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Unstable Impulsive Personality with Paranoid Features. Demarcation Limits.

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Abstract:
Motivation*: This paper is an attempt to explain the psychiatric and psychological aspects of a clinical case of psychiatry, namely, a patient with borderline personality disorder with obvious paranoid traits (and elements of antisocial personality structure), followed in longitudinal evolution over several months. This case study aims to highlight how, in terms of borderline personality disorder, along with features of other disorders in cluster B - narcissistic, histrionic and antisocial - and cluster A - paranoid, the personality and behavior of the individual are so disorganized, especially in the case of relationships with others and their social integration, so that the individual fails to adapt to the requirements of the environment to which he belongs, having numerous conflicts with others and resorting to extreme attitudes for self-validation.*
Objectives: *Highlighting the determining factors that led to the borderline personality disorder, having as reference point the paranoid core, as well as the interpretations that the patient makes in accordance with his life history. The construction of the stress-diathesis model is desired, related to the patient's life history, in which the early psychotraumas are identified, as well as the triggers of the episodes he had.*
Hypothesis: *For the patient in question, the pathology manifested itself "in balance" between the psychiatric and neurological plane, this functioning in the first period of life in optimal parameters, followed by the pathology of personality disorder, having as predominant elements in the patient's life spasmodic episodes with the externalization of aggression and anger, caused mainly by the feeling of abandonment, isolation or misunderstanding in relationships with others.*
Methods: *Neurological examination, psychiatric interview, psychodynamic interview, psychiatric and psychological monitoring of the daily evolution under treatment, psychological tests and their interpretations.*
Results: *The diagnosis of borderline personality disorder is made explicit and supported in the psychiatric register, accompanied by features characteristic of paranoid (cluster A), histrionic and narcissistic personality that are included in cluster B. In the psychodynamic register, in terms of functioning the patient notices deep feelings of inner emptiness and fear of abandonment, which resides from attachment disorder, having as defense mechanisms a childish and expansive behavior (taking action), accompanied by an arrogant attitude and lack of affection in terms of expression (isolation), well outlined by feelings of superiority, while being superficial in relationships with others. The patient is meticulous, attentive to details in interpersonal relationships, and in terms of relating to life he works immaturely in a register "here and now", cancels the realities considered unjust and is also fascinated by fairness, equality, meaning and reason.*
Conclusions: The defense mechanisms aim at the systematic manipulation of others, highlighting the desire for power, assertion and the need for justice. The emphasis is on borderline personality disorder, which has as a reference point at the diagnostic level, the paranoid core intertwined with the narcissistic one. Due to the patient's emotional impoverishment in terms of pre-existing attachment disorder and deep feeling of inner emptiness that affects optimal functioning, psychiatric treatment with psychotherapy sessions is needed over the next few months to reduce the risk of depressive exacerbation.
Key Word*: borderline personality disorder, bipolar personality disorder, spasmodic episodes, defense mechanisms, paranoid nucleus, attachment disorder.*

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I. Introduction

1.1. Brief presentation of the issue of borderline personality disorder in the current literature

Borderline personality disorder is a severe condition characterized by marked emotional difficulties, inability to regulate emotions and impulsive behaviors, impaired ability to develop and maintain interpersonal

relationships, and impaired self-image[1]. People diagnosed have a significant predisposition to suicide risk, which is 50 times higher compared to the general population[2].

An alarming aspect is the fact that 9-33% of all suicides are committed by people diagnosed with borderline personality disorder[3,4.] Several authors concluded that 1-3% of the general population has borderline, this disorder being the most common in the clinical setting. Men represent only 25% of all diagnosed patients[2,5], so the majority of people diagnosed are women, the ratio being 3: 1.

Ritschel and Kilpela[2] stated that men and women tend to show different symptoms of this disorder. Men with BPD are mainly engaged in impulsive behaviors, substance use and alcohol. Because BPD is in high comorbidity with other types of psychopathologies, narcissistic and antisocial personality disorder are much more common in men with BPD, compared to women diagnosed with the same personality disorder.

Self-harm without suicidal intent (NSSI) is a common symptom in borderline personality disorder, characterized by the destruction of body tissue without lethal intent[6]. It usually occurs in adolescence, between 11 and 15 years, being very prevalent in late adolescence and early adulthood. Thus, the prevalence among adolescents is 13-45%, and among adults 4-28%.

Borderline personality disorder has its onset between puberty and early youth, and studies over the past 20 years have focused on the fact that this disorder can also be diagnosed in minors[7]. The prevalence of BPD is substantially higher in young people than in adults[8]. The traits of borderline personality disorder are highest in early adolescence and exhibit moderate seaward stability during youth. From the peak of the disorder, there is a decline in traits, at least until the age of 30. Epidemiological studies have also suggested that, in the case of older samples (35+ years), the decline in BPD traits becomes more and more significant with each decade of life.

1.2. General data and context of the assessment

The patient (V), aged 19, is a student, unmarried, that lives alone with parents and has a lack of attachment to the mother. He graduated the high school (12 classes) and Baccalaureate (during the interview he mentions that he is in the 12th grade) and his socio-cultural and material level is considered to be a middle level. The family climate: conflictual - the existence of preponderant quarrels in his family, between his mother and father. He does not work and does not show interest in the school curriculum, but mentions and shows a deep interest in the field of personal development, including psychology, and in the field of justice. V. is cooperative, during the interview, still having an attitude of superiority; during the school period, he often had conflicts with other colleagues and teachers (as a result he was moved to other schools). He infringes the authority and does not generally respect this court if it considers that it is unfair to it or does not comply with its principles (it violates the restraining order because it considers it incorrect and unjustified: "It did not tell me that in the face of separate from me ".

He spent his childhood in the company of his grandparents to whom he was very attached, and not with his parents, and around the age of 7, when he had to go to school he moved in with his parents, a moment he described as emotionally significant, as a result of breaking up with his grandparents and adjusting to his parents.

Based on this recital, 2006 is the benchmark for the onset of anger and aggression, with the first episode marked by a school incident that V claimed to have overturned in the classroom and acted in an aggressive way, being later taken to the hospital, where he was diagnosed with ADHD, being hospitalized for three weeks. Subsequently, V had several episodes of anger over the years, the next being in the 5th grade, followed by several during high school. After the death of his grandfather and a sudden breakup with a classmate, V had several depressive episodes, followed by excessive alcohol and drug use, culminating in unfinished suicide attempts (he mentions that he took / wanted to take 84 of Paracetamol pills and a few episodes in which he cut with the blade - "The blade cuts the deepest" - on the hands).

Outbursts of anger and aggression have continued until now, but he has not attempted suicide. There is a major psychiatric symptomatology, which brought together dispositional episodes of inner emptiness, uncertainty and abandonment with a depressive phenomenology, the present hospitalization being the second of its kind. Between the two hospitalizations, V was not compliant with the prescribed treatment, Strattera in class I, nor with the treatment prescribed later, with the second hospitalization in adolescence.

1.3. The reason for admission to psychiatry

The recent episode began as a result of an altercation between the patient and his girlfriend's father, the patient reaching high levels of psychomotor agitation, accompanied by aggression, a mood characteristic of a borderline disorder accompanied by an unsystematic energy level with sudden and violent outbursts. The present meeting takes place after the patient's discharge, presenting ideas of radicalism, highlighting an analytical thinking that emphasizes logic and innovation, deep feelings of self-sufficiency and egocentrism. It

turns out (in the interview presented), also manipulative, even seductive and attractive, talking nonchalantly about eroticism and its extravagances (both legal: "These extravagances are a pleasure" and the erotic ones).

At the same time, it is worth noting the emotional coldness towards others, but also towards oneself. Asked what is the cause of all the episodes in which he self-mutilates, if he does all this out of suffering, V answers with indifference and coldness "It would be good to know why I do this", which emphasizes the eccentric and disorganized side of his personality. He looks for solutions or interpretations and is found in books with a reputation in the field of personal development and philosophy, often quoting from them to express themselves, validate their beliefs and emphasize their greatness. He does not present other important people in his life, towards whom he can feel an emotional closeness (a high quality social support), apart from the girls with whom he was in a relationship or those he sympathized with and the grandparents who had him raised until he returned to his parents (shows some friends with whom he eats at various restaurants or climbs on the block with the group of friends, but does not give details of how close they were).

Another aspect that highlights the structure of a mixed personality disorder (borderline personality disorder, involving traits of paranoid, histrionic and antisocial personality), is given by the multiple conflicts between the young man and his girlfriend's father, implicitly the legal issues he defies, restraining order, assaults the girl's father in the street) and considers them a "pleasure", while deciding to represent himself alone in court, learning the law and getting acquainted with the Court Portal (fight for justice and fairness).

II. Material And Methods

In the present case, the methods used were the initial psychological evaluation, the progressive one, the structured and unstructured clinical interview, psychoanalytic psycho-therapy cure, periodical psychiatric evaluation and treatment monitoring, psychoanalytic interpretations, analysis of transference and countertransference dynamics, the transgenerational analysis, the analysis of his social functioning, psychological monitoring, as well as the psychiatric treatment.

III. Results

3.1. Medical history

a) ADHD - manifested by crises of affection and aggression in the classroom, both in primary school and later.

b) Diagnosis of opposition disorder, V stating that the pathology started as a result of stress and emotional insecurities due to lack of security attachment from the mother and feelings of inner emptiness, strengthened by the depreciation of others and lack of emotional relationship with parents or in couple relationships, which causes him to act in disagreement with the optimal manner related to life situations.

3.2. Interpretations in the psychosomatic register

The time when the first signs of the disorder appeared was around the age of 7, when the patient had spent most of his childhood with his grandparents, but once school started, he moved back to his parents. The triggers that marked the beginning of the disorder were the separation from his grandparents to whom V states that "I was very attached to them" and therefore the separation from those who had given him a secure attachment and an emotional basis at home, the patient saying: When I came here to my parents, I found my father drunk. My parents were always arguing, and my father didn't stay at home much. He liked gambling", which denotes an environment rich in negative stimuli that favored the development of poor communication between family members, V being often overwhelmed by the need for attention and maternal love as a result of the disorder. The first episode of the disorder was marked by an incident at school, in which V claimed that he overturned the benches in the classroom and reacted aggressively, being later taken to the hospital where he was diagnosed with ADHD. , being hospitalized for three weeks: "I stayed three weeks at the children's hospital."

As defense mechanisms there is an attitude that denotes arrogance and superficiality in relationships with others, which occurs mainly in adolescence and continues to this day. Moreover, he can resort to self-mutilating behaviors ("On December 29 I cut my razor blade in my hand") in dissociative episodes, so as to distract from strong negative emotions. Also, to fill the inner void caused by the lack of security attachment offered by the mother in childhood that would have determined a harmonious development, the patient replaced this through personal development books, when around the age of 15 he used to go to seminars and to presentations based on personal development, being financially supported by his mother "Mother paid every time" as an alternative to compensate for the time he did not spend with the patient as a child.

3.3. Patient attitude and behavior during the interview

At the time of the interview, V shows changes in emotional mood, from sadness (childhood when he was taken from grandparents) to enthusiasm (gambling, alcohol) or apathy (school problems) to the feeling of frustration when he tells about the events in high school, in which he was made fun of by the girls he liked ("I

took a big bouquet of roses and took it to school and she gave me smashed the bouquet in my head. I was angry and couldn't sleep at night because I was thinking about the incident"). There is a strong need for attention from others, as a result of recurring behaviors of immaturity due to a relationship that ended abruptly ("At 15, I climbed the block and drank two bottles of Vodka in three minutes. I told the girl who had broken up with me that I would throw myself off the block if she didn't come to see me. I wouldn't have thrown myself, but I wanted her to come there. The police took me down").

Thus, the above highlights the sustained effort to avoid real or imaginary abandonment, which led to a profound change in self-image and lack of identity: "Who am I without her ?!" Therefore, avoiding abandonment has as a defense mechanism immature and suicidal behavior, which denotes a transient paranoid ideation associated with the stress felt[9]. Also, when he talks about his first serious relationship, in the ninth grade, he notices that, although they broke up because they no longer understood each other, he can understand the reasons: "Mutual energy attacks", "The desire to change each other ",“ We reproached ourselves for everything ", appealing here too to fragments and ideas read in books of philosophy or personal development.

The patient has a symbiotic level of functioning, because he feels valued and understood around the loved one, with whom he wants to spend as much time together as possible: “At 16, I met a girl who was all I could want, but we didn't spend enough time together because her mother had died and her father wouldn't let her out because she had to cook and clean. I wanted to stay with her longer"

3.4. Elements of psychiatric diagnosis

Borderline personality disorder involves: • instability in interpersonal relationships • sustained efforts to avoid abandonment • identity disturbance due to instability of self-image / feeling • impossibility in self-destructive situations • recurrent suicidal behavior or self-mutilating behavior • chronic feeling of inner emptiness

V seems to have had symptoms of attention deficit disorder (ADHD) and an episode of mixed personality disorder (around the age of 16) in the past, with present disorders: borderline personality disorder, narcissism and paranoia.

• symptoms associated with borderline disorder with elements from the depressive sphere: a depressive episode (psychomotor agitation, suicidal ideation + suicide attempts)

o the feeling of inner emptiness

o loss of self-identity

o insomnia

o anhedonia

o altered emotional disposition

• symptoms associated with narcissistic disorder: a seductive attitude; a superficial rationalization mechanism; an indifferent disposition; a meticulousness and a high degree of attention to detail

• symptoms associated with paranoid disorder:

o from the point of view of self-image is intangible

o strongly supported assumptions and reasoning

o explosive outbursts in unpredictable situations: an interpretativity; an irascibility

Adjacent elements of a general symptomatic area would be: use of destructive behavior and superiority; language with which it denotes elegance and refinement; state of inner restlessness; empty / empty interior; conflicts are expressed directly by action (defense mechanism - taking action); evaluation of events and people as either good or bad (defense mechanism - splitting); functioning marked by emotional instability, with sudden shifts from idealization to devaluation in relation to the loved one, being confused by the feeling of self-identity as a result of losing symbiosis with the loved one: "Who am I without her ?!" or " I seek gratification through relationships with others.

3.5. The stress-diathesis model. elements that enter into the construction of patient vulnerability:

• separation from grandparents and their home at the age of 7

• moving with parents, in a new environment

• grandfather's death in adolescence

• the fact that he grew up without attention and affection from his father, who was always away from home because he was passionate about gambling; it is also noticeable the lack of security attachment offered by the mother until the age of 7, which had repercussions on his school activity and later criminal

• father's alcohol problems, which later appeared in the patient

• major emotional events in his life:

separation from grandparents - moving to a new home, lack of affection and attention from parents, absent father, death of grandfather, first separation

• conflicts with schoolmates, especially the harsh rejections from the girls he loved, to whom he had become emotionally attached, noting that in high school he confessed to them that he liked them, but instead was humiliated in front of colleagues

• the real difficulties in the affective plan from the point of view of the permanent feeling of abandonment and the lack of a clear identity towards one's own person.

3.6. Psychic examination of the present state

Appearance and behavior: Regarding the interview, we can observe that V is dressed in a shirt, attentive to posture and gestures. He has a neat appearance, shows a limited range of facial expressions, but gestures quite often.

Social behavior: collaborates with the interviewer, speaks openly and relaxed about each topic, giving details about suicide attempts, rejections of girls he liked and feelings then, conflicts within the family and in relationships with others, about alcohol and gambling, and including episodes of exaggerated eroticism. He creates the appearance of an intelligent young man, self-controlled, correct, contemplative (ideas taken from philosophy), independent, towering, determined (files an appeal, learns the law), trying to put himself in a positive light, even superior.

Perception: No disturbances at the time of the interview.

Attention: Hyperprosexia on the topic related to justice, in judicial matters. At the same time, he is very attentive and sensitive during the interview: when the interviewer focuses his attention on something else, for a very short time, he intervenes saying that he does not want to bother if he has something else to do.

Memory: Uses voluntary memory to learn passages and phrases from books, to validate its imposing image (grandeur) and to support its credibility in the face of the desire to develop, to know and to be known, to evolve and overcome its codification. She also has a good memory: she remembers data, figures, details with a strong emotional charge (for example, the fact that he gave 150 lei for a bouquet of flowers, and the girl, who did not appreciate the generous gesture, behaved very badly with him), but which he evokes with indifference, with a lack of emotional echo.

Language: Uses high vocabulary, often adding phrases or quotes from the sphere of philosophy or personal development, choosing his words carefully (as if he were weighing them before saying them).

Thinking: Shows a deep interest, even a fixation and an exaggerated concern for justice and fairness (paranoid traits), because he considers that he has to fight against the girl's father ("She didn't tell me she didn't want to be together anymore"). He seems to have a logical flow of ideas, he argues what he says and he is firmly convinced that his vision of the world is logical, clear and correct, the dominant idea of discourse being that of seeking justice.

Qualitative content disorders: It is likely (according to what he mentions in the speech) to present expansive delusional ideas, namely, erotomaniac (in past relationships), the young man failing to assess whether a person loves him, therefore considering that if he likes a girl, he must act immediately, and she must respond to the same measure: he says that he brought a bouquet of flowers, mentioning that it was worth 150 lei, to a colleague she liked, and she had an unexpected reaction for him, hitting him with the bouquet on the head, these episodes of brutal rejection being repeated in the case of the classmates he liked and against whom he acted.

Affectivity: At the time of the interview he seems cold, emotionally. He speaks without restraint about events with a negative charge, without presenting an emotional echo at the moment of evocation, seeming more neutral to what he is telling (feeling of chronic inner emptiness).

He considers his girlfriend "Everything a man could want", being actively involved in the relationship with her. At the same time, with the statement "Who am I without her ?!" the idealizing trait of the loved one is noticed, manifesting repeated efforts to avoid a possible abandonment or separation, including the strong attempt to do justice.

He does not declare an attachment to his parents, the only person in the family he mentions in the interview and to whom he feels emotionally close is the grandfather who died, saying about this moment (grandfather's death) that he was one full of suffering for him. At the same time, he does not declare an attachment to a person from the group of friends who represents a support and to whom he feels closer emotionally.

Also, from what he tells, we can notice instability, outbursts of anger, aggression and physical violence in conflicts (at school - when he overturns the bench, towards the father of the girl he was in a relationship with).

Instinctive life: Imaginatively, it involves disguise by trying to hide the symptoms of disease (read personal development books, trying to seem anchored by reality and self). In the case of intimate relationships and episodes described in the interview, one can notice a possible manic arousal (satyriasis, exaggeration of sexual instinct) and exhibitionism (by the fact that he did not seem bothered to engage in sexual acts in public places, dangerous sex).

Insight: He vehemently denies the diagnosis of bipolar disorder, but accepts the option approached by the interviewer - to have a special personality, because he does not want to accept that there is something wrong with his way of working. In the case of the first hospitalizations, he refused to take the prescribed medication.

3.7. The psychodynamic interview

Feelings of the ego - The general dysfunction of the ego results from the disturbance of self-identity with the loss of emotional relationships ("At the age of 15 I climbed the block and drank two bottles of Vodka in three minutes. I told the girl who had broken up I'm throwing myself off the block if he doesn't come to see me. I wouldn't have thrown myself, but I wanted him to come there. The police took me down. " We can consider, in the case of episodes of self-mutilation and suicide attempts, turning against one's self - a possible hatred of oneself and the circumstances one has gone through, adhering to self-destructive behavior to reduce internal conflict. At the same time, it may be possible to repeat attempts in order to attract attention, to cross the line of social normalcy and to show that it can defy the reality imposed by others (says: "I would like to know why I did this" when asked about self-mutilation).

The main defense mechanisms were:

Dissociation - Unpleasant effects are repressed, seeming rather superficial.

Isolation - Reproduces facts and events from the past (with a strong emotional charge), without affection, totally devoid of emotional echo.

Splitting - Divides people into good or bad, who are on his side or against him.

Acting-Out - Desires (sexual) or conflicts (at school or with the girl's father) are put into action, without processing or meditating on ideas, emotions or consequences.

Interpersonal relationships and fear of abandonment:

- Poor emotional relationship with parents
- Friendships without emotional coloring
- Tumultuous, chaotic relationships, exaggerated sexual behaviors.
- Physical and verbal aggression towards people who oppose him.

The main psychological conflicts:

- Tumultuous, disorganized relationships
- Irritability and irritability (is bothered by small gestures, gets angry easily)
- Impulsivity (especially when it comes to chaotic sex and spending money - gambling)

-Manipulative, creates the appearance of control and assumption towards external events ("These extravagances are a pleasure")

- Strong aggressive needs at the same time as strong needs for relational or sexual attachment and fear of abandonment.

The psychiatric interview lasts about 80 minutes, during which the patient does not have major emotional episodes (depressive symptoms) or acts of anger, there is the possibility of remission, in whole or in part.

It is observed that the patient has an elegant, neat outfit and is consistent in speech and cooperative during the interview. V's attitude denotes an air of superiority. Affectively, there is an emotional detachment, emphasizing an arrogant attitude at the level of speech, he is self-controlled, he describes himself as open and understanding in relationships with others. At the beginning of the discussion about the current relationship, V describes her onset as an attempt to attract and persuade the girl to start a relationship more sexually, although he knew that the young woman likes him more than that, then idealizes the loved one ("It was all a man could want. It couldn't be better!"), So that in the end he seemed more disappointed by her behavior (he gives this impression by the fact that his girlfriend did not confess to him clearly whether she wanted to or not to be together), an aspect that falls within the area of borderline personality disorder. So, there is a deep sense of confusion about self-identity ("Lack of love has caused me to lose my sense of identity," "Who am I without her ?!").

At the same time, there is a fair and confident tone of voice, V being oriented towards fairness and justice ("I would have stopped if she had told me to stop in front") and even trying to make justice alone ("I knew I was breaking the restraining order, but I had to go to school to see my girlfriend"), thus emphasizing the obvious side of borderline personality disorder focused on exaggerated attachment and paranoid structure focused on equity.

IV. Conclusion

V's dominant attitude is meant to protect him in difficult life situations, with delayed control over frustration tolerance. This gives a better adaptation to the environment when the circumstances in which they are feel emotionally demanding, he uses a social mask from the spectrum of narcissistic disorder as a coping mechanism (he uses any pretext to place himself in the most favorable light possible). The patient resists

emotional conflict or internal or external stressors through either abstract thinking or generalizations, which aim to control or reduce disturbing feelings through the mechanism of intellectualization (Kaplan & Sadock, 2001). He describes himself as having an Alpha personality, being ambitious, oriented towards high goals, with strong leadership potential. The psychiatric interview shows that V sees things differently from most people, which indicates that such a person always gives meaning to his personal life, expressing his beliefs in a philosophical way[10]

However, in times when V was tempted by feelings of guilt or nervousness towards others or social contexts, he presented a wide range of personal grievances and failures when faced with stressful situations (moving from grandparents, first separation), in which things do not go according to his own expectations, which is why he developed a labile disposition, releasing his anger either through episodes of inappropriate and intense anger (the altercation between him and his girlfriend's father) and anxiety intervals, the chronic feeling of inner emptiness and meaninglessness ("Who am I without her ?!"), or by engaging in suicidal and self-mutilating behaviors ("On December 29 I cut myself with a razor blade").

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