Editorial

Borderline Personality Disorder: Symptom Mirroring and caregiver burnout in their partners who do not have Borderline Personality Disorder

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Borderline personality disorder [1] is characterized by sudden shifts in identity, interpersonal relationships, and affect, as well as by impulsive behaviour, periodic intense anger, feelings of emptiness, suicidal behaviour, self-mutilation, transient, stress-related paranoid ideation, and severe dissociative symptoms. The onset of BPD typically occurs during adolescence (12-18 years). BPD is often followed by or is seen to have comorbid symptoms of disorders like depression, anxiety, conduct problems, hyperactivity, and substance use. BPD is associated with various symptoms including low achievements in occupation and education, lack of long-term relationships, increase in partner conflicts, risky sexual behaviour, low levels of social support and lesser life satisfaction [2].

Nature of Relationship Satisfaction

The perception of women with BPD according to research when it came to subjective evaluation of their relationship was often more negative than that of their male partners without BPD, indicating potential biases in BPD patients' relationship evaluation. According to various research that have been published, certain features of relationships, such as commitment and monogamy were of utmost importance while considering the impact of BPD symptom severity on relationship satisfaction. Findings indicated that those high in borderline personality symptoms also had lower levels of relationship satisfaction than those with less severe borderline personality symptoms. However, relationship commitment added an important predictive quality in relationship satisfaction. That is to say that the nature of relationships whether it was a committed relationship or one with 'no strings attached' could be a determining factor for the reported overall relationship satisfaction.

Kuhlken and others [3], in their study explored how symptoms of borderline personality disorder (BPD) and the level of relationship commitment impacted relationship satisfaction. The study found that individuals with higher BPD symptom endorsements reported significantly lower relationship satisfaction, even at subclinical levels. Additionally, while being in a committed relationship was generally associated with greater satisfaction, commitment only partially buffered the negative impact of BPD traits. This suggested that although commitment offered some relational stability, it couldn't fully bridge the emotional and the interpersonal difficulties linked with BPD. The findings aligned with previous literature indicating the importance of both individual psychological traits and relationship context when assessing relational satisfaction. It also highlighted the need for therapeutic interventions that targeted emotion regulation and self-concept development, particularly for individuals in romantic relationships where personality dynamics significantly shape satisfaction.

This could also be a reason for people with BPD having a lower probability of being married [4], a higher probability of being divorced [5], with more dysfunctional romantic relationships [6], more break-ups within romantic relationships [7], and more dissolved friendships, as well as with a higher number of former romantic relationships [8] compared to people without BPD.

In 2009, a study [8] to compare relationship dynamics in couples where the female partner had borderline personality disorder (BPD) and their male partners did not have borderline personality disorder with those in the nonclinical group where both the couple did not have any disorder. The clinical group consisted of

35 couples where the woman had a BPD diagnosis. The control group consisted of 35 matched non-clinical couples with no history of any psychopathology. The results of the study were quite significant and showed relationship instability, where 68.7% of BPD couples had repeated breakups and reconciliations. Whereas 28.6% separated permanently within 18 months. The interesting finding from the study was that 44% of male partners of women with BPD had at least one personality disorder. Some of the most common disorders seen were paranoid, antisocial, obsessive–compulsive, avoidant. All these personality disorders in the clusters have some form of unhealthy attachment styles or emotional dysregulation.

Shared Patterns in Couple

In the research, women with borderline had higher rejection anxiety and avoidance of intimacy. Their partners also showed higher attachment insecurity compared to the control group. The Communication Patterns seen in the clinical group showed less constructive communication and more patterns of demand and withdrawal. This pattern was observed to be the practice in both the partners. This is an indicator that non-BPD partners too may have some form of unhealthy attachment styles which the BPD patients may compliment. This causes both the partners prolonged volatile relationships due to familiarity from early childhood experiences. Studies indicate that due to this, there was lower satisfaction in both BPD women and their partners compared to control couples. Around 49% of women and 40% of men in BPD couples were clinically distressed in their relationship [9-10].

Based on the findings, partners with secure attachment might seem to be an ideal match for any BPD partner due to their effective individual emotional regulation and communication patterns. However, people with secure attachment may also be the first ones to leave a relationship if their boundaries are being tested or if their emotional regulation is destabilised with a BPD partner. This hypothesis however remains unexplored owing to the difficulty in finding the sample. Based on the practical knowledge and first-hand data, a huge number of secure style individuals may exhibit empathy and an over estimation of their capability to manage the emotional volatility and optimize their partner's symptoms. This is why it is important to study the effects of the BPD partner's symptoms and patterns on the non-BPD partner over a period.

It has been well established that romantic relationships provide protective benefits for mental health and functioning in an individual in a long-term period. Understanding the mechanisms through which we can improve relationship satisfaction may lead us to the ability to utilize the stabilizing effects of interpersonal connections on mental health for those with BPD symptoms. Therefore, if it is possible to repair or reduce the interpersonal dysfunction, which is a primary feature of BPD, it may be possible to improve the mental health of those with BPD overall. According to Liebke and others [10], constant worry about abandonment and loneliness are primary features of BPD. This type of anxious worrying may lead to poor interpersonal interactions. Therefore, for those with BPD increasing social connections may not provide the same protective effects, if the individual engages in behaviours which push people away or if their perceptions of the social support experienced is incongruent with the support received.

In a pilot investigation of 26 heterosexual couples where one partner (female) was diagnosed with BPD, researchers integrated personality, trauma, attachment, and hormonal markers along with variables like satisfaction and coping. Compared to healthy control couples, both women with BPD and their male partners exhibited elevated rates of insecure attachment (anxiety and avoidance), histories of childhood maltreatment (CM), and neurotic personality traits. Women with BPD reported significantly lower relationship satisfaction, more relationship-related problems, and less positive dyadic coping, while their partners did not differ significantly on these relationship-level outcomes [9-10]. Evidence from newlywed and community samples indicates that individuals with BPD often pair with partners who also report elevated BPD traits a phenomenon called assortative mating.

In a dyadic interpretative phenomenological analysis, O'Leary & Lynch [11] explored the lived experiences of couples in which one partner was diagnosed with borderline personality disorder (BPD). While conducting interviews in depth with five couples, the researchers investigated how both individuals made sense of their shared experiences. The study found that many couples externalized BPD, viewing it as a third presence in the relationship rather than attributing blame to one another. This perspective allowed partners to adopt a collaborative stance in managing the disorder. Nevertheless, the couples faced

significant emotional instability, communication difficulties, and caregiver fatigue, particularly among non-BPD partners who often experienced a tension between empathy and burnout. Despite these challenges, several couples reported instances of emotional growth and strengthened connection, suggesting that navigating BPD together can foster resilience and deeper intimacy. This study underscores the importance of considering BPD as a relational issue and highlights the value of dyadic interventions in therapeutic settings [11].

A longitudinal study aimed to examine how BPD symptoms in newlywed spouses predict long-term marital outcomes. Findings indicated that higher BPD symptoms were significantly associated with negative communication patterns and lower relationship satisfaction in both partners [8]. However, BPD symptoms did not predict divorce rates over a 10-year follow-up period [8]. The study concluded that while BPD symptoms contribute to marital distress, they do not necessarily result in relationship dissolution. This study investigated how borderline traits influence romantic breakup behaviours. Individuals with elevated BPD traits reported using less adaptive breakup strategies, experienced heightened emotional turmoil during breakups, and were more likely to engage in behaviours such as unwanted pursuit of ex-partners [5-6]. The study concluded that BPD traits are linked to maladaptive post-breakup functioning and prolonged emotional distress following relationship dissolution.

Lack of studies on couple with a BPD partner

Past research on BPD seems to be more pessimistic in nature owing to the uncertainty of the relationship and lack of substantial longitudinal studies on couples engaged in a long-term relationship or marriage. Many longitudinal studies on couples also were seen to be terminated due to the couple breaking up midway or separating. This is ironic conforming to the stereotypical perception of BPD partners not being able to hold any relationships. However, one important determining factor for any relationship involving a BPD partner includes regular individual and couple therapy [12]. Many of the studies which were conducted on couples did not mention if therapy was a constant factor for either of the partners nor did it underscore the importance of the same to navigate through the relationship. Long term individual therapy for those with BPD has been proved to have a positive impact for the emotional regulation, better communication pattern and decreased intensity of the symptoms exhibited. Even the self-harm tendencies are reduced due to the inculcation of healthy coping mechanisms. While they work on their self-concept which usually seemed to be hampered during their formative years of development, a lot of their self-esteem, body image issues and confidence is also simultaneously being worked on. This is seen to have helped individuals with BPD to work on themselves and not have heightened expectations or place their partners on a pedestal [2,12].

Caregiver Burnout

Instability in relationships and interpersonal conflicts as mentioned before being the primary characteristic of BPD, it is also very important to see the relationship through the lens of the non-bpd partner. Oftentimes, researchers and practitioners tend to redirect their focus from the couple to the main source of ambiguity and instability; the disorder itself. While knowing the intensity of the disorder and helping the couple identify the patterns is of utmost priority, the non-bpd partner tends to struggle with a concept most overlooked; caregiver burnout [13]. While the use of this term might be subject to a debate, any partner who consents to a relationship knowing the partner's condition, also volunteers to have their own insecurities and attachment styles tested. Past research have not just taken therapy as a lesser important factor for those with BPD but have also overlooked it as a protective factor for the non-bpd partner and also the relationship at the same time. One of the reasons for this could be due to the long-term nature of therapy prescribed for BPD and them not adhering to the same. It is mostly seen that many skip their follow ups and only start being consistent again when their symptoms start aggravating again.

Many studies have been done on those with BPD and the wild nature of managing the disorder. However, only a few of them have been attributed to the non-bpd partners who may themselves be clueless about the condition their partner is struggling from [12]. Dr Manning in her highly acclaimed book 'How to Love Someone with Borderline Personality Disorder' wonderfully showcases different cases and stories of those with BPD. She elaborates how the non-bpd partners need important factors like love, acceptance and

managing their own emotions before trying to help their loved ones with the disorder [12]. Oftentimes the emotion of the caregiver is ignored in the pursuit of ensuring them ensuring their BPD partner is regulated and grounded. Even in the case of the caregiver partner facing any overwhelming feelings or burnout, they may not be transparent about it fearing their partner's traits to flare up due to perceived instability or fear of abandonment [13]. In many instances, there seems to be some evidence to this hypothesis. The partner with BPD may 'mirror' their partner's lack of emotional regulation causing their own mood to fluctuate. This may in turn cause a cyclical reaction of the partners not sharing their true feelings and thereby affecting their overall satisfaction [13].

Symptom Mirroring

In any relationship, due to repeated exposure and conditioning it is a natural process to mimic your partner's way of talking, tone and communicating. A relationship where individuals exhibit effective and healthy methods may thrive encouraging each other to comply with these certain implicit rules. A relationship with someone who has traits of BPD may also possess some unhealthy methods of communication, emotional regulation, self-mutilation, etc. as defined in the DSM–5 [14]. Non-BPD partners have their own set of healthy and unhealthy methods of regulating themselves, communication and while being repeatedly paired with the uncertain traits, they themselves may start relearning a lot of these behaviours. A person with secure attachment style may also have a set of healthy coping mechanisms and behaviour which in turn may help the BPD partner to reassess their own styles and relearn many of it. However, as mentioned before, due to the nature of BPD partners themselves choosing potential partners with unhealthy attachment styles on a subconscious level, the symptoms may sometimes be aggravated for both the partners causing even the non-BPD partner in learning new unhealthy patterns. A relationship where the BPD partner chooses to avoid a conversation during conflicts may also condition their partner to withdraw and stone-wall until the issue de-escalates. This is in no way to criticise the amount of progress people living with this disorder have made nor is it an attempt to contribute to the already existing bank of grim studies proving BPD as an untreatable disorder. However, what we are trying to reiterate is a very important factor which many have neglected, therapy. A common factor in every BPD patient which many practitioners will agree upon is the irregularity in frequency of therapy sessions by them [13]. There could be various factors playing a role including affordability, lack of hope, progress and even denial. While pharmacotherapy is essential in severe cases, it should also go hand in hand with regular therapy sessions.

Based on these observations we can't conclude the case of symptom transmission. However, one thing we observe is that there seems to be some kind of mirroring of the dysregulated or interaction patterns. While BPD is a personality disorder and not a transmittable disease, prolonged exposure to it may have its own consequences like the partner being always cautious, losing their sense of identity to ensure avoid potential conflicts. These changes may in turn lead to discomfort and distress manifesting in ways like anxiety, depression and in many cases even PTSD like symptoms according to research [9,13].

Interventions

Looking at the volatile nature of BPD, many with the disorder already struggle deeply in their intimate relationships due to intense fears of abandonment, emotional dysregulation, and patterns of conflict, which often puts significant strain not only on themselves but also on their partners. Traditional paths of therapies like DBT focus primarily on the individual, but they do not address the relationships or them as partners. Intimate partners are often closely involved in crises, self-harm episodes, and emotional escalations and there is a growing recognition of the need for couple-based interventions that can simultaneously support both partners and improve relational functioning. One of the interventions which have been experimented with and used is SAGE, a 12-session couple-based psychotherapy developed specifically for couples where one partner has BPD [12,15]. SAGE mainly targets three domains: symptoms of BPD, one's relationship dynamics, and the partner's mental health. This is done through structured phases that include psychoeducation, safety planning, emotional regulation, communication skills, and relapse prevention. Early studies showed promising results, with reductions in the severity of the disorder, suicidal ideation, and self-harming behaviours, though relationship outcomes remained mixed

[15]. Overall, SAGE intervention highlighted the importance of including the partner in treatment, offering couples a pathway not just in the reduction of symptoms but also to a more healthier and stable patterns in relationship [12,16].

Conclusion

BPD among all the personality disorders have been misunderstood for a long time due to the nature of complex symptoms and the difficulty in understanding the disorder. Oftentimes the disorder is misdiagnosed with ADHD, Narcissism and most commonly as Bipolar in men [1,15]. Based on all the existing studies, one thing we can infer is that there clearly seems to be a lack of studies taking both the partners as a unit and assessing the childhood to understand how they navigate their relationship or marriage. Another aspect which many researchers have overlooked is the lack of clear mention of whether both the individuals are in individual and couple counselling. Considering clear evidence that incorporating partners or significant others into BPD treatment either through education, engagement or interventions may help alleviate symptoms, more research needs to be done to assess the effectiveness of different therapy-based interventions [16]. They may act as a catalyst in amplifying outcomes, focusing more across three domains: BPD symptoms, partner distress, and relationship health.

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Acknowledgements – Nil; Source of Funding – Nil; Conflict of Interest – Nil