after the wedding and suggest that (despite that) these couples tend to stay together and not break up (Lavner *et al.* 2015).

Problems with positive communication with others and accepting critique

Frequent changes in mood, priorities, and goals would present a challenge for any marriage (Crowell *et al.* 2002; Millwood & Waltz 2008). Apart from the identity struggles, patients with BPD also often struggle to compliment, praise, and appreciate their partner. They instead tend to blame the partner for not receiving these positive notions themselves. They tend to be as critical to themselves as they are to others. If they receive a compliment or award, they tend to downplay it or doubt it, which may bring continuous discomfort to the partner who can stop giving positive responses after a while.

Persons with BPD experience numerous misunderstandings and misinterpretations (South *et al.* 2008). As a rule, they have a problem with accepting criticism (Carvalho & Pianowski 2019; Whisman & Schonbrun 2013). Although it may be constructive and proportionate, they commonly perceive criticism as an outright rejection, contempt, or disgrace. They tend to react by a total withdrawal or an angry outburst. Any constructive acceptance of criticism is hampered by harsh and inflexible attitudes towards oneself and others and sometimes by being resigned to work on their change (Johnson *et al.* 2004; Pagano *et al.* 2004). Even after slight criticism, the explosion of intense anger can lead to violence, self-harm, or explosive

behaviour (Carvalho & Pianowski 2019). Although the patient may realize that the self-destructive or hetero-aggressive action is excessive, they still consider it appropriate at the time (due to temporal cognitive impairment caused by amygdala hyperactivity) (Praško *et al.* 2003, Russell *et al.* 2007).

Separation and breakups

Separation is usually very poorly tolerated by individuals with BPD because it intensifies painful feelings of abandonment and loneliness (Euler *et al.* 2019). When an intimate partner wants to break up, they try to prevent it at all costs, which sometimes leads to suicidal threats and attempts. The suicidal acts have a significant communication function as they often partly blame the partner, partly as a call for help. A decision to break up or not often changes due to the affective instability (Holm & Severinsson 2011). During a breakup, an individual with BPD can become excessively attached to children to prevent feelings of complete abandonment (Johnson *et al.* 2001; Johnson *et al.* 2004). In these cases, they strive to feel sure that they would not be left alone. The children may play a supportive role for their unstable parent and be parentified. Later in life, these offspring often struggle with healthy separation as they feel guilty for being more autonomous (Fonagy *et al.* 1991; Crick *et al.* 2005). In some cases, the parent with BPD emotionally blackmails or punishes the "evil" ex-partner through their children (Soloff *et al.* 2002).

(2) Do these struggles have any developmental roots in their childhood or adolescence?

Attachment

Various developmental theories, such as attachment theory (Bowlby 1973; 1980; 1982), emphasize early interpersonal personality development experiences. According to the attachment theory, caregivers initially help young children regulate their negative emotional experiences and states by being available and providing empathic responses that comfort infants and children (Mikulincer *et al.* 2003; Calkins 2004; Hadden *et al.* 2014).

The attachment theory states that these significant early childhood relationships are internalized as internal representations that shape expectations and attitudes in future close relationships (Allison *et al.* 2007; Beeney *et al.* 2017; Campbell *et al.* 2005). Consistent with this presumption, extensive literature based on self-assessment questionnaires found that romantic relationships have a vital attachment function (Hazan & Zeifman 1999; Hazan & Shaver 1987). Besides, individuals with secure childhood attachment later show better psychosocial functioning, including romantic relationships, than individuals with insecure attachment (Crowell *et al.* 2002; Treboux *et al.* 2004; Hadden *et al.* 2014).

Infants and children internalize the parent-child relationship in the form of persistent expectations of whether the attachment figures will be available, especially in stressful or traumatic situations (Simpson & Overall 2014). These expectations are known as "internal working models" that serve as templates for understanding, interpreting, and predicting their loved ones' behaviour in the future (Sroufe & Waters 1977; Calkins 2004). As a result, adverse childhood experiences with primary caregivers are thought to underlie the internal working models for subsequent relationships and contribute to developing maladaptive interpersonal relationships so characteristic of BPD patients (Bernheim *et al.* 2019; Mitchell *et al.* 2019).

Several theories focused on BPD and described the primary role of the impaired attachment or similar interpersonal concepts (Benjamin 1974; Gunderson 1996; Fonagy & Bateman 2006; Levy *et al.* 2006; Hopwood *et al.* 2013). Anxious attachment is more common in partners of patients with BPD or BPD traits than partners of individuals without BPD (Agrawal *et al.* 2004). Insecure attachment and unstable intimate relationships are prominent in BPD patients (Agrawal *et al.* 2004; Levy 2005; Beck *et al.* 2013). This is also seen in clinical practice in which these patients quickly develop an intense connection to their therapist (Simpson *et al.* 1996; Bradley & Westen 2005, Beeney *et al.* 2017), suggesting a low threshold for the activation of attachment processes outside the established relationships. Findings from a study on borderline symptoms in children are also consistent with this observation. Crick *et al.* (2005) rated "friend exclusivity" as an index of extreme friendship intensity. They used items like "It bothers me when my friend hugs other children, even if I am doing something else." The friend exclusivity predicted borderline traits in a one-year follow-up in a community sample of children aged 10–11 years.

Individuals with BPD aged 40 years and older are also more likely to have dysfunctional romantic and friendly relationships than individuals younger than 40 (Hill *et al.* 2008). It turns out that with age, these patients' functioning increasingly associates with social isolation (Hill *et al.* 2008). Although the specific connection between the relationship dysfunction and BPD has been confirmed, it is unlikely that the insecure attachment can adequately explain this dysfunction's severity and extent. For example, the same issue may be caused by problems with regulating negative emotions in an environment that is not sufficiently adapted to express them (Hill *et al.* 2008).

Such interpersonal regulation problems may be more pronounced in couples in which one person shows increased attachment anxiety, and the other has increased attachment avoidance. In these couples, one person is likely to address threats to the relationship and seek the reassurance of the commitment, while the other is likely to increase the distance and act independently (Simpson & Overall 2014). The combination of the increased anxiety in one spouse and increased avoidance in the other one is thought to lead to a relationship dysfunction because each person has a path

to "perceived security" that activates central concerns in the other. For example, a woman with increased attachment anxiety needs a hug and comfort after quarrelling with her husband. Having increased attachment avoidance, he rejects that because he perceives it as threatening and instead goes to a pub. Beck *et al.* (2013) found that such couples show more extensive physiological reactivity during a conflict than other couples, signalling increased stress during these pairs' conflicts. Further research described a link between increased anxiety/avoidance tendencies in a couple and violence in these relationships (Roberts & Noller 1998; Allison *et al.* 2007; Doumas *et al.* 2008). This relationship pattern may be more pronounced in BPD patients due to more severe attachment disruption and interpersonal regulation problems (Beeney *et al.* 2017).

Aversive experiences and unfulfilled emotional needs

In many ways, personality development presents the development of a child as a part of society. From the first hours of life, the child responds to social stimuli and quickly learn various social interactions (Trevarthen & Aitken 2001). Childhood interpersonal experiences that disrupt safe relationships create conditions for maladaptive interpersonal behaviour in adulthood that typically occurs in BPD (Agrawal *et al.* 2004). For example, childhood neglect and maladaptive parenting were independently associated with the increased risk of BPD (Ludolph *et al.* 1990; Guzder *et al.* 1996; Johnson *et al.* 1999; 2001). Child abuse, excessive punishment, and other forms of victimization such as assault, bullying, and intimidation, were also found to contribute to the onset of the personality disorder by leading to affective dysregulation, aggressive behaviour, dissociative symptoms, interpersonal withdrawal, and deep distrust of others (van der Kolk *et al.* 1994; Chen *et al.* 2004; Winsper *et al.* 2017; Alberdi-Paramo *et al.* 2020).

(3) What are the sources of issues in intimate relationships in patients with BPD?

Dysfunctional adult attachment

Patients with BPD often develop a hostile-dependent relationship with a partner in which they punish the partner and simultaneously need them (Tragesser & Benfield 2012). In a demanding way, they can act too urgently, threaten the partner, act helpless, in a suicidal or self-destructive way. They tend to respond to signs of disinterest or rejection with panic, tension, anger, or impulsive acts (Tragesser & Benfield 2012). These acts often manifest in auto-aggression (self-harm, suicidal behaviour), hetero-aggression (verbal or physical), or reckless behaviour (binge drinking, binge eating, promiscuity, etc.). Living with a BPD partner presupposes an empathic understanding of their abandonment fears (Daley *et al.* 2000). Simultaneously, they need a clear line between what their partner can and cannot do for them. If a partner wants to meet their unfulfillable desires, they usually soon get angry because the needs for closeness and attention are insatiable (Dutton *et al.* 1994).

Romantic partner similarity

A romantic partner's choice can significantly affect mental health (Daley & Hammen 2002; Simon *et al.* 2008). Individuals tend to pair with others who are somewhat similar in several factors, including socioeconomic status, age, attractiveness, values, and personality (Luo & Klohnen 2005). However, the coupled individuals may also become more similar over time (Simon *et al.* 2008). For people with personality problems, pairing based on similarities would mean that they associate with romantic partners with similar personality difficulties and social struggles. Indeed, romantic partners seem to share personality traits and the level of interpersonal functioning. However, they tend not to show similarly severe personality disorder (Simon *et al.* 2008; Maneta *et al.* 2013). Although the partners tend to be slightly similar in terms of specific attachment styles, the attachment insecurity is only moderately similar. Studies based on the attachment dimensions generally found significant but weak similarity in the attachment styles (Luo & Klohnen 2005; Rholes *et al.* 2001). On the other side, Bouchard & Sabourin (2009) found that 69 % of women with BPD and their partners were insecurely attached. In this study, the partners were also slightly similar in terms of social disability, including work and general social functioning. Overall, individuals seem to couple with others with similar levels of interpersonal functioning. Such a similarity is likely bringing implications for the functioning of their romantic relationships. Further research is needed to clarify romantic partners' characteristics that may positively affect personality and interpersonal difficulties over time.

(4) What are the clinical consequences of partnership issues in this population?

Couple therapy could positively affect the functioning of romantic relationships of individuals with BPD (Hill *et al.* 2008). Unfortunately, there are few guidelines for treating couples with a present personality disorder (Landucci & Foley 2014). Given the links between the functioning of romantic relationships and BPD symptoms (Hill *et al.* 2008), improving the relationship between partners may bring other positive effects. Replacing withdrawal with direct communication about relationship needs can positively impact marital satisfaction. Besides, the couple therapy may help both partners recognise and respond to connection offers, reducing the anxiety and anger experienced by individuals with abandonment anxiety or attachment avoidance. Providing reasonable reassurance and responses to behavioural offers that reassure the partner rather than further activate the attachment system seems beneficial (Total & Simpson 2015).

CONCLUSION

Unstable and chaotic romantic relationships are at the core of interpersonal dysfunction in BPD. Individuals with BPD commonly report dysfunctional romantic relationships with negative communication patterns. The quality of the relationship seems lower from the beginning of the marriage. As a result, individuals with BPD undergo shorter romantic relationships than individuals without BPD. They often find themselves in relationships characterized by insecure attachment and frequent conflicts. More research is needed to determine the connection between BPD symptoms and the romantic relationship dysfunctions, including the partner's personality traits as a potentially significant mediator.

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