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COVER STORY

Mixing oil and water

Psychologists often find that opposites attract in couples with personality disorders.

By BRIDGET MURRAY
Monitor Staff
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By now, Florida psychologist Florence Kaslow, PhD, has seen the pattern so often among some couples that it's practically a clinical archetype: Both parties have personality disorders (PDs)--but on opposite ends of the spectrum.

The fastidious, stoic spouse with obsessive-compulsive PD clashes with the often messy, flamboyant spouse with histrionic PD. Or, likewise, the self-absorbed, self-important person with narcissistic PD spars with the needy, clingy partner with dependent PD.

It may seem like an oversimplification, but all too commonly one person with a PD attracts someone with a different one, Kaslow has found in her 30-plus years of practice. What might underlie that pattern?

"They seem to have a fatal attraction for each other in that their personality patterns are complementary and reciprocal--which is one reason why, if they get divorced, they are likely to be attracted over and over to someone similar to their former partner," Kaslow says.

And although empirical research on the pattern is generally lacking--clinical trials on it are few and far between--support for Kaslow's contention appears in a number of books and reports in the literature, such as a theory paper on narcissistic PD in couples by Paul Links, MD, that appeared in 2002 in the *American Journal of Psychotherapy* (Vol. 56, No. 4). In it, Links maintains that a narcissist's PD severity and willingness to change can make or break a couple's attempts to fix problems.

Personality schisms, however, can complicate such attempts. Even if only one partner has a full-blown PD, the other partner often shows personality tendencies in the opposite direction, notes Los Angeles psychologist Marion Solomon, PhD, who wrote a chapter on treating borderline couples for a book Kaslow edited on couples treatment (see further reading). Most often, Kaslow and Solomon see attractions between people diagnosed with Cluster B (antisocial, borderline, histrionic and narcissistic) and Cluster C (avoidant, dependent and obsessive-compulsive) personality disorders.

Kaslow offers a theory on the attraction between Clusters B and C: "Someone in Cluster B or C will

more likely seek a polar opposite they see as exhibiting qualities they lack and assume this will make them feel more complete or whole," she explains. "So, for example, the histrionic is attracted to the OCD perfectionist because of the histrionic's need to be stabilized, and the OCD person is fascinated by the histrionic's devil-may-care attitude. But after a while they start to rub each other the wrong way."

Fatal attraction

Problems derive from each partner's unexpected reaction to the other, Kaslow says. She explains: "These people often literally see the other person as 'their other half.' But that half is one they have cut off in themselves, so they're essentially attracted to the thing they've rejected or have a negative attitude toward."

Exacerbating the situation is the fact that each partner stirs up some unconscious, unresolved developmental issue in the other, says Joan Lachkar, PhD, a Los Angeles practitioner who writes on partners who exhibit certain traits and characteristics of narcissistic and borderline PDs. For example, explains Lachkar, an instructor at the Southern California Psychoanalytic Institute, the borderline's neediness chips at the narcissist's armor against intimacy, and the narcissist's rejection stokes the borderline's abandonment anxiety, reaction to shame and tendency to feel shunned or abused.

Such partners are frequently developmentally arrested, forming a pattern that Lachkar calls "the dance" in a narcissistic/borderline relationship. The dysfunction in that dance--the narcissist's emotional withdrawal and the borderline's need for rejection and emotional upheaval--can stem largely from childhood attachment problems, a hallmark of personality disorders, Lachkar argues.

In adult relationships, Solomon adds, people with PDs may act out early abuse, neglect, violence and other forms of childhood attachment failure--although, as pointed out in the literature on PD underpinnings (see page 42 (/monitor/mar04/awry.aspx)), it's not clear how much these failures stem from parental abuse, already existing childhood pathology that elicits negative parental reactions or an interplay of both.

Causes aside, Solomon maintains that the ingrained PD mechanisms form early: "When a child is terrified at 0 to 18 months, the left brain--the rational language part of the brain--has not yet developed, so the right brain either puts up a shield or views the self as flawed," Solomon says.

Treatment approaches

Combating those right-brain reactions by adding left-brain cognitive functions is key to treating couples battling PDs, Solomon says. However, practitioners lack research on how to effectively do that, says Links, author of the article on couples' treatment prospects for people with narcissistic PDs. In that paper, Links drew on his own clinical experience to argue that, when the partnership involves a narcissist, its survival depends on that person's ability to:

- Curtail acting-out behaviors, such as using drugs or alcohol, overspending, acting in sexually compulsive ways or physically or verbally abusing a partner.
- Reduce levels of defensiveness and show vulnerability.

In addition, says Links, the Arthur Sommer Rotenberg Chair in Suicide Studies at the University of Toronto, the couple needs to "rebalance" itself so that that the narcissist's partner--likely a more

masochistic, dependent type--still gratifies the narcissist's need for admiration, but also can glean increased love, approval and support from the narcissist. By comparison, in a borderline rebalancing, the other partner needs to stop feeding the borderline's impulsivity and emotional volatility, notes Links in other writings.

It's challenging enough to achieve such rebalancing when one person is personality-disordered and the other is relatively healthy. But when both parties have PDs, treatment can only work if it pinpoints where the PDs interlock, then pries the disorders apart to fix the dysfunctional system, argues Governors State University psychologist Jon Carlson, PsyD, EdD, in the *Family Journal: Counseling and Therapy for Couples and Families* (Vol. 8, No. 2).

Weighing the odds

But what are the chances of fixing that system and saving the couple?

The odds are best, say Kaslow and Lachkar, when three critical ingredients exist:

- **Both partners are willing to change *themselves*.** Otherwise their problem behaviors will continue plaguing the current relationship or any future ones they attempt.
- **Each person is committed to working on the relationship.** "There has to be positive motivation, good sharing of values and beliefs, and a foundation strong enough to handle the personality differences," Kaslow explains.
- **The intervening professional is skilled both in personality disorders treatment and couples therapy.** "The therapist needs to express empathy for each *individual* in the couple and at the same time must really bond with the couple and form a *team*," says Lachkar.

As for whether to treat the couple separately, together or both, many experienced practitioners favor joint treatment, at least at first. Not only does it shed more light on the couple's interaction, but it prevents "he said, she said," or "she said, you said" situations, says Kaslow.

At this point, however, mental health professionals know considerably more about treating PDs in individuals (see page 46 (/monitor/mar04/treatment.aspx)) than in couples, notes Links.

"We need to bring research on personality disorders and concepts of personality functioning together with research on couples therapy," he says. "It's not so much about inventing new couples therapy interventions as actually testing our hypotheses on appropriate couples therapy for people with personality disorders."

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