A REVIEW ON IMPACT OF PERSONALITY DISORDER IN MERITAL LIFE

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BACKGROUND

Partner conflicts are the most common precipitating factors of decompensation of psychiatric disorders, including personality disorders. Personal characteristics play a fundamental role in both the prediction of marital satisfaction of the individual as well as the satisfaction of the couple as a whole.

METHOD

Narrative Review of the articles, books and book chapters within the period 1956 - 2016 using PubMed, Web of Science, and Scopus databases with keywords “personality disorder,” “partnership,” marital problems,” “marital conflicts.” Additional references were found using reviews of relevant articles.

RESULTS

It is evident that patients with personality disorders can have problems with meeting the criteria that contribute to the marital satisfaction and, on the other hand, easily fulfill the criteria that are related to the causes of the relation-ship breakups. People with personality disorders have substantial problems with starting and continuing a relationship with a partner. The association between the dysfunctional marriage and personality problems of the partners may have the basis in the insufficient understanding of the behavior of one or both partners. People with personality disorder experience numerous misunderstandings, misinterpretations, communicate poorly, and they are more alert to verbal and physical aggression in the interpersonal relations. They do not recognize that the basis of experienced struggles has a source in their intrapersonal processes and their relationship with the world. Persons with certain personality disorders tend to seek and create a pathologically stable partnership. To understand the dynamics of such relationships, examining personality traits first should be essential. Under-standing the maladaptive personality patterns in the context of the relationship should be beneficial for both partners.

CONCLUSIONS

Underestimation the influence of a personality disorder on a partner relationship, as well as the stigmatization of these individuals by a counselor, therapist or a counterpart, can significantly impair the chance of creating and maintaining the quality of partnership, or even harming a person clinically. “The take-home message here is that even though divorce rates are not as high as one might expect in marriages where one person has PD, being in a relationship with someone with PD can still be particularly stressful and challenging.”

INTRODUCTION

The issue of relationships in individuals with personality disorders affects both psychiatry and marital counseling. Partner conflicts are the most common precipitating factors of decompensation of psychiatric disorders, including personality disorders (Robins et al. 2000, South et al. 2008). Only a few studies deal with this topic. Therefore, our knowledge is mainly drawn from clinical or counseling practice, which significantly reduces our objectivity, because the relationships between individuals with personality disorders, who did not seek therapy or counseling, remain in fact unknown. As psychiatrists, psychologists, and counselors naturally remember particularly complicated cases and the significant stigmatization of individuals with personality disorders is in helping professions, their view may be biased. We also do not know the proportion of people with personality disorders who have partner problems. Personal characteristics play a fundamental role in both the prediction of marital satisfaction of the individual as well as the satisfaction of the couple as a whole. The assumption that maladaptive personality background is linked to the dysfunctional marriage is not a new concept. Seventy-six years ago, Terman et al. (1938) found that certain personality traits predispose people to have problems and dissatisfaction in their relationships. Later, Karney & Bradbury (1995) proposed a model that describes, how the vulnerability of one or both of the partners and their personality traits, affect their marriage. Interest in research on the connection of the marital satisfaction and personality traits of the partners has been re-emerging over the last 20 years. Individuals with personality disorders experience serious problems in interpersonal relationships. Their rigidity, difficulty to change the environment and low motivation to change in general cause difficulties in adaptation to the social situations they experience (Chen et al. 2004, Johnson et al. 2004, Pagano et al. 2004).

A series of researches studying individuals with personality pathology indicate that they often experience various psychological, social and work problems too (American Psychiatric Association 2000). Marriage satisfaction represents the subjective evaluation of the quality of a marital relationship. Marriage satisfaction is not stable and unchangeable characteristic, more likely represents susceptible to changes in the personality of the partners. It is also influenced by variables in the external environment (stress factors, parenting etc.), Hess (2008) mentions that marital support, communication, individual personality characteristics, and factors related to parenthood are important factors of marital satisfaction. Mature personality and absence of personality pathology are necessary conditions for marital satisfaction and functional family (Kotekova et al. 1998). According to transcultural research, marital satisfaction is influenced by the presence of 4 factors: sociability, reliability, ability to agree and compromises, and reciprocity (Buss & Shackelford 1997, Hess 2008, Humbad et al. 2010). Contrary, the most common causes of a breakup of relationship include low ability to solve problems, accented personality traits or disorder, family conflicts, infertility, partner abuse, and infidelity (McNulty & Widman 2013). Given the definition of Personality Disorder in Diagnostic Criteria (ICD-10 1996, APA 2013), it is evident that patients with personality disorders can have problems with meeting the criteria that contribute to the marital satisfaction and, on the other hand, easily fulfill the criteria that are related to the causes of the relationship breakups. They have an unintentional ability to create and maintain problematic relationships.

METHOD

Narrative Review of the articles, books and book chapters within the period 1956 - 2016 using PubMed, Web of Science, and Scopus databases with the principal words “personality disorder,” “partnership,” marital problems,” “marital conflicts.” Additional references were found using reviews of relevant articles. The search was completed by repeated use of the words in different combinations without language and time constraints. The articles were collected, organized by their importance, and key articles itemized in reference lists were investigated.

PREVALLENCE OF PERSONALITY DISORDERS

The prevalence of personality disorders and their types is very variable, depending strongly on the diagnostic criteria, which tend to differ greatly across different classification systems. The lifetime prevalence was found to be between 9-15% (Weissman et al. 1993, Samuels et al. 2002,

Grant et al. 2004). The proportion of individuals with personality disorder in general outpatient care is estimated to be between 20 and 30% (Norton 1992). 30-50% of outpatient psychiatric patients suffer from a personality disorder (Koenigsberg et al. 1985), and about 15% of hospitalized patients are admitted to the psychiatric facilities with problems primarily related to personality disorder. Almost a half of the remaining hospitalized patients have a comorbid personality dis-order (Loranger 1990, Praško et al. 2005, Vyskočilová et al, 2011).

SIGNS OF THE PERSONAL DISORDERS

People with personality disorders differ from general population in behavior (which is a source of interpersonal problems), maladaptive cognitive processes (mal adaptive and rigid deep attitudes toward themselves and the others, selection of information congruent with patient's dysfunctional attitudes and disqualification of the contradictory information, distorted understanding of reality based on the attitudes) and emotional reactions (excessive and long-lasting effects, impulsivity or diminished affectivity on the contrary) (APA 2013). These patterns are stable and pervasive, manifested regardless of the context of the situation, and they are usually congruent with internal settings (Fonagy & Luyten 2012). Logically, people with personality disturbances have significant difficulties in establishing and maintaining relationships (APA 2013).

PERSONAL PATHOLOGY AND PARTNER'S RELATIONSHIP

The link between dysfunctional marriage and the personality pathology of partners can be caused by one or both partners having insufficient insight into their own behavior. Problems in marital functioning result from this. In particular, the partners tend to have insufficient insight into the cause of the negative emotions in the couple's cohabitation. Most commonly, an individual with personality pathology causes the feelings of anger, irritation, fear or helplessness in his/her partner, increasing the distress in the couple's relation. People with personality disorder experience a lot of misunderstandings, misinterpretations, and that lead to miscommunication a predisposition to verbal and physical aggression in interpersonal relationships (South et al. 2003). As a result, they behave in a way that is irritating their partners, misinterpret the partner's behavior (in a negative way) and then feel threatened. People with pathological personality traits are usually dissatisfied throughout all their married life. They do not understand the reasons for these feelings they cannot recognize that the conflicts they experience root from their own

internal processes and relations to the world (South et al. 2003). Research by Oltmann et al. (2002) demonstrated the relationship between personality pathology and satisfaction in partner´s life in a population of college students. The authors found that students with higher scores of paranoid, schizoid, schizotypal, borderline, and avoidant features, also scored higher in the range of social functioning problems. Partnership issues perceived by their partners were mainly related to the schizoid, schizotypal, and obsessive-compulsive features of the primary group. Research by Daley et al. (2000) clearly shows that individuals who described relationship problems lasting for 4 or more years (low quality of the relationship, chronic stress, partner dissatisfaction) were more likely to have features of DSM-IV definition of personality disorders. More severe forms of partner conflicts, especially violence, appear in connection with personality disorders, particularly antisocial and borderline personality disorders in men. (Dutton 1995; Edwards et al. 2003; Holtzworth-Munroe 2000; Holtzworth-Munroe et al. 2000; Holtzworth-Munroe & Stuart 1994; Tweed & Dutton 1998). In the last study, the authors showed that a higher degree of personality pathology positively correlates with lower satisfaction in partnership and also a greater level of aggression. Furthermore, a higher standard of pathology in one partner is associated with higher rates of verbal aggression that the other partner admits. At the same time, a higher level of dependence on their partners results in higher satisfaction in the partners with these personality disorders. The research of Tweed & Dunton (1998) has revealed two types of batterers. One group demonstrates suppressed physiological responding during conflicts with their wives and tends to use violence in no intimate relationships and the second group manifests violence in the intimate relationships only and reports dysphoria. The first group is named as instrumental and shows an Antisocial - Narcissist -Aggressive - traits and reports more severe physical violence. The second- “impulsive” group shows a mixed profile with Passive- Aggressive, Borderline and Avoidant elevations on the MCMI-II (Million Clinical Multiaxial Inventory).(Tweed & Dunton 1998). Verreault et al. (2013) examined the impact of immature defense 1998). Verreault et al. (2013) examined the impact of immature defense mechanisms on marriage satisfaction. Immature defensive mechanisms (projective identification, fission, denial, projection, and displacement) predicted marital dissatisfaction and influenced pair adaptation. The high occurrence of these defense mechanisms in one partner predicted low satisfaction in coupling together with the other partner. Also, people who scored highly in the immature defense mechanisms according to the Inventory of Personality Organization (Kernberg

& Clarkin 1995), described the subjectively low satisfaction in living together. Increased occurrence of defensive mechanisms can also have diagnostic value and help to predict and understand destructive patterns of behavior occurring in couples where one of the individuals suffers from a personality disorder (Bouchard & Sabourin 2009). Women who describe difficulties in understanding oneself/others and relying too much on immature defense mechanisms such as projection and projective identification feel more negative emotions towards their partners. Immediate defensive mechanisms of (1) the splitting type (either I am bad, or he/she is bad); (2) the projective identification (the induction of the negative behavior of the partner the individual is afraid of) and (3) the denial (distortion of reality when a segment of subjective experience or the outside world is not integrated with the rest of the experience) contribute to negative emotions towards the partner, pressure, and ineffective way to solve everyday problems in the couple. Splitting, as well as self-image lability, is therefore related to disorganization and low viability of the relationship (for example, it can be manifested by another labeling of oneself or the other as the culprit of all problems). In particular, changing mental representations of one's self and partner lead to repeated negative experiences and tensions of unpredictability (Johnson et al. 2004). It is interesting that the reality testing (the ability to distinguish real from expectations and fantasies) affects marriage satisfaction, but only in men (Watson et al. 2008). Insufficient testing of reality can lead to psychotic manifestations (Whisman & Schonbrun 2009). It is not clear why reality testing in men´s lives plays a bigger role than in women's. When the various aspects of the personality organization and their influence on the satisfaction in pairs were examined, immature defense mechanisms played the most important role, both in men and women (Lenzenweger et al. 2001). The two-factor problem model in a relationship affects the impact of both immature defense mechanisms and the influence of identity diffusion (ambiguity about own motives, goals, preferences, and boundaries) on the perception of individuals in the relationship. These two aspects of the personality are closely related. Identity diffusion problems result in rapid changes and make it difficult to manage the idealization and devaluation of a partner. These images are kept in mind by the role of immature defense mechanisms. Moreover, the repeated use of immature defense mechanisms increases the identity diffusion (Lenzenweger et al. 1997).Also, the high degree of negative affectivity of the partner, disturbs the level of partner satisfaction, both in men and women. Research by Robins et al. (2000) shows that the women satisfaction in the relationship

was especially influenced by the low level of negative emotionality in a partner, and the high level of his positive emotions which is manifested by his/her self-control. For men, only the low incidence of the adverse emotionality of their woman partners has a significant effect on their satisfaction in the relationship (Robins et al. 2000). Research on a sample of 1805 married couples found that marital problems were related to externalized psychopathology in particular, with a higher incidence of negative emotionality and with a lower rate of positive emotionality in pairs (Humbad et al. 2010).Individuals with certain personality disorders tend to seek out and create pathologically stable pairs (Kratochvíl 2000, Klimes 2005). For example, in a couple with a narcissistic person, a dependent personality partner is especially functional (Klimes 2005). Dependent personality tends to attach extremely to the narcissistic partner. Dependent individuals turn the anger against themselves, allow a partner to cross their borders and have a problem to say no. They need to have a partner always on his/her side; they are unable to separate from him/her (submissive dependent). On the contrary, a person with narcissistic features can escape from the relationship, but he/she is also very dependent on the relationship (Robins et al. 2002). Dominance makes it possible to ensure the closeness of the partner, his/her permanent presence, and connection. The individual automatically expects the partner to meet his / her own needs (Young et al. 2003). Sometimes he/she even chooses not a very attractive partner (Klimes 2005). It can be characterized by the dominant aggressiveness that allows a partner to be available. Another, though not so common significant pathological stability, develops in couples of individuals with histrionic features and persons with obsessional or schizoid features. The histrionic partner gets engaged in the relationship, on the contrary, an obsessional personality seeks peace and order (Kratochvíl 2000). A schizoid individual remains relatively indifferent to partner activation. Paradoxically, this raises the need to "provoke a partner" to get what the partner cannot give him/her without a grudge (Klimes 2005). The lack of self-knowledge, both at the cognitive, emotional level and at the degree of reflection and management of one's behavior, is considered to be the source of the "misfortune" experienced by people with a personality disorder (South et al. 2003). Therefore, to understand the dynamics of the relationship, we should analyze the features of the personality first (Robins et al. 2002). Better knowledge of oneself is therefore essential in couple therapy (Wilson 2002). Both individual and couple therapy are necessary to encourage partners to look at their behavior, its causes and, in particular, its consequences (Kratochvíl 2000). In couple therapy, if one of the

partners suffers from a personality disorder, it is very functional to look at the partner's perspective not only on their own behavior in the cohabitation, but also on self-knowledge, how they interpret the behavior of the other partner, and how the partner perceives them. "Look at yourself just as the neighborhood looks at me" (Norman 1969). Addressing personality pathology and maladaptive personality dynamics in the context of a relationship can be efficient and "curative" for both (Beck et al. 2004; Benjamin 2003; Linehan & Dexter-Mazza, 2008).

SCHIZOID PERSONALITY DISORDER

Schizoid personality disorder is characterized by a profound lack of ability to establish relationships with the others in a meaningful way (APA 2013). These people have trouble living in relationships. The withdrawal from social contacts, favoritism of imaginations, loneliness and introspective caution are quite typical. They look cold, odd, enjoy only a little activities (Humbad et al. 2010).They tend to pull away from others into their world. They are thoughtful and contemptuous, they create own systems, own logic, and they are often original. They appear outwardly emotionally cold or separated and are indifferent to praise or criticism (Beck et al. 2004). Sometimes they see relationships that are not real, “live beyond their time” (like Don Quixote de la Mancha). They are perceived as lonely by surroundings. They feel better surrounded by things that people, have a big problem in expressing warm emotions and are “typical impersonation of loners.” They have difficulties in establishing relationships, often remain alone, yet can find a partner whose characteristics can attract a person with a schizoid personality (Beck et al. 2004). These individuals create a pathologically stable couple with partners with histrionic or emotionally unstable features. Their partners are attracted and fascinated by the lacking emotions (Robins et al. 2002). Their relationship is full of troubles: one of the couples is disturbed by the emotional cold of the other, who, on the contrary, needs emotions to live. A histrionic person cannot fulfill these needs with schizoid one. People with schizoid features also need great freedom (Benjamin 2003). They can experience relation-ship per se as unpleasant control over themselves. Similarly to paranoid individuals, they are afraid of over-dependence, and greater closeness is experienced as a threat of loss of autonomy (Praško et al. 2003). They cannot stand restrictions; they are also indifferent to social norms and conventions. Life with a schizoid individual is emotionally cold, indifferent and detached for the partner; it is hard to fulfill his/her emotional needs. If the partner can fulfill her/his emotional

needs elsewhere - with children, pets, friends, or other relationships - the relationship can be stable (Benjamin 2003). Individuals with schizoid personalities usually have a little, if any, close relationship with their children. They keep distance to protect themselves and others from harm (Young et al. 2003). In principle, many of these people give up hope of love and caring, tend to establish relationships with objects or animals, do not establish close relationships as if they "enjoy" solitude, try to avoid relationships with others, and thus maintain autonomy, self-sufficiency, and independence (Estergerg et al. 2010).

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

In a partnership people with an obsessive-compulsive personality tend to have problems with recognizing other people´s opinions, act as guides, do not accept mistakes, and act as if their option was the only right one, discarding other´s options (APA 2013, Widiger et al. 2009). This mechanism causes constant tension in the relationship (Benjamin 2003). The detachment and the lack of ability to express their emotions make them boring or annoying for their partners. The partner becomes irritated and forces the individual with obsessive-compulsive personality to express his/her feelings. This stresses obsessive-compulsive partner, resulting in frequent quarrels. Maladaptive stable pairs can be created with a histrionic personality that can mirror what the partner is missing (Beck et al. 2004). This is a combination of a histrionic partner, a strong “emotion” in the couple, and the obsessive-compulsive person who seeks for an individual with histrionic features (Klimes 2005, Kratochvíl 2000). The main problem here is a hidden fight for dominance. This type of relationship is not so typical for individuals with obsessive-compulsive personality disorder, although clinically interesting (Robins et al. 2002). Most individuals with obsessive compulsive personality usually live with people without a personality disorder or with persons with dependent personality or with individuals with obsessive-compulsive features (Humbad et al. 2010).

HISTRIONIC PERSONALITY DISORDER

A person with a history of histrionic personality disorder can be an excellent companion, eloquent, joking with a jingle, often attractive, increasingly concerned with his / her appearance, and he/she can easily enchant potential partner (Benjamin 2003, Widiger et al. 2009, APA 2013). These people need to get attention, have fun with their companions, they also make up frivolous stories they have not experienced, they use big gestures (bring a large bunch of flowers, make a

picnic on a meadow in the setting sun, etc.), they use floral attributes. The emotions they experience are often rather superficial and variable, though intense. This, however, does not hurt the potential partner if he cannot recognize it. Men with histrionic personality disorder may behave as the "supermen" to mask the feeling of their weakness (Beck et al. 2004). They like to show off, buy spectacular cars or over-care for their looks, exercise excessively. Women are seductively dressed and flirtatious (Kratochvíl 2000). At the same time, women try to strengthen their sense of self-importance by demonstrating dependent behavior (but sometimes also overly independent). The main goal is to gain admiration from men. For both sexes, it is typical that they hate boredom and need to look for new experiences. They strive for excitement and activation, suffer from feelings of emptiness and being lost (Humbad et al. 2010). They are unsystematic, often disorderly. In sex, such a person proposes constant changes, tests, and experiments, have the feeling that the other shows little love, seeks pretexts to make the other jealous (Fonagy & Luyten 2012). If he/she is unfaithful, the individual often does not even try to conceal the infidelity. In sexual life, however, they are unsatisfied, suffering from sexual dysfunction, often anorgasmia. The interpersonal relationships of people with the histrionic personality with partners, friends or co-workers tend to be conflicting (Benjamin 2003). They very often develop interaction games, slander absent and praise the present, etc. They can break their marriage with their foolishness, tend to have pseudologia fantastica when they are describing various unreal events they could have. Sometimes they are interested in other people rather for the sake of admiration than a sincere interest in them (Prasko et al. 2003). These people expect from their partners that they will not be bored because they need new experiences, excitement, and attention (Klimeš 2005). However, in everyday life they easily become bored, and they blame their partner for that. A quarrel can be an excitement for individuals with histrionic personality disorder. Such quarreling tends to be intense, and compromise is considered to be a loss by them. A person with this personality disorder suffers the feeling that he/she has ceased to be relevant or interesting every once in a while, often also seeking pretexts to create jealousy. Depriva jealousy. Deprivation of attention in childhood and unfulfilled reception by loved ones is considered to be a background of this disorder (Prasko et al. 2003). They can create a stable couple with a partner who behaves as a tolerant parent, but also with a schizoid or obsessive-compulsive personality partner (see above). Stable partnerships can also be set up with a partner with depressive features (Benjamin 2003). There might be much aggression

in the experience of individuals with histrionic features, which is manifested in relationships where they allow the other to be humiliated and crushed, without the relationship being threatened (Polak 2013)

AVOIDANT (ANXIOUS) PERSONALITY DISORDER

This type of personality is characterized by feelings of inadequacy and fear of criticism. An individual with an avoidant personality disorder has low self-esteem and believes that he/she is incompetent and unacceptable to others (APA 2013, Benjamin 2003). Such a person is usually lonely or only has a few close people because he/she fears that if he/she gets closer to the others, they recognize his/her inferiority. There are feelings of tension and fear, especially the fear of depreciation by others (Beck et al. 2004). The sense of potential danger of rejection and its consequences prevails. This results in the avoidance of social situations even though they are desirous (Praško et al. 2003). If the family relation-ships are healthy, they can feel quite safe. However, they approach new interpersonal encounters with distrust and fear (Benjamin 2003). Such a person does not like to participate in the activities associated with the risk of failure and also activities that are new because he/she fears to fall short of the others (Humbad et al. 2010). He/she needs appreciation, empathy, and encouragement. In the partnership, the individuals become dependent, convinced of endless partner qualities. If their partner dies earlier than them, then the individuals with anxious personality features are more frequent threatened by complicated mourning (Látalová et al. 2013).

DEPENDENT PERSONALITY DISORDER

People with this personality disorder need the care of others, they are submissive and have serious decision making difficulties (APA 2013). Typically, they permanently and passively rely on other people to make decisions instead of them. They are terrified of rejection, but they have feelings of helplessness and incompetence, so they need constant encouragement (Fonagy & Luyten 2012). They often try to please others, serving them, flattering, admiring them. They are easily abused, allowing others to take responsibility for their important life choices (Humbad et al. 2010). These individuals pass their own needs to other people on whom they depend, and they are very much in favor of their wishes. They are still worried that they will be abandoned by a person they have a close relationship with (Beck et al. 2004). To get the care and support of others, they are also willing to do things that are unpleasant to them (Benjamin 2003). Their

addictive disposition may lead to are still worried that they will be abandoned by a person they have a close relationship with (Beck et al. 2004). To get the care and support of others, they are also willing to do things that are unpleasant to them (Benjamin 2003). Their addictive disposition may lead to problems with overeating, alcohol, or drugs and medication. Latent hostility and the intriguing aspect of their dependence were also observed (Malinow 1981). The explanation can be found in the work of Ehrensaf et al. (2006) who discovered that dependent partner feels less verbal aggression toward his/her partner, while the other partner states that the partner's addictive and suspicious behavior is unpleasant, or even offensive and tends to be more verbally aggressive. People with dependent personality disorder usually create dependent relationships. Dependent partner is not aware that his/her partner can be discouraged by their demands creating much frustration in the relationship, and participate in a process that creates conditions for domestic violence (Dutton 1995). The pathologically stable relationship is often formed with people with narcissistic, emotionally unstable, and obsessive-compulsive features. Dependent people need these types of partners as a substitute for the dominant parental figure (Goldman 1956). These partners may like that a dependent partner serves them, fail to set boundaries, they can exploit them, and favor satisfying their own needs in front of their partner´s. Dependent features, however, may also be associated with the stability of the relationship. However, the person in a relationship with a dependent personality is often exhausted from the low independence of dependent partner (Praško et al. 2003). The higher degree of dependence of the partner is thus associated with a lower level of satisfaction of a “healthy” person.

NARCISSISTIC PERSONALITY DISORDER

Individuals with narcissistic personality disorder have a grandiose self-esteem, a great need for success, and are very vulnerable to anything that affects their self-confidence and responds to it by intense emotional reaction (APA 2013). The manifestations of grandeur are dominating. They need an excessive attention for their self-esteem. They have strong feelings of their own importance and uniqueness (McNulty & Widman 2014). They are hypersensitive and feel stressed if some-one does not take them as original, unusual or charming. They often exaggerate their performances and their uniqueness. Sometimes they excessively dream of their grandeur and their successes (Beck et al. 2004). However, self-esteem is very fragile. In criticism or non-recognition or when compared to others who do better, they feel extremely injured and can suffer

from depressive mood or anger. Therefore, they try to avoid such situations (Funder 2001). In relationships they are often keeping a slight distance, trying to create an illusion of their self-sufficiency (Modell 1975). At the same time, they try to use the other to self-empowerment. If failures occur in their lives, they are unable to respond adaptively, because they tend to catathymnicly exagger of such events (Fonagy & Luyten 2012). In relationships, they often feel the right to abuse others, pushing for "special" rules that they "deserve" due to their "uniqueness" (Humbad et al. 2010). Nuclear fear in narcissistic men is therefore associated with fragile self-confidence. Concerns about the loss of strength, potency, beauty, and originality make it difficult for them to control the situation and they have excessive demands on their surroundings to confirm their uniqueness (Kernberg 1984, Kernberg 1992). Managing life with narcissistic man is especially about respecting his needs of uniqueness and admiration (Benjamin 2003). They create pathologically stable partnerships particularly with people who allow the narcissistic partner to push their borders (McNulty & Widman 2014). Narcissistic people are interesting; they can impress the other sex. If a partner admires them, does not criticize them or are willing to preserve the relationship, that person can pretend to have a relatively stable partnership. A narcissistic individual also likes such a partner if he/she has the impression of being the best (Edwards et al. 2003). He/she feels superior, better, unique; he/she does not have enough empathy. He/she is jealous, and often envies others. It is less tolerated when his/her partner becomes successful. He/she is a person who requires full service, he/she does not like to subdue and does not like to have duties. He/she requires his/her partner to admire, not to criticize. He/she responds critically to criticism. The partner should also take into consideration the uncertainty of shared future. The narcistic partner will most likely want to stand out and will require a service to himself/herself to build his/her name often at the expense of his/her partner (Benjamin 2003).

A pathologically stable couple will most often be formed with a partner with dependent or depressive features or personality disorder that satisfies the needs mentioned above. The problem, however, is the difference in the need for closeness, in the dimension of zooming in-out. Dependent partner usually seeks much closer relationship than narcissistic. This leads to permanent pressure and dissatisfaction on both sides. Dependent partner is unable to realize that he/she can lower his/her dependence because his/her partner has never been close enough to feel

it. Resistance, therefore, is usually expressed only by a narcissistic partner, who often do not know whether he likes his partner or not. This subjective certainty can sometimes develop paradoxically after the break-up because at last he/she will feel that the partner must strive to move away from him/her and thus feel the desire for him/her, the insecurity, and the love. The pathological stability in the partnership, therefore, lies in the fact that, although both are dissatisfied, they are unable to leave. Once the dependent partner begins to surrender, the narcissistic partner will feel relief from the constant pressure. They will come up with attractive forces and show some interest in the other. Typical is the statement: "Iwas always loved by women I did not like, and I always loved women who did not want me." Narcissistic individuals often long for pure love without a doubt, which they cannot build with their partners (Benjamin 2003). Paradoxically, they are condemned to live with someone they do not want completely; they are angry and dissatisfied with it (McNulty & Widman 2013).

Narcissists also tend to be more unfaithful (McNulty & Widman 2013). Because they are people who tend to use others, they lack empathy for others, and have apparent confidence in their abilities (Campbell *et al.* 2002), they are more likely to establish relationships based on sex, which leads to the fact that they are more easily linked to extramarital sexual relationships. They have more positive attitude towards casual sex (Simpson & Gangestad 1991, McNulty & Widman 2014). People with this personality disorder also have a lower degree of devotion in the relationship, which again leads to a higher probability of infidelity (DeWall *et al.*2011). According to Buss & Shackelford (1997), narcissistic persons in the questionnaires said they were more likely to be unfaithful to their long-term partner. Infidelity tends to correlate with elevated scores on the socalled sex narcissism scale, which is saturated with four components: sexual demands, sexual exploitation, low sexual empathy, and belief in own sexual performance.

DEPRESSIVE PERSONALITY DISORDER

An essential feature of this group is the constant complaining of the burden of being, the absurdity of their lives, while depressive tuning obscures all life experiences (Praško *et al.* 2003). They are mostly serious, sad individuals, who suffer from the conviction of their alleged incompetence. The usual mood of these people is disheartened, bleak, and gloomy. Self-consciousness is reduced, encouraged by self-deception and self indulgence, which often appear in communication.The prevailing attitude towards the future and their abilities are pessimistic

(Beck *et al.* 2004). These people can easily decompensate themselves into depression. In their tendency to accommodate others, they are usually overloaded and relinquish their claims. For years, they can experience similar repeating depressive moods The person with this disorder has low self-esteem and is overly sensitive to criticism and rejection. They have trouble in expressing themselves. Similarly, they cannot experience aggression towards others - it is easier to criticize themselves (Praško *et al.* 2003). These people are also addicted to their loved ones (Benjamin 2003). Their tendency towards "symbiotic" relationships with close ties is typical. They are afraid of independence because they associate it with loneliness. They are often childishly fixed to their parents or similar substitutes in adulthood. With great stamina and characteristic stubbornness, they keep their tendency towards symbiotic relationships with other people. They tend to gain recognition through extraordinary performance. As an opportunity to fulfill their dependency needs, they quickly establish the relationship, adhere and experience feelings of safety, but at the cost of suppressing all the interfering ambivalent and aggressive feelings. They avoid anything that could lead to separation; they want to advise, teach and lead. Lack of encouragement is perceived as criticism or loss of favor. Initially, a feeling of satisfaction is induced by the partner, and the partner can see his/her admiration, especially if he/she is a narcissistic and histrionically structured. After a while, however, the partner is disillusioned with little autonomy and independence.

BORDERLINE PERSONALITY DISORDER

The borderline personality disorder is manifested by significant affective instability and a tendency to act impulsively without considering the consequences (APA 2013, Edwards *et al.* 2003). Changes in mood modify the ability of a person to work well, capacity to see things from a long-term perspective and to plan things for the future. Outbursts of severe anger can lead to violence or "explosive" behavior. They are invoked easily, especially when others their actions criticize or oppose them (ICD-10 1996, Dutton 1995). In an impulsive type, emotional instability, and insufficient impulse control prevail. Feelings of rage are common, especially if one is criticized by others (Beck *et al.* 2004). In the affliction of anger, they can scream, smash objects, physically attack, or storm away. In the borderline type, the characteristics of emotional instability are present, and also the patient has vague or distorted ideas about himself, his / her goals and internal preferences (including sexual). A borderline patient often develops a hostile

relationship with a partner, he/she can punish (torture) him, and at the same time, he/she needs his attention and love (Young *et al.* 2003). They might be extremely urgent, demanding, threatening, helpless, suicidal or self-destructive. As a rule, they are afraid of separation and abandonment (Bouchard *et al.* 2009). The signs of dislike or rejection often correspond with panic, emotional instability, the long-term feeling of unbearable tension, manipulation, anger or impulsivity (Edwards *et al.* 2003). Impulsivity is manifested by self-harm, screaming on the others, aggressive explosions (including the destruction of things), suicidal behavior, alcohol drinking or running away, etc. These individuals have chronic feelings of emptiness that alternate with sudden changes in affectivity and self-esteem (Beck *et al.* 2004). Frequently, depersonalization, derealization, déjà vu or experiencing transient dissociative phenomena such as loss of memory in stress occurs. Transient psychotic episodes, usually hours or days, may appear when they are under stress. However, the main emotional trait is affective dysregulation - the inability to postpone the emotional impulse that will bring relief, albeit only for a short time (Daley *et al.* 2000, Edwards *et al.* 2003). Rational cognitive evaluation of the situation, although sometimes arriving in time, is not capable of correcting dysfunctional emotionality. Although a person may realize that self-destructive action is an overreaction, for example, on criticism (or rejection or even self-assessment during self-esteem), he still considers it appropriate (cognitive disturbance) at the time. Another tendency represents the excessive simplification of problem-solving in life that does not correspond with the intellect (Humbad *et al.* 2010). When having some problem they are often helpless, reacting abruptly or seeking for help (Ornduff & Kelsey 1996). Common problems mean "crisis" for them (Praško *et al.* 2003). The problems that trigger a high degree of tension, emotional lability or impulsivity could be everyday little interpersonal stresses, like disagreement with the partner, disapproval of a partner, critical remark, and lack of praise at the moment when the borderline personality is waiting for (Benjamin 2003, Edwards *et al.* 2003). People with borderline personality disorder do not feel sure about their relationship with the other people and therefore either create dependent and tight bounds or behave distantly and coldly (Young *et al.* 2003). They see other people either as good or bad. This polarization can change very quickly in the partners (Bouchard *et al.* 2009). Searching for empowerment leads these types of personality to cross the boundaries of the relationship and also test it. In a partnership relationship, they tend to cause irrational emotional outbursts and tend to behave randomly and cause conflicts (Daley *et al.* 2000). Life with a borderline partner implies an

empathic understanding of his/her fears of abandonment (Bouchard *et al.* 2009). They also need a clear boundary of what a partner can do for them and what he/ she cannot. If the partner lets the borderline partner too close, he will soon be angry because the patient's need for proximity and attention is insensitive (Daley *et al.* 2000). Relative tendencies also arise in the relationship. Some women idealize their partners, perceive them unrealistically, and completely deny their negative aspects (Kernberg 1999). They often engage in passionate engagement, experience intense excitement, and have no problems in achieving orgasm, but loving relationships cannot tolerate ambivalence (Humbad et al. 2010). The relationship object is therefore idealized or devalued. The unconscious desire for oral satisfaction through sexuality and the desire for an ideal relationship promotes escape to the early sexualization of all relationships (Kernberg 1999, Ornduff &Kelsey 1996, McNulty &Widman 2014). A person with a borderline personality disorder is unable to see others in their integrity with pros and cons, but they see the partners as absolutely perfect or very flawed. This perception often changes and is followed by maladaptive behavior. The individual experiences the states of emptiness changing with uncontrollable emotions and tensions (Daley et al. 2000). He/she blames the environment and, moreover, is unable to honor his/her obligations (Bouchard &Sabourin 2009). The partner never knows what to expect, what behavior will appear in the next few moments. For a while, he/she experiences the feeling of being loved; then he/she senses partner´s hatred. Nothing in between. Life with a borderline partner can be debilitating. The partner must be prepared for everything, including unpredictable and dramatic explosive scenes (Humbad et al. 2010). Divorce is tolerated by the individuals with borderline personality disorder very poorly (Benjamin 2003). It reinforces their feelings of abandonment and loneliness (Edwards et al. 2003). They pledge to the partner, then they also go into suicide threats, and unfortunately, they often try to kill herself (Prasko et al. 2003). When it is a call for help, and when they mean to die because the emotional storm conceals the clarity of the decision. 10% eventually die by suicide. The partner then receives the letter that it happened on his/ her conscience. Because of his/her fear of loneliness, an individual with an emotionally unstable personality can cling to children (Bouchard &Sabourin 2009). He/ she wants to make sure he does not stay alone. A child could also replace a partner. They are trying to keep the kids to themselves never letting them to leave, creating an unhealthy dependent relationship with them. Often, they emotionally blackmail or punish the "evil" ex-partner with the children. The Whisman & Schonbrunn research (2009) has demonstrated the

link between borderline personality disorder and marital stress, violence and the break-up of the relationship. The severity of borderline symptoms correlated positively with marital stress, family violence, and marital breakdown. Borderline features predispose the partner to low satisfaction and higher verbal aggression in the relationship (McGlashan et al. 2005). Emotional instability and identity uncertainty predispose these individuals to problems in the marriage. It would cause difficulties in any marriage when one of the partners never knows how others will respond.

PARANOID PERSONALITY DISORDER

The main feature of paranoid personality disorder is lifelong distrust in other people (APA 2013). These individuals are hypersensitive, rigid and suspicious, often subject to jealousy and envy (Beck *et al.* 2004). They are extremely sensitive to criticism, lack of interest, failure, alleged rejection or insult (ICD-10, 1996; APA 2013). The tendency to misunderstand the behavior of others as hostile or contemptuous is typical, even if they are neutral or even friendly. This often applies to a partner relationship. The excessive sensitivity to failures, criticism, disobedience to supposed insults and the tendency to stubbornly fight for their alleged rights is also typical (Bernstein *et al.* 1993). They often tend to blame others for their failure. They often misinterpret details that can be explained in other ways as evidence for their suspicions (Humbad *et al.* 2010). These people cannot forgive, they see humiliation in neutral reactions, they tend to respond hurtfully, and they feel hatred permanently. Their interpersonal relationships tend to be conflicting because they easily suspect their surroundings to have bad intentions and abuse them (Benjamin 2003). When living with a partner, an individual with a paranoid personality disorder often shows interest in various subjects, for example, political opinions. He/she usually talks about it fascinatingly, and partner is fascinated by it. However, when someone opposes them, they can fiercely fight and defend themselves (Humbad *et al.* 2010). Gradually, in a partnership, there is a constant search for hidden motives and the expectation that the partner will behave unfairly. This leads to the rebuttal reactions of the other, which the paranoid individual in his convictions further confirms. They may suffer repeated unjustified suspicions as to the partner's sexual loyalty or deal with unsubstantiated "conspiracy" explanations of events around themselves or in the world at all (Humbad *et al.* 2010). In their living together, they try to document these alleged attempts at harm. They can become "detectives," check mobile phones,

install cameras, and monitoring devices, watch their partners. The paranoid jealousy is the biggest problem.

DISSOCIAL PERSONALITY DISORDER

The basic characteristic of dissocial personality disorder is the long-term pattern of socially unethical behavior that reflects the lack of interest in the rights of others (Benjamin 2003, APA 2013). Because of their early childhood experience, they are characterized by their cruel indifference to the feelings of others, lack of compassion and empathy (Beck *et al.* 2004). In adulthood, they often show promiscuity, criminal behavior, manipulation, provocation, and abuse of others. This behavior cannot be sufficiently influenced by experience, including punishment (ICD-10 1996). Dissocial individuals have low frustration tolerance and a low threshold for aggression and violence (Dutton 1995). They have the problem to postpone pleasure or enjoyment Indifference to social rules and commitments, morals, customs, lack of emotion, and cold indifference to others are typical (Edwards *et al.* 2003). They do not feel guilty. All this can be significantly reflected in a partner relationship. They accuse the other of all failures and apologize and rationalize their adverse actions. A dissocial personality disorder is also often associated with addiction and abuse of addictive substances (Dinwiddie *et al.* 1992). These individuals cannot maintain a lasting relationship, have very low frustration tolerance and a low threshold for aggression and violence (Dutton 1995). They let themselves to be cared for, and if the partner does not do it, they look for another partner to allow them (Burt *et al.* 2007). At the beginning of the relationship, they can manage to disguise very well if they see the benefit for themselves (Humbad *et al.* 2010). However, if they do, they do not consider it necessary to fulfill their promises. They often lie, do not meet obligations and responsibilities, they are selfish. They do not care what will happen to the partner and to the children. They only occasionally come home to fulfill their needs. Sometimes, unfortunately, they also feel the need to release their anger, usually on their partner (Burt *et al.* 2007). They are explosive and react quickly and with aggression. They also spend time in jail after thefts and assaults, but because they are unable to learn from the consequences of their behavior or punishment, they continue their lifestyle after being released (Beck *et al.* 2004). Men with antisocial personality are less likely to marry. Research conducted by Burt *et al.* (2010) in the US at 289 pairs of single male twins showed that only 59% were married at the age of 29 years. At the same time, the authors

found that in married individuals, there was a lesser degree of antisocial behavior than in the twin brother. The theory explained this that men with a lower degree of antisocial behavior are more likely to marry than others. At the same time, marriage is likely to contribute to reducing the male's antisocial behavior. Research on a sample of 475 problem boys tracking their development from adolescence to adulthood, found that marriage had contributed to a 35% decline in criminal activity (Sampson *et al.* 2006). Also, another study has shown that marriage is involved in the decrease of criminal behavior (Horney *et al.* 1995).

CONCLUSION

Although there is a lack of studies to assess individual interactions and problems of individuals with a personality disorder, and partly because of the specific counseling and clinical experience of experts, understanding partner relationships in personality disorders is an important area. Underestimation the influence of a personality disorder on a partner relationship, as well as the stigmatization of these individuals by a counselor, therapist or a counterpart, can significantly impair the chance of creating and maintaining the quality of partnership, or even harming a person iatrogenically. However, for a better understanding of the topic of the relationship of individuals with problematical personality traits in the way of personality disorder, controlled studies are needed. Otherwise, we might over-estimate unique problems and make undesirable generalizations.

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