Interactional Pathology among Couples with Borderline Personality Disorder Wives: A Qualitative Study

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Abstract

The purpose of this qualitative study was to gain a deeper understanding of interactional pathology among couples with the borderline personality female partners by examining the experiences of 10 men/male partners. This main inquiry question is/can be stated as follows; "How do men experienced their communication with their partner who has been diagnosed as displaying traits/characteristics?". The latter was supplemented by various sub questions exploring the different dimensions of marital life. The major data collection tool was semi-structured interviews. Forty to 60-minute interviews were conducted with each participant. Data analysis included a three-phase process: description, reduction, and interpretation. The latter was completed using the qualitative content analysis by Colaizzi (1978).six categories of experiences indicating interactional difficulty among the couples were obtained from the data analysis. Marital communication pathology, interpersonal pathology, destructive cognition, destructive relations with children, relationship problems due to economical impulse control and social impulse control sense and descriptions may need attention. The results of inquiry determined that the root of interactional pathology can be ascribed to' instability'. As regard the results it can be said the men with border line personality disorder wives endure interactional pathologies that finally they cause collapsing their family sentence needs attention.

Keywords: qualitative study, borderline personality wife, interactional pathologies

1. Introduction

Borderline Personality Disorder (BPD) has been defined as a personality disorder in all editions of DSM since 1980; namely, DSM III through V (Stone, 2014). Borderline personality disorder (BPD) known as emotionally unstable personality disorder, is a long-term pattern of abnormal behavior characterized by unstable relationships with other people, unstable sense of self, and unstable emotions. Intense mood swings, impulsive behaviors, and extreme reactions can make it difficult for people with borderline personality disorder to complete schooling, maintain stable jobs and have long-lasting, healthy relationships (Gratz, Moore, & Tull, 2016).

Totally, their emotions, behavior, and unstable relationships, including work history, reflect a fragile, shame-based self-image. This is often marked by sudden shifts, sometimes to the extent that they feel nonexistent. It is made worse when they're alone. Thus, they're dependent on others and may frequently seek advice from several people about the same question on the same day. They're desperate to be loved and cared for, yet are hypervigilant for any real or imagined signs of rejection or abandonment. It is common for them to cut off relatives or friends who "betray" them (Gunderson, 2009). The most important issue for them has always been the question of trust which consequently lead to distortions of reality and paranoia. They see people as either for or against them and mostly expect them to take their side; no one is supposed to take their enemy's side. They are so irritable and take offence very easily and accept no justification or explanation for the disrespect they claim to have faced. They may attempt to trigger their partner's anger, accuse him of ignoring them, give him a sense of doubt regarding reality and his

sanity, or even emotionally brainwash him. They usually end their friendships or relationships when they feel a sense of betrayal.

They deal with overwhelming fears of abandonment is by clinging behavior and anger that are the result of their false reality and self-image. On the other hand, there also exist the fear of the romantic merger created by them. The reason behind this fear is the fact that they may feel dominated or devoured by too much intimacy (Miano, Fertuck, Roepke, & Dziobek, 2016). In a close relationship, their keeping the balance of the fear of loneliness and that of too much intimacy will be daunting task. Commands or manipulation- flattery and seduction- are what they try to do to handle the situation (Bouchard, & Sabourin, 2009).

Many researchers have been interested to study borderline personalityfrom different dimensions. Swartz et al. (1990) studied prevalence of borderline personality in community. Hurlbert et al. (1992) studied the sexuality of women with borderline personality disorder. Crowell (2016) attended to interpersonal causes, correlates, and consequences of borderline personality disorder; Levy et al. (2006) and Linehan (1987), Turner (2000), Munroe-Blum and Marziali (1995) were interested in seeking treatment for them, Daros, Zakzanis, & Ruocco (2013) studied facial emotion recognition in borderline personality disorder, Dutton and Starzomski (1993) studied the correlation between psychological and emotional abusive with border line personality characters among couples. In Iran also some studies have been dedicated to borderline personality disorder. Mashhadi, Soltani Shourbakhourlo, & Razmjooei (2010) studied the relations between emotional intelligence and borderline personality disorder. Although instability is an important indicator in daily life of a person with personality disorder (Gunderson, 2007), in total, a few researches have investigated personality disorder interpersonally especially in marriage. Bouchard, Sabourin, Lussier, & Villeneuve (2009) studied the relationship quality and stability in couples when one partner suffers from borderline personality disorder. The couples showed lower marital satisfaction, higher attachment insecurity, more demand/withdraw communication problems, and higher levels of violence. Paris and Braverman (1995) showed the failure of marriage among borderline personality disorder partners. Valentiner, Hiraoka, & Skowronski (2014) reported that persons with borderline personality disorder have dysfunctional romantic relationships because of self-verification beliefs. In Iran, there is a deep gap in the family studies regarding married borderline persons and their problems, which is of particular interest with the present study. It seems therapeutic actions in family therapy need more knowledge about communication pathology that men experience in living with wives who suffer from borderline personality symptoms. The findings of the study can help fill the knowledge gap in the literature on borderline disorder in the context of family and compensate lack of research on exact communication pathology. In summary, this question was addressed: what are the interactional pathologies among couples with borderline personality disorders wives?

2. Method

This study was of qualitative type. Ten participants were recruited purposefully. That is, they were introduced by family specialists such as a psychiatrist and a family therapist who confirmed that the participants' wives sufferd fromborderline personality disorder. the researchers attempted to establish a good correspondence between research questions and the sampling (Bryman, 2015). The inclusion criterion was formed based on currently married participants who have been married for at least one year or more to a border line personality spouse. In conducting this study, the researchers chose to interview the individuals aged 30 to 40. The aim of age restriction was to form a more coherent group making the comparison between the subjects more relevant. Table 1 shows demographic characters. In total, the participants were required to meet the following inclusion criteria: (a) the participant can understand the researchers' questions; (b) they have no acute and chronic physical illnesses or mental disorders; (c) they are willing to participate and able to provide information.

Participant	Age	Marital status	NO. of Children	The age of shared life
1	40	Married	one boy and one girl	6 years
2	34	Married	one boy	3 years
3	30	Married	-	1 year
4	35	Married	one boy	3 years
5	35	Married	-	1 year
6	37	Married	-	2 years
7	32	Married	-	1 years
8	32	Married	-	1 years
9	40	Married	One girl	1 years
10	33	Married	-	1 years

Table 1. Demographic characters of participants

The transcripts and tape recordings were not labeled with participants' names. Confidentiality was considered in all stages of the study. Ethical approval was obtained from the ethical committee of Isfahan University.

Data were gathered using a semi-structured interview. The questions were mainly open ended questions with a small number of closed questions relating to information such as age, length of marriage and the number of children and so on. After developing rapport and empathy between the researcher and the participant, the interviewer could ask additional exploring questions in response to what are seen as significant repliesEach participant was presented with a similar set of questions relating to their overall experiences of living with borderline personality disorder wives and the impact which it had on their interaction and communication. An example of an open ended question included in the interview schedule is: "What are your main problems with your wife in your marital life?" The researcher sought to use the language that was comprehensible and relevant to each of the participants. Data collection continued until data saturation. All the interviews were recorded and transcribed. Each interview was assigned a code. After each interview, the researchers listened to the recording and made notes. Key words, phrases and statement were transcribed. The seven-step Colaizzi (1978) method was used to analyze the data as follows:

- 1) The researchers read all participants' descriptions and tried to empathize with them.
- 2) To extract important themes, the researchers found the related words, phrases and sentences. These concepts were coded afterwards.
- 3) All the extracted codes were given formulated meaning.
- 4) The formulated meanings were organized into clusters of themes. To make them reliable, the researchers reviewed the main descriptions again.
- 5) Results were then integrated into an exhaustive description of the phenomenon under study.
- 6) The exhaustive description of the investigated phenomenon was formulated as an unequivocal statement of identification when possible.
- 7) Finally, to clarify the acquired ideas and make them reliable, the findings were referred back to the participants for the validity approval.

Based on Babbie (2013), to evaluate the credibility, dependability, conformability, and transferability of data analysis, the researchers had numerous negotiations until agreements were achieved on each aspect of the process. To provide details of the method and abundance of evidence and triangulation, the extracted themes were examined from family therapist's perspective. An expert in phenomenological method also reviewed the analysis of data and confirmed that appropriate procedure had been followed. Furthermore, logical connections between data and conclusions were obtained by the researchers.

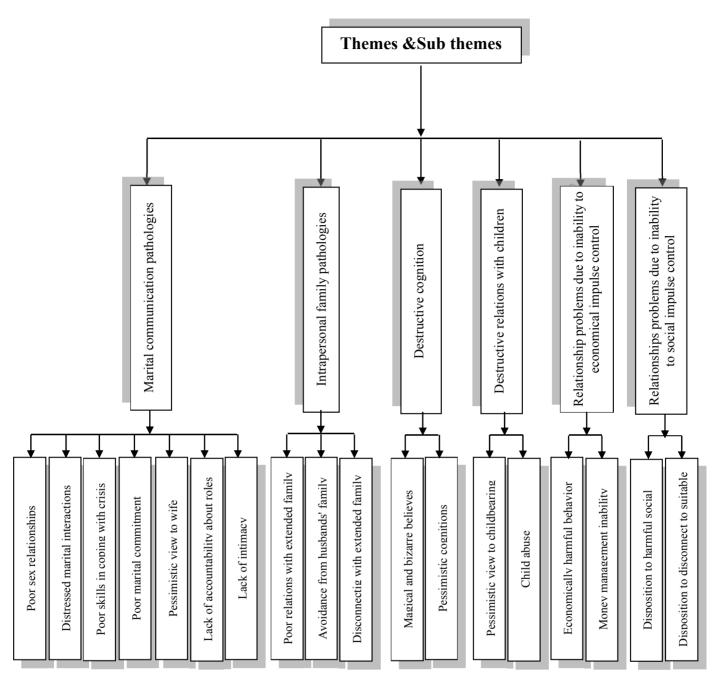
3. Results

Although the results of data analysis showed the women have many problems including individual problems (distractive behaviors, swing mood, neglecting their health) that cause other problems like social (e.g. poor social interactions), economic (e.g. prodigality), the marital interactional pathologies consist of 6 themes with 19

subthemes that they were extracted a total 306 conceptual codes. Table 1 shows the main themes and subthemes derived from participants' experiences with borderline personality disorder wives.

Table 2. The main	themes and	subthemes	derived	from	participants'	experiences	with	borderline	personality
disorder wives									

Themes	Sub themes			
	Poor sexual relationships			
	Distressed marital interactions			
	Poor skills in coping with crisis			
Marital communication pathologies	Poor marital commitment			
	cynicism towards the husband			
	Lack of accountability to roles			
	Lack of intimacy			
	Poor relations with the extended family			
Intrapersonal family pathologies	Avoidance of husbands' family			
	Disconnecting from an extended family			
	Magical and bizarre beliefs			
Destructive cognition	Pessimistic cognitions			
Desta of a selection of station	Pessimistic view to childbearing			
Destructive relations with children	Child abuse			
Deletionalia angliana dae ta comania ing 1	Economically harmful behavior			
Relationship problems due to economic impulse control	Money management inability			
	Disposition to harmful social communication			
Relationships problems due to social impulse control	Disposition to disconnection from suitable relationships			



Schema 1. the main themes and subthemes derived from participants' experiences with borderline personality disorder wives

In what comes below, the themes and subthemes with clarifying samples have been presented. (All the quotations are what the husbands said)

Theme 1: marital communication pathology

One of the main themes in the experiences of men with borderline personality wives was the marital communication pathology with 7 subthemes: Poor sexual relationships, distressed marital interactions, poor skills in coping with crisis, pessimistic view to husband, poor marital commitment, lack of accountability to the roles, and lack of intimacy.

Poor sexual relationships (The subtheme was chosen because couples had no sexual satisfaction)

"I am confused because of her swing mood and improper sexual behaviors; I cannot predict her sexual behavior, one day she is hot, another day she is cold"

Distressed marital interactions (The subtheme was chosen because couples have many arguments about duties towards each other)

"We could not understand each other because of her unclear expectations of me."

Poor skills in coping with crisis (the subtheme was chosen because the women cannot cope with stressful events in an effective manner)

"When we face some problems, she cannot manage her stress and she begins to worsen the conditions with her improper behaviors"

Pessimistic view to husband (the subtheme was chosen because the women are cynical about their husbands)

"She controlss me all the time for everything. She is very sensitive and jealous"

Poor marital commitment (the subtheme was chosen because the women cannot involve someone in their duties)

"Most of the times, she threatens that she would leave me."

Lack of accountability to roles (the subtheme was chosen because the women cannot accept their roles in daily life)

"After a workday when I come back home, she hasn't started doing her chores and tasks yet; she is making met tired and I am frustrated."

Lack of intimacy (the subtheme was chosen because the men said they were not able to establish the least confidential connection)

"She cannot keep our family secrets"

Theme 2: intrapersonal family pathologies:

One of the main themes in the experiences of men with borderline personality wives was *intrapersonal family pathologies* with 3 subthemes: Poor relations with an extended family, avoidance of the husbands' family and disconnecting from an extended family. The theme is related to the pathologies due to an extended family which the couples cannot manage. Every subtheme is presented with one example as follows:

Poor relations with an extended family (The subtheme was chosen because couples have many arguments about their families with each other)

"My wife has many unsolved problems with my family and hers "

Avoidance of the husband's family (The subtheme was chosen because the wives prefer to avoider their husband's family)

"When I want to go to my mother's home, we have a quarrel because my wife doesn't have any interest in my family; she has a grudge against my family"

Disconnecting from an extended family (the subtheme was chosen because the women cut their relationships with their family or that of their husbands)

"My wife has cut her relationships with my mother, some of her friends and, some relatives"

Theme 3: Destructive cognition:

One of the main themes in the experiences of men with borderline personality wives was *intrapersonal family pathologies* with 2 subthemes: Magical and superstitious beliefs and cognition [sentence needs attention]. The theme is related to the pathologies due to borderline personality cognition that causes marital problems. In the ollowing part, every subtheme is presented with one example.

Magical and bizarre beliefs (The subtheme was chosen because the women have some magical beliefs about miraculous occurrences)

"Sometimes when we decide to do something, suddenly she reverses our decision for a silly reason. For example, when she sees a cat, she quits because she believe if she sees a cat at the beginning of a day, it will be a bad day" [please provide more examples?]

Pessimistic cognitions (The subtheme was chosen because the women have a general tendency to negative expectations in their daily life and marital life).

"She has a general belief that everything will have a bad ending"

Theme 4: Destructive parent- child relation:

One of the main themes in the experiences of the men with borderline personality wives was destructive parent-

child relation with 2 subthemes: the pessimistic view of childbearing and abdicating responsibility for children [this may prove a very sensitive situation ethically as it has legal implications, that is, could one use words such as complex non supportive childrearing behaviors and attitudes?]. The theme is related to pathologies due to children and childrearing. In what comes below, every subtheme was presented with one example.

Apessimistic view of child bearing (The subtheme was chosen because some men had experienced their wives hated childbearing)

"I want to have a child but my wife disagrees because she has a pessimistic view of child bearing because she says children have many unsolved problems"

Abdicating responsibility for children (The subtheme was chosen because the women could not accept the responsibility for their children) sentence needs attention).

"She has many problems with our children I am getting bored and feel hopeless about my children's future"

Theme 5: Relationship problems due to economic impulse control:

One of the main themes in the experiences of the men with borderline personality wives was relationship problems due to economically impulsive behaviors with 2 subthemes: Economically harmful behavior and money management inability. The theme is related to the pathologies due to economic impulse control inability. Every subtheme is presented with one example as follows.

Economically harmful behaviors (The subtheme was chosen because the women had wrong financial behaviors)

"All the time my wife borrows, spends money and goes shopping without thinking how I can pay off the loan we have taken from the bank"

Money management inability (The subtheme was chosen because the women could not manage financial resources).

"She cannot understand we should save money"

Theme 6: Relationships problems due to the social impulse control:

One of the main themes in the experiences of the men with borderline personality wives was relationship problems due to the social impulsive behavior with 2 subthemes: Disposition to harmful social communication and disposition to disconnect to suitable relationships. The theme is related to pathologies due to the social impulse control inability. Every subtheme is presented with one example as follows:

Disposition to harmful social communication (The subtheme was chosen because the women had wrong social behaviors)

"She can't stand social problems. For example when she is stuck in traffic, she gets angry and shows aggressive behavior to other people"

Disposition to disconnection from (The subtheme was chosen because the women incline to cut their relationships).

"She has cut her relations with our neighbors, her sister, and her counselor"

4. Discussion

The study examined the interactional pathology among couples with borderline personality disorder wives. The researchers interviewed 10 men living with borderline personality disorder wives. After the data analysis,6 themes were extracted: Marital communication pathology, interpersonal pathology, destructive cognition, destructive parent-child relations, and relationship problems due to economic impulsive behaviors, and relationships problems due to social impulsive behaviors.

Although the review of literature indicated there is no published research about interactional pathology among couples with borderline personality disorder, some researchers have shown that individuals with borderline personality disorder and their spouses suffer from many marital conflicts (e. g. McCormack, 1989; Paris & Braverman, 1995; Valtiner, et al, 2014; Bouchard, et al, 2009). On the whole, our results are compatible with the results obtained by Crowell (2016), Miano, et al (2016), Bouchard, et al (2009) and Hurlbert et al. (1992).

To explain the results, it can be said that the most important feature among the women is instability. That is, their self-image, emotions and behaviors are unstable. The instability causes their communication become full of stress and different contrary emotions. Therefore, their communications is potentially inclined to violence. They have an extreme fear of abandonment therefore if they feel the signs of being abandoned, they change their behavior with

their partner and show aggressive behavior and try to protect their relations with self- destructive behaviors such as burning and hurting themselves (Larsen & Buss, 2011).

On the other hand, some characteristics among the women with borderline personality disorder such as the fear of abandonment, unclear or unstable self-image, impulsive self-destructive behaviors, self-harm, extreme emotional swings, chronic feelings of emptiness, explosive anger, and feeling suspicious can be the source of unstable relations. The fear of being abandoned, in particular, yields compensatory behaviors such as infidelity or extreme control. furthermore, extreme emotional changes and unstable self-image cause interaction and empathy to be damaged. The weakness of empathy can affect the sense of responsibility within the marital life..

All problems mentioned above may disrupt sexual relationships. Individual, social, and marital problems develop a dysfunctional family model in which power hierarchy, intimacy, and the source of control are disrupted. Dysfunctional family influences children subsystem. In fact, because of the instability in the women, they cannot be responsible for child/ children.

Although marriage and family in different cultures are different, there are some common bases like mental health of the couples as the basic factor to family cohesion, which goes beyond the cultural differences. Therefore, with regard to the results, the best point to improve the family with border line personality disorder is to decrease emotional instability. It seems emotional management can help to decrease other problems. Moreover, it is important that the wives take responsibility for the roles they play in their communications. They must answer some questions: what am I doing that may be contributing to problems? How do my words and behaviors make my marital life worse? DO I make an effort to put myself in other people's shoes? It seems emotional couple therapy is useful to reduce interactional pathology in the family.

The present research like other research has some limitations. Because this study was of qualitative type, using a purposive sampling strategy limited the breadth of information and experiences presented.

Competing Interests Statement

The authors declare that they have no competing or potential conflicts of interest regarding the publication of this paper.

References

- Bouchard, S., Sabourin, S., Lussier, Y., & Villeneuve, E. (2009). Relationship quality and stability in couples when one partner suffers from borderline personality disorder. *Journal of Marital and Family Therapy*, 35(4), 446-455. https://doi.org/10.1111/j.1752-0606.2009.00151.x
- Bryman, A. (2015). Social research methods. Oxford university press.
- Colaizzi, P. (1978). *Reflections and research in psychology: A phenomenological study of learning*. Dubuque: IA: Kendall/Hunt.
- Daros, A., Zakzanis, K., & Ruocco, A. (2013). Facial emotion recognition in borderline personality disorder. *Psychological Medicine*, 43(09), 1953-1963. https://doi.org/10.1017/S0033291712002607
- Dutton, D. G., & Starzomski, A. J. (1993). Borderline personality in perpetrators of psychological and physical abuse. *Violence and Victims*, 8(4), 327-337.
- Gratz, K. L., Moore, K. E., & Tull, M. T. (2016). The role of emotion dysregulation in the presence, associated difficulties, and treatment of borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment*, 7(4), 344. https://doi.org/10.1037/per0000198
- Gunderson, J. G. (2007). Disturbed relationships as a phenotype for borderline personality disorder. *American Journal of Psychiatry*, 164(11), 1637-1640. https://doi.org/10.1176/appi.ajp.2007.07071125
- Gunderson, J. G. (2009). Borderline personality disorder: ontogeny of a diagnosis. *American Journal of Psychiatry*, *166*(5), 530-539. https://doi.org/10.1176/appi.ajp.2009.08121825
- Hurlbert, D. F., Apt, C., & White, L. C. (1992). An empirical examination into the sexuality of women with borderline personality disorder. *Journal of sex & marital therapy*, 18(3), 231-242. https://doi.org/10.1080/00926239208403409
- Larsen, J. L., & Buss, D. M. (2011). Personality psychology. New York: Mc Graw Hill.
- Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J. S., Weber, M., Clarkin, J. F., & Kernberg, O. F. (2006). Change in attachment patterns and reflective function in a randomized control trial of transference-focused psychotherapy for borderline personality disorder. *Journal of consulting and clinical psychology*, 74(6), 1027.

https://doi.org/10.1037/0022-006X.74.6.1027

- Linehan, M. M. (1987). Dialectical behavior therapy for borderline personality disorder: Theory and method. *Bulletin of the Menninger Clinic*, 51(3), 261.
- Mashhadi, A., Soltani Shourbakhourlo, E., & Razmjooei, R. (2010). On the relationship between emotional intelligence and symptoms of borderline personality disorder. *Journal of Fundamentals of Mental Health*, 12, 9.
- McCormack, C. C. (1989). The borderline/schizoid marriage: the holding environment as an essential treatment construct. *Journal of Marital and Family Therapy*, *15*(3), 299-309. https://doi.org/10.1111/j.1752-0606.1989.tb00811.x
- Miano, A., Fertuck, E. A., Roepke, S., & Dziobek, I. (2016). Romantic Relationship Dysfunction in Borderline Personality Disorder—A Naturalistic Approach to Trustworthiness Perception.
- Munroe-Blum, H., & Marziali, E. (1995). A controlled trial of short-term group treatment for borderline personality disorder. *Journal of Personality Disorders, 9*(3), 190-198. https://doi.org/10.1521/pedi.1995.9.3.190
- Paris, J., & Braverman, S. (1995). Successful and unsuccessful marriages in borderline patients. *Journal of the American Academy of Psychoanalysis, 23*(1), 153.
- Stone, M. H. (2014). The spectrum of borderline personality disorder: a neurophysiological view Electrophysiology and Psychophysiology in Psychiatry and Psychopharmacology (pp. 23-46): Springer.
- Swartz, M., Blazer, D., George, L., & Winfield, I. (1990). Estimating the prevalence of borderline personality disorder in the community. *Journal of Personality Disorders*, 4(3), 257-272. https://doi.org/10.1521/pedi.1990.4.3.257
- Turner, R. M. (2000). Naturalistic evaluation of dialectical behavior therapy-oriented treatment for borderline personality disorder. *Cognitive and Behavioral Practice*, 7(4), 413-419. https://doi.org/10.1016/S1077-7229(00)80052-8
- Valentiner, D. P., Hiraoka, R., & Skowronski, J. J. (2014). Borderline Personality Disorder Features, Self-Verification, and Committed Relationships. *Journal of Social and Clinical Psychology*, 33(5), 463-480. https://doi.org/10.1521/jscp.2014.33.5.463

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