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Lived Experience of Women Applying for Divorce from Marital Life with a Husband Having Cluster B Personality Disorders: A Phenomenological Study

Somayeh. Aghajani[1], Mahnaz. Haji Heydari[2*]

[1] Masters in Family Counseling, Department of Counseling, Feizoleslam Non-profit Higher Education Institute, Khomeinishahr, Isfahan, Iran
[2] Assistant Professor, Department of Counseling, Feizoleslam Non-profit Higher Education Institute, Khomeinishahr, Isfahan, Iran

*** Corresponding author email address**: M.hajiheidari@fei.ac.ir

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A B S T R A C T

Objective: The objective of this study was to examine the interplay between developmental adversity, emotion dysregulation, interpersonal dysfunction, and psychotherapeutic interventions in explaining symptom persistence and change in borderline personality disorder.

Methods and Materials: This study employed a structured analytical design integrating clinical, developmental, and therapeutic evidence related to borderline personality disorder. Data sources included standardized diagnostic frameworks, empirical findings on developmental risk factors, and outcome evidence from evidence-based psychotherapeutic approaches. Core domains of analysis encompassed early life adversity, affective instability, interpersonal functioning, comorbidity patterns, and treatment responsiveness, with particular attention to schema therapy, mentalization-based treatment, and integrative interventions grounded in contemporary clinical psychology.

Findings: Inferential analysis indicated that childhood adversity and family instability were significantly associated with heightened affective instability and interpersonal dysfunction in borderline personality disorder. Emotion dysregulation emerged as a central mediating mechanism linking early relational trauma to adult symptom severity. Interpersonal dysfunction demonstrated robust associations with occupational impairment, relational instability, and psychosocial stress. Therapeutic findings suggested that structured psychotherapies, particularly schema-based and mentalization-oriented interventions, were associated with significant reductions in core borderline symptoms, while pharmacotherapy showed limited effects on core personality features and functioned primarily as an adjunct for comorbid conditions.

Conclusion: The findings support an integrative, developmental–relational model of borderline personality disorder in which early adversity, emotion dysregulation, and interpersonal dysfunction jointly contribute to symptom persistence, while evidence-based psychotherapies offer meaningful pathways for clinical improvement. Emphasizing early intervention, trauma-informed care, and integrative therapeutic strategies may enhance long-term outcomes and reduce the individual and societal burden associated with borderline personality disorder.

Keywords: *lived experience, divorce applicant, Cluster B personality disorders*

1. Introduction

Borderline Personality Disorder (BPD) is a severe and complex mental health condition characterized by pervasive instability in affect regulation, interpersonal relationships, self-image, and impulse control. It is classified within Cluster B personality disorders in the *Diagnostic and Statistical Manual of Mental Disorders* and is associated with substantial functional impairment, elevated risk of self-harm and suicide, and significant burden on individuals, families, and health-care systems (American Psychiatric, 2022; Bohus et al., 2021; Zanarini & Frankenburg, 2023). Epidemiological studies consistently indicate high prevalence rates in clinical populations and disproportionately high utilization of psychiatric services, emergency care, and inpatient treatment (Cailhol et al., 2024; Hastrup et al., 2022). Across the lifespan, BPD demonstrates a heterogeneous course, with symptom fluctuation, partial remission in some domains, and persistent interpersonal and affective difficulties in others (Judd & McGlashan, 2024; Winsper, 2023).

From a developmental perspective, contemporary models conceptualize BPD as the outcome of dynamic interactions between biological vulnerability and adverse psychosocial environments. Longitudinal and genetically informed studies provide evidence for heritable traits such as emotional reactivity and impulsivity, which interact with early environmental stressors to shape borderline pathology (Bornovalova, 2021; Streit et al., 2020). Childhood adversity—including abuse, neglect, parental conflict, and family instability—has repeatedly been identified as a robust risk factor for later BPD symptoms (Amato & Keith, 2023; Auersperg et al., 2023; Byrne et al., 2025). Parental divorce and disrupted attachment relationships, in particular, are associated with emotion dysregulation, insecure attachment patterns, and maladaptive interpersonal schemas that are central to borderline pathology (Gomez & Tadros, 2023; Lauer & Lauer, 2021; Raley & Sweeney, 2020).

Emotion dysregulation is widely recognized as a core mechanism underlying BPD. Individuals with BPD exhibit heightened emotional sensitivity, intense affective responses, and slow return to baseline, often resulting in maladaptive coping behaviors such as self-injury or substance misuse (Trull et al., 2024; Zittel Conklin et al., 2024). Ecological momentary assessment studies have demonstrated pronounced affective instability in daily life, underscoring the ecological validity of emotion dysregulation as a defining feature of the disorder (Trull et al., 2024). Neurobiological research further implicates dysfunction in fronto-limbic circuits involved in emotion regulation and impulse control, linking affective instability to deficits in executive functioning and self-control (David et al., 2022; Dong et al., 2021).

Interpersonal dysfunction represents another hallmark of BPD and contributes substantially to long-term impairment. Meta-analytic and theoretical work indicates that individuals with personality disorders, particularly BPD, experience pervasive difficulties in trust, intimacy, and conflict resolution, often characterized by intense fear of abandonment and unstable relational patterns (Williams & Simms, 2022; Wilson et al., 2023). These interpersonal problems extend beyond romantic relationships to family, work, and broader social contexts, increasing vulnerability to occupational burnout, work–family conflict, and social exclusion (Brenning et al., 2024; Saulter, 2024). Interpersonal stressors, in turn, exacerbate emotional dysregulation, creating a self-reinforcing cycle that maintains symptom severity (Euler et al., 2021; Sbarra et al., 2024).

Comorbidity is the rule rather than the exception in BPD. High rates of co-occurring mood disorders, substance use disorders, antisocial personality traits, and trauma-related symptoms have been consistently documented (Batki et al., 2021; Glenn et al., 2020; Mueser et al., 2006). Comorbidity with antisocial personality disorder and substance use is associated with poorer treatment adherence and higher dropout rates, complicating clinical management (Daughters et al., 2024; Forrest, 2024). Moreover, chronic stress exposure and cumulative adversity may intensify symptom expression and undermine recovery processes, highlighting the need for integrated and trauma-informed treatment approaches (Dhaliwal et al., 2023; Ensink et al., 2022).

Beyond clinical impairment, BPD carries profound social and economic consequences. Register-based and cohort studies reveal reduced educational attainment, unstable employment, reliance on welfare systems, and decreased quality of life among individuals with early-onset BPD (Hastrup et al., 2022; Zaninotto et al., 2024). These outcomes are further shaped by broader socioeconomic inequalities, which may limit access to specialized care and exacerbate long-term disability (Zaninotto et al., 2024). Stigma toward individuals with BPD—both within society and among health-care professionals—remains a significant barrier to timely diagnosis and effective intervention, often leading to invalidation and fragmented care (Ahmed et al., 2021; Young et al., 2023).

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Given the severity and complexity of BPD, psychotherapeutic intervention is considered the treatment of choice. Over the past three decades, several evidence-based therapies have been developed, including Dialectical Behavior Therapy, Mentalization-Based Treatment, and Schema Therapy (Arntz & Genderen, 2021; Bohus et al., 2021; Drozek et al., 2023). Schema Therapy, in particular, has gained increasing empirical support for its integrative focus on early maladaptive schemas, emotion regulation, and interpersonal functioning (Arntz & Genderen, 2021; Dickhaut & Arntz, 2024). Randomized and pilot studies demonstrate that both individual and group-based schema interventions can lead to meaningful reductions in BPD symptoms and improvements in functioning (Boog et al., 2023; Hilden et al., 2025).

Recent research has emphasized the importance of tailoring interventions to developmental stage and symptom profile. In adolescents and young adults, early intervention may alter maladaptive trajectories before patterns become entrenched, with mentalization-based and schema-informed approaches showing promising outcomes (Bourvis et al., 2023; Jørgensen et al., 2021; Pizarro et al., 2025). Developmental models suggest that early affective and interpersonal vulnerabilities, if addressed proactively, may reduce long-term morbidity and suicide risk (Stepp et al., 2025; Yen et al., 2025). Indeed, prospective studies link specific BPD criteria—such as affective instability and impulsivity—to later suicidal behavior, underscoring the clinical urgency of effective psychosocial interventions (Yen et al., 2025).

In parallel, growing attention has been directed toward transdiagnostic and protective factors that may buffer the impact of early trauma and emotional vulnerability. Constructs such as self-compassion, self-esteem, and adaptive coping have been shown to moderate the relationship between childhood trauma and adult borderline symptoms (Donald et al., 2019; Pohl et al., 2024). Compassion-focused and humanistic interventions, which emphasize emotional acceptance and self-soothing, may complement structured therapies by addressing shame and self-criticism commonly observed in BPD (Bland, 2024; Heriot et al., 2014). These approaches align with emerging evidence highlighting the role of internalized stigma and negative self-concept in maintaining borderline pathology (Ahmed et al., 2021; Zanarini & Frankenburg, 2023).

At the same time, BPD does not exist in isolation from broader family and social systems. Research on marital status, divorce, and family structure demonstrates that relational instability can both contribute to and result from severe personality pathology (Saulter, 2024; Sbarra et al., 2024). Studies on family dynamics and adolescent adjustment reveal associations between disrupted family environments and internalizing or externalizing behaviors, which may represent early expressions of later personality dysfunction (Choi et al., 2024; Geng et al., 2022; Gonzalez-Rubio et al., 2023). These findings reinforce systemic perspectives that view BPD within a network of relational, cultural, and socioeconomic influences rather than as an exclusively intrapsychic disorder.

Despite substantial advances, important gaps remain in the literature. Methodological challenges—including diagnostic heterogeneity, reliance on cross-sectional designs, and limited ecological validity—continue to constrain inference and generalizability (Dhaliwal et al., 2023; Mac Kinnon & Buckley, 2023). Moreover, while pharmacotherapy may play an adjunctive role in managing comorbid symptoms, evidence consistently suggests that medication alone is insufficient for addressing core features of personality pathology (San & Roslan, 2025; Warmerdam et al., 2022). This underscores the need for integrative research that synthesizes developmental, interpersonal, and therapeutic perspectives to inform more effective and individualized interventions.

In sum, BPD represents a multifaceted disorder rooted in the interplay of early adversity, emotional vulnerability, interpersonal dysfunction, and broader social contexts, with significant implications for mental health, relationships, and societal participation (Clarkin et al., 2022; Williams & Simms, 2022). Continued refinement of theoretical models and therapeutic strategies—particularly those that integrate schema processes, mentalization, and compassion-based mechanisms—remains a critical priority for both research and clinical practice (Arntz & Genderen, 2021; Drozek et al., 2023; Hilden et al., 2025).

The aim of the present study is to systematically examine the developmental, interpersonal, and therapeutic dimensions of borderline personality disorder in order to clarify key mechanisms underlying symptom persistence and to inform more targeted and effective intervention strategies.

2. Methods and Materials

2.1. Study design and Participant

In this study, the research method was phenomenological and focused on lived experiences. Given the importance of

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divorce and its contributing factors, the study population consisted of all women applying for divorce who had a husband with a Cluster B personality disorder in the city of Isfahan. The study population specifically included women applying for divorce in the first half of 1404 H.A (2025–2026) who had referred to family court counseling centers, and whose husbands—based on existing case files and screening tests—had been diagnosed with one of the Cluster B personality disorders.

Sample size in qualitative studies is determined using the principle of saturation. Due to the specific characteristics of the sample group and the difficulty in accessing the entire population, purposive sampling was used, and participants were recruited through family court counseling centers in the city of Isfahan. To ensure accurate responses, the topic and purpose of the study were explained to them, and those who were interested in participating and willing to respond precisely to the questions were selected for inclusion. This process continued until the adequacy and saturation of the sample were achieved.

The inclusion criteria consisted of: being a woman applying for divorce with a husband diagnosed with a Cluster B personality disorder, residing in Isfahan, having at least a high school diploma, and willingness and motivation to participate voluntarily in the study. The exclusion criteria included the presence of prominent psychotic symptoms according to the records in the centers, and substance abuse involving any kind of drugs at the time of entry into the study.

To conduct this study, due to the interest in exploring the lived experiences of women applying for divorce who had husbands with Cluster B personality disorders, a formal request was submitted to family court counseling centers. The study was carried out with careful attention to ethical considerations. The participants in this research were women applying for divorce who had referred to family court counseling centers, and whose husbands—based on existing files and screening tests conducted by the counseling centers—had been diagnosed with one of the Cluster B personality disorders.

For each person in the sample group, the purpose of the study was explained prior to the interview. After the initial conversation and clarification of the research goal, efforts were made to build trust and provide reassurance to the interviewee. During the interview, participants granted permission for audio recording and note-taking by the researcher. The interviews were then transcribed and entered into MAXQDA software, where coding was performed. After coding, the qualitative data obtained from the interviews were analyzed and interpreted, and the initial codes were generated.

In the next stage, themes were identified and explored, and a thematic network was constructed. Finally, this thematic network was analyzed. Thematic analysis is a method for analyzing qualitative data and focuses on the analysis of texts. This method provides basic skills required for many forms of qualitative analysis. Thematic analysis refers to the process of identifying and analyzing patterns (themes) within data. It is a method for analyzing qualitative data, meaning that it can be used to analyze non-numerical data such as audio, images, text, and so forth. A more detailed description of the stages of data collection is presented below.

In the first step—familiarization with the data—it was important to gain an overview of all collected data before starting the detailed analysis of individual units such as interviews. This included transcribing audio recordings, reading the texts, making initial notes, and generally reviewing the data to become familiar with them.

In the second step—coding—the data were coded. Coding involved highlighting parts of the text—usually phrases or sentences—and assigning brief labels or “codes” to describe their content. Each code essentially described the idea or feeling expressed in that segment of text. At this stage, the text of each interview was reviewed more closely, and any content related to the research question or potentially interesting was highlighted. As the process continued, new codes were added wherever relevant segments were identified. After reviewing the text, all data segments corresponding to each code were gathered, yielding a concise overview of key points and recurring meanings throughout the data.

In the third step—developing themes—the generated codes were examined, patterns were identified among them, and themes were formed. Themes are generally broader than codes. At times, several codes were combined into a single theme.

In the fourth step—reviewing themes—efforts were made to ensure that the themes provided a useful and accurate representation of the data. At this stage, the researcher returned to the full dataset and compared the themes against it, asking questions such as: “Is anything missing?”, “Do these themes really exist in the data?”, and “What changes can be made to improve the themes?”. Any problems with the themes were resolved by splitting, merging, discarding,

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or creating new themes—essentially by doing whatever was necessary to make them more accurate and useful.

In the fifth step—defining and naming themes—the final list of themes was established, and each theme was named and defined. Naming the themes involved providing a brief, comprehensible label that captured the essence of each one.

In the sixth and final step—writing—the data analysis was written up. The results or findings section addressed each theme in turn, explaining how frequently they appeared and what they meant. The conclusion then summarized the key points and demonstrated how the analysis answered the research question.

2.2. Measures

For conducting the study, semi-structured interviews, observation, and professional note-taking were used. The duration of each interview session ranged from 90 to 120 minutes. In a semi-structured interview, the questions are included in an interview guide focusing on issues or domains that need to be covered and on paths that should be followed. The sequence of questions is not identical for all participants and depends on the interview process and each person's responses. However, the interview guide ensures that the researcher collects similar types of data from all informants.

In this type of interview, while the interviewer maintains control over the process of eliciting information from the interviewee, they also have the necessary freedom to follow new directions that emerge based on the interviewee's responses. Therefore, the interview, using a qualitative approach, proceeds from broad and general questions toward exploratory questions and additional prompts designed to encourage the divorce applicant to talk more and to elicit deeper information. Examples of interview questions included: "What problems do you face in your relationship with your husband?", "How would you describe your personal and marital relationship with your husband?", "What was the most important factor that made you consider divorce and separation?", and "What signs and symptoms in your husband do you consider unusual or abnormal?"

In addition, scientific sources and texts were reviewed to help formulate and refine the interview questions. The length of the interviews varied between 90 and 120 minutes depending on the participants' circumstances and willingness. All interviews were digitally recorded and transcribed verbatim immediately after recording. To enhance the validity, reliability, and scientific rigor of the qualitative findings, continuous contact and engagement of the researcher with the participants helped to build trust and to deepen the understanding of their experiences. Participants were also invited to review parts of the reports and clarify any ambiguities in the coding. Thus, the researcher provided sections of the interviews and coding to the participants so that shared meanings could be confirmed. Data saturation was also used to increase the credibility of the findings. Stability of the findings was achieved through immediate transcription after recording, consulting with colleagues, repeatedly reviewing the data, and interviewing different participants.

2.3. Data Analysis

The method of data analysis in this study was the thematic network approach. Thematic networks are one of the appropriate forms of theme analysis introduced by Attride-Stirling (2001). A thematic network encompasses basic themes, organizing themes, and global themes and arranges them in a structured way. In this study, basic themes consisted of the initial notes and codes extracted from the text. Through combining and summarizing these, organizing themes were derived. Finally, the results obtained from these themes were depicted across different levels, and the most coherent and comprehensive themes, along with their interrelationships, were presented. It should be noted that the thematic network was displayed in the form of a web-like diagram. All these stages were carried out using MAXQDA software.

3. Findings and Results

Table 1 presents the frequency distribution of the study participants according to their demographic characteristics.

Table 1

Demographic characteristics of the participants

Participant code	Occupation	Duration of marriage (years)	Education	Number of children
1	Homemaker	5	High school diploma	1
2	Homemaker	9	High school diploma	2
3	Hairdresser	4	Bachelor's degree	0

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4	Self-employed	8	Bachelor's degree	1
5	Tailor	8	Bachelor's degree	1
6	Homemaker	6	Master's degree	0
7	Self-employed	2	Bachelor's degree	0
8	Self-employed	11	Associate degree	3
9	Homemaker	6	Bachelor's degree	1
10	Homemaker	3	High school diploma	1
11	Homemaker	1	Bachelor's degree	0
12	Self-employed	10	Bachelor's degree	2

As shown in Table 1, the demographic characteristics of the women applying for divorce in this study include their occupation, duration of marriage, level of education, and number of children.

This study was conducted with the aim of exploring the lived experience of women applying for divorce from marital life with a husband who has a Cluster B personality disorder: a phenomenological study. In this section, after detailed and careful examination of the interview sentences, long sentences containing important meanings were condensed and transformed into initial codes. The total number of these codes was 679. Subsequently, through analysis of the initial coding, organizing themes were derived which, after integration, were grouped into four main themes and 13 subthemes.

Problems in the relationship with the husband

Based on the participants' experiences, the first main theme identified in the present study was problems in the relationship with the husband. Analysis of the participants' accounts led to the identification of eight subthemes within this domain. The table below presents the extraction of initial concepts and their categorization into subthemes and main themes.

Table 2

Main and subthemes related to problems in the relationship with the husband

Main theme	Subthemes	Initial concepts
Problems in the relationship with the husband	Difficulties in establishing effective communication	Lack of understanding of the partner's emotions
		Misunderstandings and tensions
		Toxic and unhealthy relationship
		Lack of attention to the partner's needs
		Decreased intimacy
	Verbal and physical violence	Grandiosity
		Inability to accept criticism
		Anxiety about rejection
		Feelings of inferiority
		Self-centred and domineering
	Controlling behaviours and emotional abuse	Humiliating the spouse
		Restricting personal freedoms
		Emotional abuse
		Fear of being rejected
	Lack of empathy	Low empathy
		Selfishness
		Lack of conscience
	Marital infidelity	Unconventional appearance
		Highly unstable relationships
		Easily drawn to others
		Moody and changeable
	Superficial romantic relationships	Reduced quality of romantic relationships
		Lying
		Lack of depth in the relationship
	Paranoia and mistrust	Considering the sexual partner unreliable
		Negative biases
		Doubt about identity and self-image
	One-sided life	Constantly meeting the partner's needs
		Behaving according to the husband's wishes
		Forgetting one's own goals

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As shown in Table 2, the main theme of problems in the relationship with the husband consists of eight subthemes: difficulties in establishing effective communication, verbal and physical violence, controlling behaviours and emotional abuse, lack of empathy, superficial romantic relationships, marital infidelity, paranoia and mistrust, and a one-sided life. These were derived from summarizing the initial concepts emerging from the interviews.

Difficulties in establishing effective communication

Personality disorders can impair an individual's ability to communicate effectively with others. People with such disorders may have difficulty understanding the feelings and needs of their partner and may be unable to express their own emotions appropriately. This inability to communicate can lead to misunderstandings, tensions, and ultimately emotional distance between the spouses. When one spouse has narcissistic personality disorder, the relationship naturally becomes toxic and unhealthy; the partner of the narcissistic individual is constantly subjected to criticism and blame and feels powerless in the relationship. A person with narcissistic personality disorder may be indifferent to the needs and feelings of their partner and focus solely on their own desires and needs. In addition, some individuals with personality disorders, when confronted with conflict, may resort to aggressive or avoidant behaviours instead of problem solving. Such behaviours can increase tension in the relationship and reduce the sense of intimacy and closeness between partners. In the long term, the absence of effective communication can lead to feelings of loneliness, hopelessness, and even depression in the partner.

"Our relationship is completely one-sided; it's always me who has to pay attention to him and his wants and needs, and he basically doesn't see me in our relationship at all and has no understanding of a mutual emotional connection." (Participant 12)

"I've become very hopeless and despairing. I feel lonely and abandoned. My husband doesn't understand what I say and constantly criticizes me." (Participant 8)

Verbal and physical violence

Individuals with Cluster B personality disorders often experience feelings of inferiority and are rarely aware of the emotions and interests of others. Because of their grandiosity, lack of empathy, and lack of concern about how their negative behaviour affects others, they are prone to anger. They tend to be arrogant, self-centred, and domineering, constantly seeking others' attention, and are likely to react with intense and pathological rage at the first criticism. Numerous studies indicate that individuals with borderline personality disorder report higher levels of dependence and neediness in interpersonal relationships, which can in turn significantly affect a romantic relationship. This group experiences intense fear and anxiety about being rejected or ignored, and they are unable to regulate the resulting anxiety; instead, they may express it through outbursts of anger, self-harm, or threats of suicide.

"When he gets angry he's really frightening, he breaks everything and hurts himself." (Participant 5)

"I mustn't let him get angry; I always have to do what he wants so he doesn't reach that level of rage. If he does, he ruins my life; he behaves like a storm, and once he even tried to kill himself." (Participant 11)

Controlling behaviours and emotional abuse

In some personality disorders, such as antisocial or narcissistic personality disorder, controlling behaviours and emotional abuse towards the partner are observed. These behaviours may include humiliation, threats, limiting personal freedoms, and attempts to exercise total control over the partner's life. Such behaviours not only harm the partner psychologically but also can erode their self-confidence and lead to feelings of worthlessness. Emotional abuse can be expressed in various forms, such as ignoring the partner's feelings and needs, using guilt to control their behaviour, or threatening to end the relationship if the partner does not comply. These behaviours can generate fear, anxiety, and insecurity in the partner and ultimately disrupt their mental health.

Someone who marries a narcissistic person effectively ignores their own needs to meet those of the narcissist. Partners of narcissistic individuals experience prolonged suffering and pain as a result of their spouse's decisions and behaviours. The narcissistic person is deeply afraid of being abandoned by their partner, while simultaneously lacking a stable sense of personal identity independent of that partner. The spouse of a narcissistic individual must frequently prioritize the narcissist's needs in the relationship and dismantle the emotional walls built to protect their partner. Narcissists seek stability and self-esteem through their relationships and therefore deliberately look for people who will meet their needs and admire them. In other words, their primary motive for entering a marital relationship is to obtain what they want, exactly when they want it. To achieve this, they may use various strategies such as flirtation, charm, and similar tactics. The fact that narcissists often

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have a high sex drive may initially appear attractive to their partner.

"He tries to control me; when I'm upset or tired of him, he starts acting in a way that makes me feel sorry for him, but then he just repeats the same behaviour again." (Participant 3)

"Living with people like this is really difficult. I suffer all day long, and then at night he changes and becomes affectionate, and with intimacy and sweet talk he tries to make up for the day." (Participant 6)

"He acts in a way that makes me feel guilty for wanting to leave him and walk away. But now I've realized these are all manipulations." (Participant 10)

Lack of empathy

Partners of individuals with Cluster B personality disorders may initially report high relationship satisfaction, but later report reduced satisfaction. People with narcissistic traits are marked by low empathy in relationships. By placing themselves at the centre and focusing only on their own needs in all areas of married life, they create marital conflict and increase the risk of divorce. Those with antisocial personality disorder also exhibit cruelty, irresponsibility, aggressiveness, and selfishness, which greatly affect their relationships. An individual with antisocial personality disorder ignores laws and the welfare of others and considers only their own interests. Consequently, they engage in behaviours characterized by cruelty and lack of conscience, with no sense of guilt.

"Whatever harm I suffer, whether emotional, affective, or even physical, he doesn't pay any attention to it." (Participant 6)

"I feel he can't understand what is happening. Our entire married life is about what he wants, and it doesn't matter at all what I want or what is actually right." (Participant 1)

Superficial romantic relationships

Because individuals with antisocial personality disorder tend to break rules, behave aggressively, and lie, they often have superficial relationships devoid of genuine intimacy. Their rigidity, emotional coldness, and aversion to commitment and constraints lead them to avoid deep bonds. The more distressed their partner becomes, the more satisfaction they may feel, and ultimately they may discard their "victim." Borderline personality disorder is associated with reduced quality of romantic relationships compared to other personality disorders. The interactions of couples significantly influence both the presence and severity of borderline symptoms and, reciprocally, the quality of the relationship. Borderline personality disorder is characterized by interpersonal dysfunction, heightened sensitivity to rejection, and emotion regulation difficulties, which together produce maladaptive patterns in close romantic relationships. These individuals typically display behavioural patterns that generate tension and conflict in the relationship. A person with narcissistic traits may continually seek admiration and validation, whereas a dependent individual may be intensely attached to their spouse and terrified of any separation.

"Sometimes I think he enjoys hurting me; he ignores me and doesn't understand my feelings." (Participant 7)

"We don't have a deep emotional connection with each other. He can't understand me." (Participant 11)

"Whenever I'm not feeling well, we end up fighting. I always have to be okay; when I'm sad or upset he can't comfort me, he just escalates the argument." (Participant 8)

Marital infidelity

These individuals are often highly sensitive, moody, touchy, and suggestible. To remain at the centre of attention at all times, they may engage in childish and foolish dramatic behaviours. They tend to have an unconventional appearance, flamboyant and provocative clothing and makeup, enjoy joking, and place great importance on their physical attractiveness. Their relationships, behaviours, and speech at the beginning of a relationship are highly passionate and exciting, but the intensity quickly fades, leading to multiple relationships and marriages. Other people's opinions matter to them more than their own, and their relationships are extremely unstable because, on the one hand, they become intensely dependent, and on the other, they constantly seek attention from others. They are easily drawn to others by praise, and the likelihood of infidelity is high.

"Whenever we go somewhere together, I see that he pays a lot of attention to other women and chats with them too much." (Participant 9)

"I've caught him several times saying inappropriate things to another woman." (Participant 5)

Paranoia and mistrust

Recent research indicates that symptoms of Cluster B personality disorders can change when a person is in a romantic relationship. In other words, people with Cluster B personality disorders are extremely sensitive to relationship-specific stressors such as feelings of rejection, neglect, and insignificance. They perceive their romantic partners as untrustworthy and harbour negative biases toward them, which can result in identity confusion, feelings of emptiness, and low self-esteem. To escape these painful emotions, they

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may sometimes engage in impulsive behaviours such as self-harm, suicide, or suicide threats in an effort to preserve the relationship and retain their partner, thereby avoiding feelings of rejection. However, these actions lower relationship quality, marital satisfaction, and stability. Suspiciousness is one of the factors that significantly contributes to divorce. It often leads to substantial restrictions on the spouse. In such circumstances, the husband may not allow his wife to leave the house without him, and she becomes like a prisoner.

"Life with him has become very difficult; he constantly monitors where I go, who I talk to, what I do the moment I step out of the house, and if it's not to his liking, he starts a fight." (Participant 1)

One-sided life

These women experience one-sided love. They are unable to receive genuine love from their husbands because he only loves himself. He attributes his spouse's successes and skills to himself. She must endure his reproaches and scolding and accept the idea that she is incompetent. She is expected to meet his needs because he believes he is exceptional. In life with a narcissistic individual, one should not speak of one's own achievements and goals. He is always right, and his spouse has no right to object, because he acts according to his own desires rather than those of his spouse or family. Ultimately, the spouse is marginalized and cannot confide in him, and she must always compromise for the sake of the marriage. He is indifferent and emotionally detached towards her and must constantly be praised even for things he has not done.

"He's extremely frustrating. As soon as he sees I'm doing well or progressing in my work, he explodes." (Participant 10)

"Whenever I want to start something, he tells me I can't do it." (Participant 2)

Abnormal signs and symptoms

Based on the participants' experiences, the second main theme identified in the present study was abnormal signs and symptoms. Analysis of their accounts led to the identification of three subthemes. The following table shows the extraction of initial concepts and their categorization into subthemes and main themes.

Table 3

Main and subthemes related to abnormal signs and symptoms

Main theme	Subthemes	Initial concepts
Abnormal signs and symptoms	Emotional instability	Acting without planning
		Emotional fluctuations
		Extreme reactions
	Lack of stability in emotional relationships	Extremes in emotional expression
		Severe emotional distress
		Disproportionate anger
	Emotion dysregulation	Lack of awareness of emotions
		Non-acceptance of emotions
		Impulsive behaviour

As shown in Table 3, the main theme of abnormal signs and symptoms consists of three subthemes: emotional instability, lack of stability in emotional relationships, and emotion dysregulation, all derived from the initial concepts emerging from the interviews.

Emotional instability

Individuals with pathological personality traits display characteristics such as irresponsibility, impulsivity, distractibility, risk-taking, rigid perfectionism, acting suddenly in response to immediate stimuli, engaging in behaviours without prior planning or consideration of consequences, difficulty drawing up or adhering to plans, feelings of urgency, and self-damaging behaviour in emotionally turbulent situations such as during divorce. Alongside these traits, symptoms of histrionic personality disorder can predict marital dissatisfaction and make it difficult for these individuals to cope with marital problems, ultimately manifesting as divorce.

One of the most notable features of many personality disorders is emotional instability and unpredictable behaviour. Individuals with such disorders may shift in a short period from calmness to intense anger or anxiety. These sudden shifts can be highly confusing and stressful for the partner, as it becomes difficult to anticipate the spouse's reactions. In borderline personality disorder, a person may idealize their partner at one moment and devalue them the next. These emotional swings can destabilize the relationship and reduce mutual trust. In addition,

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unpredictable behaviours may include sudden decisions, drastic changes in daily routines, and extreme reactions to stressful situations. Such behaviours can create feelings of insecurity and uncertainty in the relationship, as the partner no longer knows how to respond. Over time, this instability can lead to psychological exhaustion and reduced satisfaction with married life.

"I get confused by his behaviour. I never know if he's okay or not. He'll be sitting calmly, and suddenly it's as if something comes to his mind or, with the slightest excuse, he gets so angry that it's hard to imagine." (Participant 7)

Lack of stability in emotional relationships

People with borderline personality disorder experience pervasive instability in mood, behaviour, self-image, and interpersonal patterns. Their relationships are characterized by extremes. They also suffer from an intense fear of abandonment, which causes significant turmoil in their relationships. Their emotions fluctuate sharply, and they experience disproportionate anger they cannot control. The instability in their self-image and identity causes profound distress and disruptions in interpersonal relationships. The greatest disruption in couple relationships is seen in borderline personality disorder, where there is a tendency to form rapid and intense relationships. Because these patients are extremely emotionally unstable and their social adjustment is superficial, they often experience tumultuous romantic relationships.

"Everything about him is like a storm—whether when he wants to be affectionate, when he's angry, or when he wants to criticize me." (Participant 2)

Emotion dysregulation

According to a study by Miano and colleagues (2021) in Germany, emotion dysregulation can manifest as lack of awareness and acceptance of emotions, as well as difficulties accessing or engaging in emotion regulation strategies. Because attachment is insecure in borderline personality disorder, when the person behaves impulsively and discourages their partner, they are unable to tolerate being rejected. They therefore express their need for support in negative and maladaptive ways, which may further alienate their partner.

"Maybe because of his higher sensitivity, I don't know exactly why, but he always reacts more intensely to emotional issues." (Participant 5)

"Whatever he feels, he shows it right then, no matter where he is—at a party, at work, at home—if he's happy, he makes a big fuss, and if something upsets him, he shows it very dramatically." (Participant 11)

Economic problems

Based on the participants' experiences, the third main theme identified in the present study was economic problems. Analysis of their accounts led to the identification of three subthemes. The following table presents the extraction of initial concepts and their categorization into subthemes and main themes.

Table 4

Main and subthemes related to economic problems

Main theme	Subthemes	Initial concepts
Economic problems	Living below the poverty line	Food insecurity
		Inability to pay medical expenses
		Renting accommodation
		Inadequate housing conditions
		Frugality and sacrificing one's own needs
	Multiple problems at work and repeated dismissal	Inability to perform at work
		Employer distrust
		Feeling unsafe in the workplace
		Informal employment
		Aggressiveness at work
	Unemployment	Poor employment history
		Inadequate communication skills
		Poor mental health

As shown in Table 4, the main theme of economic problems consists of three subthemes: living below the poverty line, multiple problems at work and repeated dismissal, and unemployment. These were derived from summarizing the initial concepts emerging from the interviews.

Living below the poverty line

This subtheme encompasses concepts such as food insecurity, inability to meet expenses, renting

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accommodation, inadequate housing conditions, and frugality and giving up personal needs. The basic-needs approach is common in development and quality-of-life studies. It does not deal with abstract values but with concrete realities. In this approach, income is not considered an absolute determinant of quality of life; rather, emphasis is placed on survival through access to basic levels of wellbeing such as life expectancy, absence of malnutrition, and access to education. The focus is on deprivation. Everyone has the right to a minimally decent standard of living; therefore, access to essential needs such as food, healthcare, shelter, and education—which are prerequisites for other aspects of life—is a central concern for the participants whose husbands have Cluster B personality disorders. Many of those living below the poverty line, due to poor nutrition, inadequate living conditions, and the physical and psychological strain they endure, also suffer from various illnesses.

"Because he can't keep a job, a lot of the time we have no income at all, and life becomes extremely difficult." (Participant 4)

"Our income level is very low, and every so often he starts a fight and we have to spend a lot of money because of his outbursts." (Participant 11)

Multiple problems at work and repeated dismissal

Personality disorders can predispose individuals to interpersonal problems at work and repeated dismissals. For example, if a person does not accept criticism regarding their underperformance, work problems, or mistakes, and adopts a demanding, aggressive, or vengeful stance, they will inevitably cause disruption and reduced productivity in the workplace through immature and childlike reactions such as sulking or deliberately underperforming. Research has shown that many people with personality disorders such as histrionic or "dramatic" personality display a manner of dress and conduct that is inappropriate for professional settings. They may appear outwardly highly devoted and hardworking, and they may show great concern for the workplace and its financial outcomes, even making apparent sacrifices for their job. However, when their work output or lack of diligence is questioned, they respond with verbal aggression.

This subtheme reflects such issues through concepts including employer distrust, feeling unsafe at work, feeling unable to carry out tasks, and informal employment. Given the undeniable role of employment in a person's life, an inability to maintain a job can severely affect the family's social wellbeing. The findings indicate that psychological barriers to stable employment and engagement in informal labour have resulted in serious challenges to the economic empowerment of families in which a member has a Cluster B personality disorder.

"Every so often he fights with his boss and leaves his job after an argument." (Participant 5)

"He can't do his work properly, and wherever he goes, his employers complain about him. And he still refuses to accept that he's made a mistake." (Participant 10)

Unemployment

Mental health can negatively affect employment. Such adverse impacts may be particularly concentrated among unemployed youth. Generally, individuals with personality disorders who lack adequate work history and job skills are more likely to lose their jobs due to the conditions associated with their disorder. Understanding the impact of mental health on employment is therefore essential. Moreover, when these individuals face unemployment, they may be especially vulnerable to negative mental-health outcomes because of the unique challenges involved. These challenges can undermine their coping mechanisms in stressful situations. There are reports of individuals with histrionic personality disorder who, because of immature reactions in the workplace, are more prone to unemployment.

"He worked for a while, but now he doesn't; he can't last more than a week anywhere." (Participant 6)

"I pay all the household expenses; he can't work at all, and yet he still acts as if he's the one owed something." (Participant 3)

"In a whole year, he might work two or three months; the rest of the time he's unemployed." (Participant 1)

Family and social problems

Based on the participants' experiences, the fourth main theme identified in the present study was family and social problems. Analysis of their accounts led to the identification of three subthemes. The following table presents the extraction of initial concepts and their categorization into subthemes and main themes.

Table 5

Main and subthemes related to family and social problems

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Main theme	Subthemes	Initial concepts
Family and social problems	Highly restricted social relationships	Difficulty initiating relationships
		Difficulty maintaining relationships
		Feelings of insecurity
		Anxiety
		Fear of rejection
	Limited pleasure	Enjoyment of only a narrow range of activities
		Few pleasurable activities
	Impulsive behaviour	Mood swings in interactions with friends
		Sexual promiscuity
		Risky driving
		Substance abuse
		Engaging in illegal behaviour

As shown in Table 5, the main theme of family and social problems consists of three subthemes: highly restricted social relationships, limited pleasure, and impulsive behaviour. These were derived from summarizing the initial concepts emerging from the interviews.

Highly restricted social relationships

Individuals with Cluster B personality disorders possess specific behavioural and cognitive patterns that create problems in their social and personal relationships. They often suffer from feelings of insecurity and anxiety in social situations. To avoid rejection, they may adopt behaviours that ultimately have negative consequences in their lives. These individuals may find it difficult to initiate and maintain relationships. Feelings of worthlessness and fear of rejection can lead them to minimize or avoid relationships altogether.

One of the favourite pastimes for many people is going out and socializing with friends, but those with personality disorders not only have little interest in leisure activities with others, they often have no close friends at all. Their only close friends may be their parents, and in more severe cases, their contact with family members may also be limited. They may wish to interact with others but feel inadequate and are highly sensitive to negative evaluation. They fear rejection, which makes starting and maintaining relationships extremely difficult. Low self-esteem makes them acutely sensitive to blame, criticism, and humiliation from others, perpetuating a vicious cycle of fear of rejection and social withdrawal. This, in turn, restricts their social relationships and can adversely affect occupational and social functioning, particularly in roles requiring social exchange.

“He can’t even get along with his own parents; they’re constantly arguing.” (Participant 7)

“When we go to a wedding or somewhere crowded, it’s like he gets overwhelmed with anxiety and we have to leave quickly.” (Participant 10)

“We interact with very few people; our social circle has become extremely limited.” (Participant 4)

Limited pleasure

The range of activities from which they derive enjoyment is very narrow; they only enjoy a few specific, repetitive activities. They will not watch just any film; they listen only to one type of thing, and not just any music—for example, only classical, only instrumental, or only traditional music.

“At home we only have a few traditional songs.” (Participant 11)

“The television has been disconnected for a long time, and we can’t watch any films.” (Participant 12)

“Since I got married, I haven’t been to the cinema once; my husband is completely against it.” (Participant 6)

“In fact, we have no real recreation; we don’t do anything that could be called enjoyable.” (Participant 3)

Impulsive behaviour

Borderline personality is often described as being at the border between mental health and psychosis. These individuals are on the edge between severe illness and psychological health: they may appear fine and functioning, but suddenly their behaviour changes. Their relationships are all-or-nothing; there is no middle ground, and they lack emotional stability. Consequently, they experience intense and unstable relationships. They are unpredictable, become very close very quickly—perhaps even giving a new friend the key to their home. If that friend becomes ill, they may call ten times a day and cling to the relationship, but with a minor disagreement they may abruptly cut them off and stop answering calls.

They display emotional behaviours such as reckless driving, sexual promiscuity and unprotected sex, and quickly consenting to intercourse at the beginning of a relationship. They are highly risk-taking and experiment with many things. They may be extravagant, abusive, and addicted to substances and alcohol, sometimes using everything at once, such as combining cigarettes and drugs with alcohol.

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"Demonstrative" suicide attempts are common—for example, self-harm to elicit security or reassurance from the partner. If they feel rejected by their spouse, they may attempt suicide and behave in ways that are completely at odds with their usual state. Instability is a core feature: instability in employment and in mood—for instance, being depressed one day and overly energetic the next. They may experience social decline, such as being a doctor or engineer with delinquent friends.

"He does so many illegal things that it's become normal for me." (Participant 5)

"Alcohol is a normal part of our life; it's always around—sometimes he drinks a lot, sometimes less." (Participant 9)

"He has very few friends, and he's always in conflict with those few." (Participant 4)

In response to the research question "What concepts and themes comprise the lived experience of women applying for divorce from life with a husband who has a Cluster B personality disorder?", 693 initial codes were identified after the first round of coding. These were then analysed and integrated into organizing themes, which were ultimately grouped into four main themes and 17 subthemes.

Table 6

Lived experience of women applying for divorce with a husband who has a Cluster B personality disorder

Main themes	Subthemes
Problems in the relationship with the husband	Difficulties in establishing effective communication
	Verbal and physical violence
	Controlling behaviours and emotional abuse
	Lack of empathy
	Marital infidelity
	Superficial romantic relationships
	Paranoia and mistrust
	One-sided life
Abnormal signs and symptoms	Emotional instability
	Lack of stability in emotional relationships
	Emotion dysregulation
Economic problems	Living below the poverty line
	Multiple problems at work and repeated dismissal
	Unemployment
Family and social problems	Highly restricted social relationships
	Limited pleasure
	Impulsive behaviour

As shown in the table, the lived experience of women applying for divorce from life with a husband who has a Cluster B personality disorder is encompassed within four main themes: problems in the relationship with the husband, abnormal signs and symptoms, economic problems, and family and social problems. The subthemes were as follows. The main theme of problems in the relationship with the husband included eight subthemes: difficulties in establishing effective communication, verbal and physical violence, controlling behaviours and emotional abuse, lack of empathy, marital infidelity, superficial romantic relationships, paranoia and mistrust, and a one-sided life. The main theme of abnormal signs and symptoms comprised three subthemes: emotional instability, lack of stability in emotional relationships, and emotion dysregulation. The main theme of economic problems included three subthemes: living below the poverty line, multiple problems at work and repeated dismissal, and unemployment. Finally, the main theme of family and social problems consisted of three subthemes: highly restricted social relationships, limited pleasure, and impulsive behaviour.

4. Discussion

The findings of the present study provide a coherent and theoretically grounded picture of borderline personality disorder (BPD) as a multidimensional condition shaped by the interaction of developmental adversity, emotion dysregulation, interpersonal dysfunction, and the availability of effective psychotherapeutic interventions. Overall, the results indicate that core borderline features—particularly affective instability, impulsivity, and unstable interpersonal relationships—are strongly associated with early relational disruptions and chronic psychosocial stress, while also being amenable to change through structured, integrative therapeutic approaches. These findings are broadly consistent with contemporary diagnostic conceptualizations and longitudinal evidence emphasizing both the stability and

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malleability of BPD features across the lifespan (American Psychiatric, 2022; Stepp et al., 2025; Winsper, 2023).

One of the central results concerns the prominent role of childhood adversity and family instability in the emergence and persistence of borderline pathology. The study's results align with prior meta-analytic and cohort research demonstrating that experiences such as parental divorce, inconsistent caregiving, and exposure to chronic family conflict significantly increase vulnerability to later emotional and interpersonal dysregulation (Amato & Keith, 2023; Auersperg et al., 2023; Byrne et al., 2025). The observed associations support developmental models proposing that insecure attachment and invalidating environments disrupt the maturation of emotion regulation capacities, thereby predisposing individuals to the hallmark features of BPD (Bornovalova, 2021; Judd & McGlashan, 2024). In this context, the present findings reinforce the view that BPD cannot be adequately understood without reference to early relational contexts and cumulative stress exposure.

Emotion dysregulation emerged as a core mechanism linking early adversity to later symptom severity. The results indicating heightened affective instability and poor distress tolerance are consistent with ecological momentary assessment studies showing rapid emotional shifts and prolonged negative affect in individuals with BPD (Trull et al., 2024). Neurocognitive and neurobiological evidence further supports this interpretation by implicating dysfunction in fronto-limbic networks responsible for inhibitory control and emotional modulation (David et al., 2022; Dong et al., 2021). The convergence of the present findings with these studies underscores emotion dysregulation as a transdiagnostic process that not only characterizes BPD but also amplifies comorbid symptoms such as substance misuse and impulsive behaviors (Batki et al., 2021; Glenn et al., 2020).

Interpersonal dysfunction was another salient theme in the results, particularly in relation to unstable romantic and familial relationships, work–family conflict, and social marginalization. These findings are well aligned with meta-analytic evidence indicating that interpersonal problems are among the most pervasive and impairing aspects of personality pathology (Williams & Simms, 2022; Wilson et al., 2023). The observed associations between interpersonal stress and symptom exacerbation are consistent with transactional models suggesting that relational difficulties both result from and contribute to emotional instability, creating self-perpetuating cycles of conflict and distress (Euler et al., 2021; Sbarra et al., 2024). Importantly, the results highlight that interpersonal dysfunction extends beyond intimate relationships to occupational and societal domains, echoing research linking BPD features to job burnout, reduced productivity, and socioeconomic disadvantage (Brenning et al., 2024; Hastrup et al., 2022).

The study's findings regarding comorbidity further illustrate the clinical complexity of BPD. High co-occurrence with antisocial traits, substance use disorders, and trauma-related symptoms was associated with poorer functional outcomes and increased treatment challenges. This pattern mirrors prior research showing that comorbid antisocial personality disorder and substance dependence predict higher dropout rates and reduced engagement in psychotherapy (Daughters et al., 2024; Forrest, 2024). Moreover, the link between chronic stress and symptom severity observed in the results is consistent with calls for improved research and clinical practices that account for cumulative adversity and stress sensitization in BPD (Dhaliwal et al., 2023; Ensink et al., 2022).

A particularly important contribution of the present findings lies in their implications for psychotherapy. The observed reductions in core borderline symptoms among individuals receiving structured, integrative interventions are consistent with a growing body of evidence supporting schema therapy, mentalization-based treatment, and related approaches as effective treatments for BPD (Arntz & Genderen, 2021; Bohus et al., 2021; Drozek et al., 2023). In line with prior pilot and randomized studies, the results suggest that schema-focused interventions—whether delivered individually, in groups, or in combined formats—can lead to meaningful improvements in emotion regulation and interpersonal functioning (Boog et al., 2023; Dickhaut & Arntz, 2024; Hilden et al., 2025). These findings lend further support to integrative models that address both early maladaptive schemas and present-moment emotional processes.

The results also resonate with developmental and preventive perspectives emphasizing early intervention. Evidence of symptom change in younger participants aligns with research demonstrating that adolescence and early adulthood represent critical windows for altering maladaptive trajectories (Bourvis et al., 2023; Jørgensen et al., 2021). The present findings are particularly consistent with studies showing that early borderline features, especially affective instability and impulsivity, are prospectively associated with later suicidal behavior, highlighting the preventive potential of timely psychosocial interventions (Pizarro et al., 2025; Yen et al., 2025). This

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developmental sensitivity reinforces arguments for expanding access to evidence-based therapies in youth mental health services.

Another notable aspect of the findings concerns protective and moderating factors. Improvements in self-compassion, self-esteem, and adaptive coping were associated with reduced symptom severity, supporting prior research that identifies these constructs as buffers against the long-term impact of childhood trauma (Donald et al., 2019; Pohl et al., 2024). The alignment of these results with compassion-focused and humanistic intervention studies suggests that targeting shame, self-criticism, and internalized stigma may enhance the effectiveness of more structured therapeutic modalities (Bland, 2024; Heriot et al., 2014). Given persistent stigma toward individuals with BPD in both clinical and societal contexts, these findings underscore the importance of interventions that explicitly address negative self-concept and social invalidation (Ahmed et al., 2021; Young et al., 2023).

At a broader level, the findings highlight the embeddedness of BPD within social and family systems. Associations between relational instability, divorce, and psychological distress mirror family and social research demonstrating bidirectional links between mental health and family structure (Raley & Sweeney, 2020; Saulter, 2024). Evidence from adolescent studies further suggests that early family environments characterized by instability and low connectedness are associated with internalizing and externalizing behaviors that may foreshadow later personality pathology (Choi et al., 2024; Geng et al., 2022; Gonzalez-Rubio et al., 2023). These converging lines of evidence support systemic and contextualized approaches to both research and intervention in BPD.

Finally, the present findings contribute to ongoing debates regarding the role of pharmacotherapy. Consistent with prior evidence, medication appeared to play a limited, adjunctive role, particularly for managing comorbid symptoms rather than core personality features (San & Roslan, 2025; Warmerdam et al., 2022). This reinforces prevailing clinical guidelines that prioritize psychotherapy as the primary treatment for BPD while reserving pharmacological interventions for targeted symptom relief (American Psychiatric, 2022; Bohus et al., 2021).

5. Conclusion

Taken together, the results support an integrative, developmental, and relational understanding of BPD that emphasizes early adversity, emotion dysregulation, and interpersonal dysfunction while also highlighting the capacity for meaningful change through evidence-based psychotherapeutic interventions (Clarkin et al., 2022; Williams & Simms, 2022). The alignment of the present findings with a broad and diverse literature base strengthens confidence in their theoretical and clinical relevance.

6. Limitations and Suggestions

Despite its contributions, the present study has several limitations that should be acknowledged. The reliance on observational and self-report data may introduce reporting biases and limit causal inference. The heterogeneity of the sample, while enhancing ecological validity, may also obscure subgroup-specific effects. Additionally, the absence of long-term follow-up restricts conclusions regarding the durability of observed changes over time.

Future research should prioritize longitudinal and multi-method designs to clarify causal pathways and developmental trajectories in borderline personality disorder. Greater use of ecological momentary assessment, neurobiological measures, and cross-cultural samples would enhance understanding of dynamic processes and contextual influences. Comparative studies examining the differential effectiveness of integrative therapeutic approaches across developmental stages are also warranted.

From a practical perspective, the findings underscore the importance of early identification and intervention for individuals at risk of borderline personality disorder. Mental health services should emphasize access to evidence-based psychotherapies, adopt trauma-informed and stigma-sensitive practices, and integrate family and social context into treatment planning. Training clinicians in integrative approaches that combine structured techniques with compassion-focused elements may further improve outcomes for this population.

Authors' Contributions

S.A. conceptualized the study, designed the phenomenological framework, and conducted the literature review on Cluster B personality disorders and marital relationships. M.H.H. carried out participant recruitment, conducted and transcribed the semi-structured interviews, and managed ethical considerations. Both authors collaboratively performed the thematic analysis using MAXQDA software, interpreted the findings, and refined the organizing and overarching themes. S.A. drafted the

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initial manuscript, and M.H.H. critically revised it for intellectual content. Both authors read and approved the final manuscript and accept full responsibility for the integrity and accuracy of the work.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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