

Socijalni aspekti odnosa narcisa i *borderline-a*

/ Social Aspects of the Relationship between Narcissistic and Borderline Personality Disorder

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Narcizam postaje sve veći problem suvremenog društva. Današnje društvo cijeni vanjsku, objektivnu uspješnost, pretjerivanje u hedonizmu i površnost više od unutarnjeg, emotivno obojenog života. Današnji čovjek suočen je s vlastitom prazninom pa su narcistične, grandiozne fantazije nekada i zadnji mehanizam obrane od tog bolnog suočavanja. *Borderline* je zavidan što nema snagu narcisa, pa se osjeća još praznije i nemoćnije. Kada postoje trauma i krivnja između dviju skupina ljudi, teško se s njima nositi, već je lakše preuzeti narcisoidnu poziciju i projicirati sve negativno u *borderline-a*. Tako nastaje toplo-hladan odnos koji se konstantno ponovo odigrava. Time dotičemo socijalne aspekte odnosa narcisa i *borderline-a* koje pokušava objasniti i približiti ovaj članak. Stvoriti okružje i kulturu oprosta težak je, ali ne i nemoguć put. Sastoji se od zdravog žalovanja, sublimacije agresije, poticanju dobrih iskustava i novih interesa. Također, treba poticati socijalizaciju i dijalog jer se samo njima može doći do empatije i altruizma koje želimo pobuditi i koji dovode do kvalitetnijih odnosa.

/ Narcissism is a growing issue in modern society. Society values external, objective successfulness, overindulgence in hedonism, and superficiality more than inner emotional life. Individuals in modern society are faced with an inner emptiness, resulting in narcissistic, grandiose fantasies sometimes being the last defensive mechanism against that painful confrontation. Persons with borderline disorder are envious because they lack the strength of the narcissists, causing them to feel even more empty and powerless. When there is trauma and guilt between two groups of people, it is hard to deal with the issues directly and it is easier to take a narcissistic position projecting everything that is negative onto a person with borderline disorder. This creates a hot-and-cold relationship that constantly replays itself. This brings us to the social aspects of the relationship between narcissistic and borderline personality disorder, which is the topic of this article. Creating an environment and culture of forgiveness is a difficult, but not impossible path. It consists of healthy mourning, sublimating aggression, and encouraging good experiences and new interests. Additionally, it is important to encourage socialization and dialogue because this is the only way to achieve the empathy and altruism that we are trying to evoke and which lead to a better relationship.

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Poboljšanjem životnog standarda, razvojem tehnoloških mogućnosti, kao i pojavom široke ponude svega što je još nekoć nedostajalo, fokus društva, to jest suvremeni pojedinac okrenuo se samome sebi, te postaje posvećen novim ciljevima koji su usmjereni konzumerizmu i vlastitom hedonizmu. Također, koliko god imao nečega, nikada nije dosta. Još je Christopher Lasch 1979. u djelu „Narcistična kultura“ otvorio temu i postavio pitanje mijenja li se kultura i postaje li suvremeni čovjek sve površniji i prazniji (1).

Precizne podatke o epidemiologiji narcističnog i graničnog poremećaja ličnosti teško je procijeniti, no za narcistični poremećaj ličnosti najčešće se spominje raspon 1-17 % u kliničkoj populaciji, te 0-5,3 % (0-6,2 % prema DSM-5) u općoj populaciji (2-4). Medijan prevalencije graničnog poremećaja ličnosti u općoj populaciji iznosi 1,6 – 5,9 % (4).

Cilj ovoga rada je prikazati suvremeno stajalište o navedenim društvenim fenomenima iz perspektive odnosa narcisa i *borderline-a*. U društvu koje podržava narcizam i želju za moći zasigurno ima pojedinaca koji čim ne uspiju ostvariti svoje narcističke grandiozne planove i fantazije skloni su drugoj krajnosti - jadu i viktimizaciji što se najčešće karakterizira kao *borderline*, odnosno granični poremećaj ličnosti. U suvremenoj kulturi svakako se prepoznaju obrasci funkcioniranja prisutni upravo u psihopatologiji narcisa i *borderline-a*.

SOCIJALNI ASPEKTI NARCIZMA

Narcizam je pojam koji vežemo uz manjak empatije, grandioznost, potrebu za divljenjem, traženjem pažnje, kao i pretjerani osjećaj vlastite važnosti. Kada takve karakteristike postanu trajne, potpuno nefleksibilne govorimo o narcističnom poremećaju ličnosti (4-6).

Improvement of living standards, development of technology, and the wide availability of resources and luxuries that were once lacking have caused the focus of society and modern individuals to shift to the individual, becoming dedicated to new goals aimed at consumerism and personal hedonism. Furthermore, however much wealth and luxury one may have, it is never enough. Christopher Lasch broached this topic as early as 1979 in his book “Narcissistic Culture” and asked whether the culture was changing and whether modern people were becoming increasingly shallow and empty (1).

Precise data on the epidemiology of narcissistic and borderline personality disorder are hard to assess, but a range of 1-17% in the clinical population is most commonly mentioned regarding narcissistic personality disorder, as well as 0.0-5.3% (0.0-6.2% according to DSM-5) in the general population (2-4). The median prevalence of borderline personality disorder in the general population is 1.6-5.9% (4).

The goal of this article is to describe the modern scientific position on these social phenomena from the perspective of the relationship between persons with narcissistic and those with borderline personality disorder. In a society that encourages narcissism and a desire for power, some individuals are certainly persons who, as soon as they are unable to achieve their grandiose narcissistic plans and fantasies, tend towards the opposite extreme – self-pity and victimization that is usually classified as borderline personality disorder. In modern culture, behavior patterns present in the psychopathology of narcissistic and borderline disorder can certainly be observed.

SOCIAL ASPECTS OF NARCISSISTIC PERSONALITY DISORDER

Narcissism is a concept associated with a lack of empathy, grandiosity, need for validation, attention-seeking, and an exaggerated feeling of

Neuroznanstvena istraživanja u oboljelih od narcističnog poremećaja ličnosti uočavaju deficit sive tvari u desnom prefrontalnom i bilateralno u medijalnom prefrontalnom / prednjem cingularnom korteksu (engl. *right prefrontal and bilateral medial prefrontal/anterior cingulate cortices*). Također, otkrivaju smanjenu frakcijsku anizotropiju u bijeloj tvari desnog frontalnog režnja. Spominje se i povezanost narcističkih osobina s desnom prednjom inzulom (engl. *right anterior insula*) (7,8).

Narcizam je često praćen osjećajem nadmenosti (engl. *entitlement*) - osjećaja da im sve pripada te da su zadužili svijet svojim postojanjem. Nadalje, opčinjeni su perfekcionizmom koji proizlazi iz vrlo strogog, kažnjavajućeg superega. Ovisni su o potvrdi drugih i neumorno dokazuju svoju posebnost. Kada su povrijeđeni postoje samo dva moguća obrasca ponašanja - povlačenje i narcistični bijes (Lachkar opisuje V-točku narcisa). Grandiozni self nastaje kao obrana od ovisnosti o bilo kome, poglavito iz konkretnosti koja izjednačuje zdravu ovisnost o značajnim drugima s parazitskom ovisnošću (9-13).

Lasch je 1979. god. u djelu „Narcistička kultura“ otvorio temu kako današnje društvo potiče paranoju i mentalitet preživljavanja te naglasio kako se stvara okolina koja tjera modernog čovjeka da ne mašta o tome kako riješiti problem, već da bude sretan što je preživio usprkos problemu (1). U istom je djelu Lasch opisao promjenu zapadne kulture, koja postaje obilježena prazninom i nemoći. Svaka aktivnost mora biti hedonistička i u svakom odnosu se mora uživati (1,14). Novac i konsumerizam su sve, bitna je jedino usporedba i zavist uz stalno prateći osjećaj neadekvatnosti i manje vrijednosti (15). Lasch smatra kako uvjeti života u suvremenom svijetu zahtijevaju površnost koja nas štiti od strahova koji robuju nama. Suvremeni pojedinac smatra da je slobodan, otvoren, da ne ovisi ni o kome, no opet je toliko slab, paranoičan, potpuno

self-importance. When these become completely inflexible and lasting characteristics, they are identified as narcissistic personality disorder (4-6).

Neuroscientific research in persons suffering from narcissistic personality disorder has found a deficit in gray matter in the right prefrontal and bilateral medial prefrontal/anterior cingulate cortices, as well as reduced fractional anisotropy in the white matter of the right frontal lobe. There have also been reports of an association between narcissistic traits and the right anterior insula (7,8)

Narcissism is often accompanied by a feeling of entitlement – a feeling that the person is entitled to anything and that the world is in their debt due to the mere fact of their existence. Furthermore, such persons are obsessed with perfectionism that stems from a very strict, punishing superego. They are dependent on validation from others and tirelessly strive to prove their uniqueness. When they are hurt, they are able to react with only two patterns of behavior – withdrawal and narcissistic rage (Lachkar described the V-spot for persons with narcissistic personality disorder). The grandiose self develops as a defense from dependency on anyone, primarily from a concreteness that equivocates a healthy dependency on significant others with parasitic dependency (9-13).

In his 1979 work “Narcissistic Culture”, Lasch broached the subject of how modern society encourages paranoia and a survival mentality, emphasizing the creation of an environment that forces the modern individual not to imagine ways to solve problems, but rather to be happy for merely surviving despite the problems (1).

In the same work, Lasch described a change in Western culture which has become marked with emptiness and powerlessness. Every activity must be hedonistic, and every relationship must be enjoyable (1,14). Money and consumerism are everything, and all that matters is comparing oneself with and envying others accompanied by a constant feeling of inadequacy and inferiority (15). Lasch believes that living conditions in the modern world require a shallowness that pro-

nesposoban nekome vjerovati ili biti zahvalan (16).

Kao ključan aspekt narcizma u suvremenoj kulturi sve se češće ističe individualizam. Čovječanstvo je tijekom povijesti uvijek težilo neovisnosti/autonomiji individuuma, slobodi. Međutim, do današnjeg dana to je doseglo razinu u kojoj kolektivne vrijednosti i vanjska očekivanja postaju manje važni, a ljudi se više fokusiraju na sebe same, odnosno zadovoljenje osobnih potreba i tom cilju usmjereno je njihovo ponašanje i akcije koje poduzimaju što vodi u narcizam (17,18).

Kernberg pak tvrdi kako postoje tri razine težine narcističnog poremećaja ličnosti (sl. 1). Prva, visokofunkcionalna, neurotska; druga razina pokazuje tipične simptome narcizma, a treća razina težine narcističnog poremećaja ličnosti može funkcionirati po dva modela. Prva mogućnost je da funkcionira i prezentira se kao *borderline* - manjak tolerancije anksioznosti, kontrole impulsa, ali i redukcija sublimatornih funkcija. Drugi model je onaj koji pokazuje pretežito antisocijalne karakteristike (19-21).

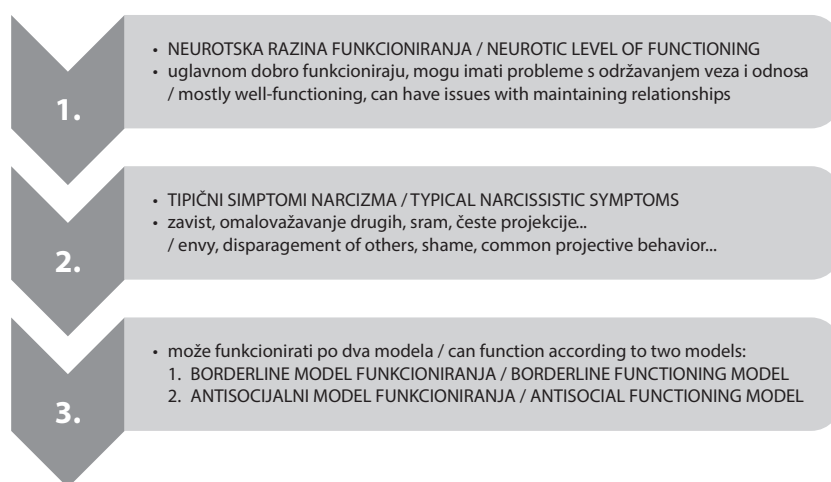
Ekstrem će biti označen kao sindrom malignog narcizma, koji uz osnovne karakteristike narcističnog poremećaja ličnosti (NPL) pokazuje antisocijalno ponašanje, paranoidne ideje te agresiju usmjerenu prema sebi i/ili okolini (20,22).

ffects us from the fears that enslave us. The modern individual believes they are free, open, and independent, but they are simultaneously weak, paranoid, and completely incapable of trusting or feeling gratitude towards others (16).

Individualism has been increasingly emphasized as a key aspect of narcissism in modern culture. Humankind has historically always strived for independence/autonomy of the individual, i.e. freedom. However, today this has reached a point where collective values and external expectations become less important and individuals increasingly focus on themselves, i.e. on fulfilling their personal needs, resulting in actions and behavior aimed at that goal, which leads to narcissism (17,18).

On the other hand, Kernberg claimed there were three levels of severity in narcissistic personality disorder (Figure 1). The first level is the high-functioning neurotic type; the second level of severity presents with typical narcissistic symptoms, and the third level of severity can function according to two models. The first possibility is functioning that presents as borderline personality disorder – lack of tolerance for anxiety, lack of impulse control, and reduced sublimation functions. The second model primarily presents with antisocial characteristics (19-21).

The extreme is classified as malignant narcissist syndrome, where the basic characteristics of nar-



SLIKA 1. Tri razine težine narcističnog poremećaja ličnosti [prema Kernbergu (21)]

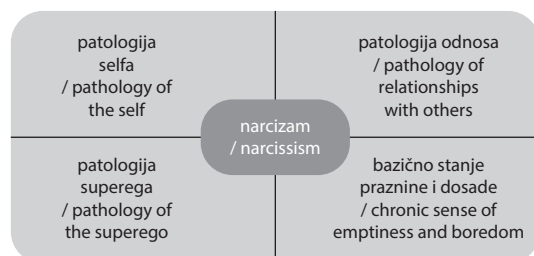
FIGURE 1. Three levels of severity in narcissistic personality disorder [according to Kernberg (21)]

Stone opisuje narcise s vrlo izraženim antisocijalnim karakteristikama. Također, postoje i maligni narcisi kojima vlada prezir, obično su skloni alkoholu te posljedično tome i nasilnom ponašanju. S druge strane postoje i narcistični kriminalci koji nisu nasilni. Oni su u kriminalu jer izvlače novac raznim manipulacijama i od toga dobro žive (23).

NPL je Kernberg definirao u četiri dimenzije (sl. 2): patologija selfa, patologija odnosa s drugima, patologija superega te *bazično stanje praznine i dosade*. *Bazično stanje praznine i dosade* očituje se potrebom za učestalom stimulacijom, koja može biti i umjetna. Često se očituje kao ovisnost o alkoholu ili drogama, promiskuitetom ili pak seksualnom inhibicijom (3,19).

Dugo se vremena grandioznost smatrala glavnom značajkom narcizma, tako da se pojavljivala u svakoj definiciji i klasifikaciji. U međuvremenu se mišljenje o tome počelo mijenjati. Opisane su tako brojne karakteristike narcizma upravo suprotne grandioznosti. Tako postoje sramežljivi, tankokožni, prikriveni, posramljeni, dakle gotovo sve suprotno od grandioznog osjećaja važnosti i veličine.

„Debelokožnog“ i „tankokožnog“ narcisa opisao je Rosenfeld 1987. , a razliku u transferu između njih opisivao je Kernberg 2014. (20,24). Tako se „debelokožnog“ narcisa opisuje kao stabilnog, na višoj razini funkcioniranja koji može izvrsno funkcionirati na poslu i u



SLIKA 2. Četiri dimenzije narcističnog poremećaja ličnosti [prema Kernbergu (21)]

FIGURE 2. Four dimension of narcissistic personality disorder [according to Kernberg (21)]

cissistic personality disorder (NPD) are accompanied by antisocial behavior, paranoid ideas, and aggression towards oneself or the surroundings (20,22). Stone described narcissists with strongly expressed antisocial characteristics. There are also malignant narcissists dominated by contempt, who are usually prone to alcohol abuse and consequently to violent behavior. On the other hand, there are also narcissistic criminals who are not violent. They engage in criminal behavior by extorting money through various manipulations, out of which they make a good living (23).

NPD was defined by Kernberg as having four dimensions (Figure 2): pathology of the self, pathology of relationships with others, pathology of the superego, and the *chronic sense of emptiness and boredom*. The *chronic sense of emptiness and boredom* manifests as a need for constant stimulation that can be artificial. It often presents as addiction to alcohol or drugs, promiscuity, or sexual inhibition (3,19).

Grandiosity was long considered the main characteristic of narcissism and appeared in every definition and classification. In time this opinion began to change. Many characteristics of narcissism have now been described that are in direct opposition to grandiosity. There are shy, thin-skinned, hidden, and ashamed narcissists, almost all of which are incompatible with a grandiose feeling of importance and greatness.

“Thick-skinned” and “thin-skinned” narcissists were described by Rosenfeld in 1987, and the difference in transfer between them was described by Kernberg in 2014 (20,24). “Thick-skinned” narcissists are described as stable, more highly functioning persons who can function very well at work and in social interactions, but who have a total lack of fantasy and imagination which leads to a truly poor inner world. In transfer, they cannot broach the question of their fears and desires and any deeper conflicts. Such narcissistic patients strive to have total control over their relationship with the therapist. They carefully premeditate on what to talk about during therapy, even going so far as to plan which associations

socijalnim kontaktima, međutim ima potpuni manjak fantazija i mašte tako da je unutarnji svijet uistinu presiromašan. U transferu ne mogu otvoriti pitanje strahova ili želja pa ni nikakvih dubljih konflikata. Takav narcis želi imati potpunu kontrolu u odnosu s terapeutom. Intenzivno promišlja o čemu će pričati tijekom terapije, pa čak i koje će asocijacije izreći kako bi terapeut otišao u određenu smjeru, a on će to shvatiti kao vlastiti trijumf jer je anticipirao situaciju i „prevario“ terapeuta čime je sebi dokazao da je bolji od profesionalaca u tom području. S druge strane, „tan-kožni“ narcis stvara regresivniji transfer i funkcionira više na *borderline*, nestabilnoj razini. Stvara prezirne osjećaje prema terapeutu i sklon je osjećaju inferiornosti, poniženja i depresiji (21,24). Preosjetljiv je na bilo kakvu kritiku, a glavni mehanizam obrane mu je projekcija (25). Tako sve negativno projicira na terapeuta, a onda očekuje i svojevrsnu zamjenu uloga. Pacijent koji je sadistički mučio terapeuta ima osjećaj da će mu terapeut to morati vratiti, osvetiti mu se nekim oblikom agresije. Ekstrem takvog odnosa može biti sadomasohistički transfer u kojemu svaki odnos koji ostvaruju pretvaraju u neprijateljsku interakciju koju žele dovesti do ruba i sloma (19,26,27).

Danas se tako preferira podjela narcisa na grandiozni i vulnerabilni. U karakteristike grandioznog spadale bi arogancija, malignost, manipulativnost, dok je vulnerabilni narcis zatvoren, posramljen i sramežljiv (28). Vulnerabilni narcis sklon je preosjetljivosti, viktimizaciji i ne može se suočiti s problemima i drugim ljudima te je slabog samopouzdanja (29).

Vaknin je 2007. narcise podijelio na „cerebralne“, to jest one kojima se treba diviti zbog inteligencije i „somatske“ čija je ljepota izvor narcizma. Akhtar je govorio i o specifičnim obrascima ponašanja narcisa. To su nemogućnost vjerovanja drugim ljudima, odnosno oni ne žele i ne mogu se osloniti na druge, sma-

to give so as to guide the therapist in a specific direction, which the patient will see as a personal triumph because they succeeded in anticipating the situation and “tricking” the therapist, proving to themselves that they are better than a professional in the field. On the other hand, a “thin-skinned” narcissist creates a regressive transfer and generally functions at an unstable level similar to borderline personality disorder. Such patients create feelings of contempt towards the therapist and are prone to feelings of inferiority, humiliation, and depression (21,24). They are overly sensitive to any criticism, and projection is their main defensive mechanism (25). They therefore project all negative elements on the therapist and expect a consequent role reversal. The patient who sadistically tortures the therapist has the feeling that the therapist will have to return the favor and take revenge through some form of aggression. The extreme version of such a relationship can manifest as sadomasochistic transfer in which every relationship that is achieved turns into a hostile interaction that the patient attempts to drive to a breakdown (19,26,27).

Due to the above, the division of narcissistic personality disorder into grandiose and vulnerable is currently preferred. Characteristics of grandiose NPD would include arrogance, malignancy, and manipulateness, whereas vulnerable narcissists are withdrawn, ashamed, and shy (28). Vulnerable narcissists are prone to oversensitivity and victimization and cannot face problems and other people, with an accompanying lack of self-confidence (29).

In 2007, Vaknin divided narcissists into “cerebral”, i.e. those that want to be admired for their intelligence, and “somatic”, whose physical beauty is the source of their narcissism. Akhtar also discussed specific behavior patterns in narcissists. These include the inability to trust other people, i.e. a refusal and inability to rely on others, a reduction in morality if there is something to be gained, a feeling of inferiority, and reduced capacity for love and affection. The difference between overt and covert narcissists has also been described (15,29-31).

njena im je moralnost ako postoji neka dobit, osjećaj inferiornosti te oslabljeni kapacitet za ljubav i povezanost. Opisana je i razlika između otvorenog (*overt*) i prikrivenog (*covert*) narcisa. (15,29-31).

OD PRAZNINE *BORDERLINE-A* DO SOCIJALNE HISTERIJE

Emocionalno nestabilna ličnost pojavljuje se u dvama oblicima - impulzivni i granični poremećaj ličnosti. Impulzivni tip pun je naglih i hirovitih reakcija, a granični je još teži stupanj obilježen osjećajem praznine, suicidalnim pokušajima i narušenim emocionalnim vezama (5).

Postoji i određena zbunjenost oko pojma *borderline*. Nameće se pitanje je li *borderline* samo stanje između neuroze i psihoze još otkako je Stern 1938. to prvi puta i spomenuo (32,33) ili poseban poremećaj ličnosti. Za razliku od shizofrenije kod *borderline-a* rijetke su halucinacije i prividenja (34). Češća je distorzija realiteta i pomaknuta percepcija objektnih odnosa. Dominira sram, rjeđe krivnja, imaju patološki strah od potencijalnog ili stvarnog napuštanja kao i od nestajanja, te su izrešeta ni paranoidnim idejama koje često projiciraju na okolinu. Od svega toga brane se rascjepom, poricanjem i magičnim razmišljanjem. Ono što se često događa je i viktimizacija (10,35,36). Stavljanjem u poziciju žrtve okreće se krug projekcije, paranoje, ali i zadržavanja drugih oko sebe. To se često očituje osjetom boli. Ta bol može biti simbol, odnosno ima dvojako značenje. S jedne strane ona je tu kao znak života – „kad me boli znači da sam živ/a i time je moje nestajanje opovrgnuto“, a strah od nestajanja privremeno umanjen (10,35). S druge strane, može se očitovati kao somatizacija, konverzivnim simptomima pomoću kojih komuniciraju s okolinom, dobivaju mogućnost manipulacije svojom bolesti te tako mogu postići katarzu, ali i sekundarnu

FROM THE EMPTINESS OF BORDERLINE PERSONALITY DISORDER TO SOCIAL HYSTERIA

Emotionally unstable personality disorder manifests in two forms – impulsive and borderline personality disorder. The impulsive type is full of sudden and capricious reactions, whereas borderline disorder is a more severe level presenting with feelings of emptiness, suicide attempts, and damaged social relationships (5).

There is also a certain confusion about the concept of borderline personality disorder. The question whether borderline is just a state between neurosis and psychosis or if it is a discrete personality disorder has been discussed since it was first mentioned by Stern in 1938 (32,33). As opposed to schizophrenia, borderline personality disorder rarely presents with hallucinations (34). It is more common to experience reality distortion and distorted perception of object relations. Shame, and more rarely guilt, are dominant, and patients have a pathological fear of potential or realistic abandonment as well as of disappearance, and are fraught with paranoid ideas that they often project to their surroundings. They defend themselves from all this through dichotomization, denial, and magical thinking. Victimization is common as well (10,35,36). Placing themselves into the role of the victim creates a circle of projection and paranoia, but also forces others into codependent relationships. This often manifests through the sense of pain. The pain can be a symbol, i.e. it can have a double meaning. On the one hand it is present as a sign of life – “when I am in pain, I know I’m alive and thus my disappearance is refuted”, and the fear of disappearance is temporarily reduced (10,35). On the other hand, pain can manifest as somatization, as conversion symptoms used to communicate with their surroundings provide a way to manipulate their disease and thus achieve catharsis as well as secondary benefits from the disease. Pain enables relationships with other people.

In their desire to feel alive and to defeat the empty deadness inside themselves, narcissistic patients are capable of doing anything. They are

dobit od bolesti. Bol im omogućuje odnose s drugim ljudima.

U želji da se osjećaju živo, to jest da pobijede prazno mrtvilo u njima skloni su napraviti bilo što. Tako su skloni rizičnim ponašanjima – nezaštićenim seksualnim odnosima, ovisnostima, samoozlijeđivanju i raznim drugim. Vođeni su sramom i nemaju nikakav kapacitet za žalovanje. Iz srama i osjećaja da ne vrijede nastaje i golemi strah od separacije (napuštanja bliskih osoba). To je nešto što ih stalno tišti i ako se u bilo kojem trenutku tako osjećaju rezultat će ili bijesom ili osvetom zbog slabe kontrole impulsa. U želji da zadrže objekt povode se konstantnim zavodenjem objekta kako bi ih primijetio i doživio (10,37,38).

Kernberg je opisao organizaciju ličnosti *borderline* (33) s namjerom da pomakne fokus s *borderline-a* kao isključivo poremećaja ličnosti. BPO (engl. *borderline personality organization*) nastaje u djece koja ne mogu integrirati pozitivna i negativna iskustva, bilo zbog velike količine prirodne agresije, pretjerane anksioznosti ili štetnih ranih iskustava (39). Ona imaju velike varijacije u simptomima od aksioznosti, preko fobija do konverzivnih simptoma te paranoidnih ideja (39,40). Ključne karakteristike BPO-a su: nespecifične manifestacije slabosti ega, pomak prema primarnom procesu mišljenja, korištenje specifičnih mehanizama obrane (rascjep – od savršenstva do bespomoćnosti), patološki internalizirani objektni odnosi (33,40). Grinker i sur. su 1968. opisali četiri podtipa *borderline-a*: granica s psihozom, *borderline* u sužiti (do srži), „kao da“, neurotski *borderline* (41). Zanarini i sur. iznijeli su 1990. karakteristike koje čine razliku. Po njima su to kvazipsihotične misli, samounakaženje, manipulativni pokušaji suicida, pretjerana zabrinutost oko napuštanja ili nestajanja, zahtjevnost, regresija u terapiji te teškoće kontratransfera (42).

Novija istraživanja dokazuju uz magnetnu rezonanciju kako kod graničnog poremećaja lič-

consequently more prone to risky behavior – unprotected sexual relations, addiction, self-harm, and many others. They are guided by shame and have no capacity for mourning. The shame and inferiority they feel leads to an enormous fear of separation (abandonment by people close to them). This is a constant source of oppression for such patients, and any feelings of abandonment result in either rage or revenge due to poor impulse control. In their desire to retain the object, they constantly employ seduction of the object in order to be noticed and appreciated (10,37,38).

Kernberg described how a personality with borderline disorder is organized (33), with the goal of moving the focus away from borderline disorder as a disorder of personality alone. Borderline personality organization (BPO) forms in children who cannot integrate positive and negative experiences due to a large amount of innate aggression, anxiety, or harmful early experiences (39). Their symptoms vary widely from anxiety and phobias to conversion symptoms and paranoid ideas (39,40). The key characteristics of BPO are as follows: unspecific manifestations of a weak ego, propensity for primary process thinking, application of specific defensive mechanisms (dichotomization – from perfection to helplessness), and pathologically internalized object relations (33,40). In 1968, Grinker et al. described four subtypes of borderline personality disorder: Psychotic Border: bordering with psychosis; Core Borderline Syndrome (to the core); “As-If” Borderline; and the Border with the Neuroses (41). In 1990, Zanarini et al. presented differentiating characteristics. According to them, these are quasi-psychotic thoughts, self-mutilation, manipulative suicide attempts, overanxiety about abandonment or disappearance, demandingness, regression in therapy, and countertransference difficulties (42).

Newer research using MR imaging has shown that patients with borderline personality disorder have evident changes in those regions of the brain that regulate emotions, such as the amygdala, hippocampus, orbitofrontal cortex, and anterior cingulate cortex, which lead to emotional dysregulation and affective instability (43-45).

nosti postoje evidentne promjene upravo onih regija mozga koje su zadužene za regulaciju emocija poput amigdale, hipokampusa, orbitofrontalnog korteksa i prednje cingularne kore te da to dovodi do emocionalne disregulacije i afektivne nestabilnosti (43-45).

U literaturi se sve češće vodi rasprava o razlici između bipolarnog poremećaja (pogotovo tipa 2) i graničnog poremećaja ličnosti. Kao jedna od ključnih značajki ističe se afektivna nestabilnost. Kod graničnog poremećaja ličnosti ona je obično jaka, varira od eutimije do aksioznosti i ljutnje te je vrlo često potaknuta interpersonalnim konfliktom. U bipolarnom poremećaju afektivna nestabilnost može biti prisutna, no najčešće nije jaka, varira od eutimije do depresije ili ushićenja i pretežno je autonomna i manje ovisna o vanjskim, okolišnim čimbenicima (46-48). Također, navode se i razlike u odgovoru na farmakoterapiju (49,50).

U sekciji III DSM-5 htjelo se izbjeći glavne probleme koji su nastali kao posljedica preklapanja kriterija između poremećaja ličnosti. Tako su narcistični i granični poremećaj ličnosti dijelili osjetljivost prema kritici, sklonosti izljevima bijesa i *entitlement* (3,4). Dijelom se u tome i uspjelo. Zaključeno je da su grandioznost (maka skrivena/vulnerabilna) i traženje pažnje nužni za dijagnozu narcističnog poremećaja ličnosti, dok granični poremećaj ličnosti mora sadržavati barem jedan od sljedećeg - impulzivnost, rizično ponašanje i/ili hostilnost. Tako se trenutno najpreciznije očituje razlika između narcisa i *borderline-a* u formalnim dijagnostičkim kriterijima (51-53).

Danas se vrlo često vode rasprave u literaturi je li *borderline* transformirana histerija s obzirom na vrijeme u kojemu živimo. Ono što je prije bio sukob, krivnja koja izjeda i radi simptome, danas je praznina *borderline-a*. Prije su postojala jasna pravila te je osoba bila u sukobu sa strogim socijalnim normama izvana, a danas je socijalno gledano skoro sve dopušte-

There is a growing discussion in the literature on the difference between bipolar disorder (especially type 2) and borderline personality disorder. Affective instability is considered one of the key characteristics. It is usually strong in borderline personality disorder and varies from euthymia to anxiety and anger, while often being exacerbated by interpersonal conflict. In bipolar disorder, affective instability can be present but is usually not strong, varying from euthymia to depression or elation and is generally autonomous and less dependent on external environmental factors (46-48). Additionally, differences in response to pharmacotherapy have also been reported (49,50).

Section III of DSM-5 tries to avoid the main issues that have arisen as a consequence of criteria overlap between personality disorders. Narcissistic and borderline personality thus share sensitivity to criticism, propensity for outbursts of rage, and entitlement (3,4). This has been partially successful. It has been concluded that grandiosity (even hidden/vulnerable types) and attention-seeking are necessary for the diagnosis of narcissistic personality disorder, whereas borderline personality disorder much include at least one of the following – impulsivity, risky behavior, and/or hostility. This is currently the most precise way to describe the difference between narcissistic and borderline personality disorder in formal diagnostic criteria (51-53).

There are many ongoing debates in the literature on whether borderline personality disorder is transformed hysteria due to the times we live in. What used to be conflict and guilt that ate people up from inside and caused symptoms has today been replaced by the emptiness of borderline disorder. In earlier times, clear rules existed and a person could be in conflict with strict external social norms, whereas today almost everything is permitted, socially speaking, and individuals wrestle only with their own inner emptiness that has to manifest in some way. Since these are overly concrete personalities with low resilience, they cannot describe and conceptualize their own problems but instead must attempt to ground and objectivize the problem through concrete physical

no te se osoba sukobljava jedino s unutarnjom prazninom, bezdanom, ali i slikom „moranja biti sretan i savršen“ što stvara visoku anksioznost koja se mora nekako ispoljiti. Budući da se radi o pretjerano konkretnim osobama slabe rezilijencije oni ne mogu opisati i sagledati vlastite probleme već moraju taj problem konkretizirati, objektivizirati tjelesnim simptomom. Imajući tjelesnu manifestaciju oni su manje prazni, trebaju druge da vide njihov „objektivni“ problem, a odlazak doktoru koji će ih razumjeti i umanjiti njihovu zabrinutost je svojevrsan pokušaj korektivnog emocionalnog iskustva zbog nedostatka „majke“ koja će ih smiriti. S te strane gledano, ali i po općim kriterijima i definicijama zasigurno postoji određeno preklapanje između histerije i *borderline-a* (54-56).

SOCIJALNA DIMENZIJA ODNOSA *BORDERLINE-A* I NARCISA

Društveni teret odnosa *borderline-a* i narcisa može se prikazati kao vanjsko opterećenje – socijalni parazitizam i sklonost kriminalu te unutarnja – suicid. Prije svega, objasniti ćemo interakciju *borderline-a* i narcisa fenomenom harmonike i plesom pogotovo kada su perpetuirani traumom, zatim ćemo raspraviti gore navedeno te konačno objasniti suvremene probleme ovog odnosa na socijalnoj razini te ponuditi rješenje i put k zrelijem ponašanju.

Narcis i *borderline* koriste primitivne obrasce ponašanja, kao i primitivne mehanizme obrane. Rascjep koji karakterizira odnos prati i ambivalencija – od bliskosti do destrukcije. Narcis se boji da neće biti dovoljno savršen, a *borderline* da će se otkriti koliko je loš, prazan i bezvrijedan (10).

Kada se dogodi nešto loše određenoj skupini ljudi, na primjer narodu ili državi, teško se nositi s tim nerješivim problemom koji je taj sukob donio. Tako se ta trauma prenosi na potomke,

symptoms. When experiencing a physical manifestation, they feel less empty and need others to perceive their “objective” problem, with a visit to a physician who will understand them and alleviate their anxiety representing an attempt to achieve a corrective emotional experience due to the lack of a “mother” to comfort them. Viewed from that perspective, but also from the perspective of general criteria and definitions, there is certainly some overlap between hysteria and borderline personality disorder (54-56).

THE SOCIAL DIMENSION OF THE RELATIONSHIP BETWEEN BORDERLINE AND NARCISSISTIC PERSONALITY DISORDER

The social burden of the relationship between borderline and narcissistic personality disorder can be described as an external burden – social parasitism and propensity towards criminal behavior – as well as an inner burden – manifesting as suicide. We will first explain the interaction between persons with borderline and narcissistic personality disorder using the phenomenon of the accordion and dance, which is especially emphasized when they are perpetuated by trauma, after which we will discuss the above, concluding with an explanation of modern issues arising in this relationship at the social level and offer a solution and path to more mature behavior.

Persons with narcissism and borderline disorders employ primitive behavior patterns as well as primitive defense mechanisms. The dichotomy that characterizes the relationship is accompanied by ambivalence – from intimacy to destruction. Narcissists fear that they will not be perfect enough, whereas persons with borderline disorder fear the discover of how bad, empty, and worthless they are (10).

When something negative happens to a certain group of people, for instance a people or a nation, it is hard to deal with this unsolved problem created by the conflict. This is how trauma is transferred descendants, i.e. to subsequent generations. Volkan (1991) called this chosen trauma (57,58). Cho-

to jest sljedeće generacije. Volkan (1991.) je to nazvao izabranom traumom (57,58). Izabrana trauma tako postaje stvarna, vječna, a ne nešto što pripada prošlosti i sjećanju (58). Oni se osjećaju kao vječne žrtve u bilo kojemu odnosu (15,29). Projekcije prema neprijatelju iz traume su svježije, emocije vezano za to su snažne, kao da su bile jučer, a izvor anksioznosti je nepresušna. To je Volkan nazvao kolapsom vremena. Ljudi mogu kognitivno, racionalno živjeti s tom traumom, no u emotivnom smislu to nije razriješeno (57). Kernberg je slično traumatske, bolne situacije objasnio destrukcijom vremena. Smatra da na putu emotivnog prolaska vremena stoji rascjep te neposredna okolina koja ne dozvoljava nova pozitivna iskustva koja donose zadovoljstvo. Osoba ili cijela obitelj ostaju u vremenu traume. „Ništa se nije promijenilo“ (59).

Volkan opisuje fenomen harmonike. Kada se susretnu dva naroda koja imaju neriješenu izabranu traumu na prvi su pogled svi uglašeni i distancirani. To u vrlo kratkom vremenu i na najmanji poticaj/provokaciju može eskalirati i pobuditi vrlo snažne emocije, koje se onda opet nakon određenog vremena (više objektivnog nego subjektivnog) smire (57,58). Tako se stalno, poput harmonike, neprestano udaljavaju i skupljaju stvarajući glazbu za taj specifičan narcis/*borderline-ski* ples naroda.

Taj ples toplo je hladan odnos u kojemu se pokušavaju razumjeti na svjesnoj razini, no nesvesni obrasci robuju odnosom (sl. 3) (10). Tako narcis pleše idealizacijom, perfekcionizmom i svim drugim savršenostima koje se lako mogu ugroziti, a u plesu ih *borderline* dovodi u pitanje. Koreografija *borderline-a* prožeta je osvetom, viktimizacijom i ostalim oblicima manipulacije koji provociraju narcisa budeći u njemu osjećaj nesavršenosti. Ples se tako sastoji od izazova *borderline-a* napadom, negodovanjem ili izazivanjem konflikta što budi nelagodu narcisa koji se onda povlači. Sav bijes

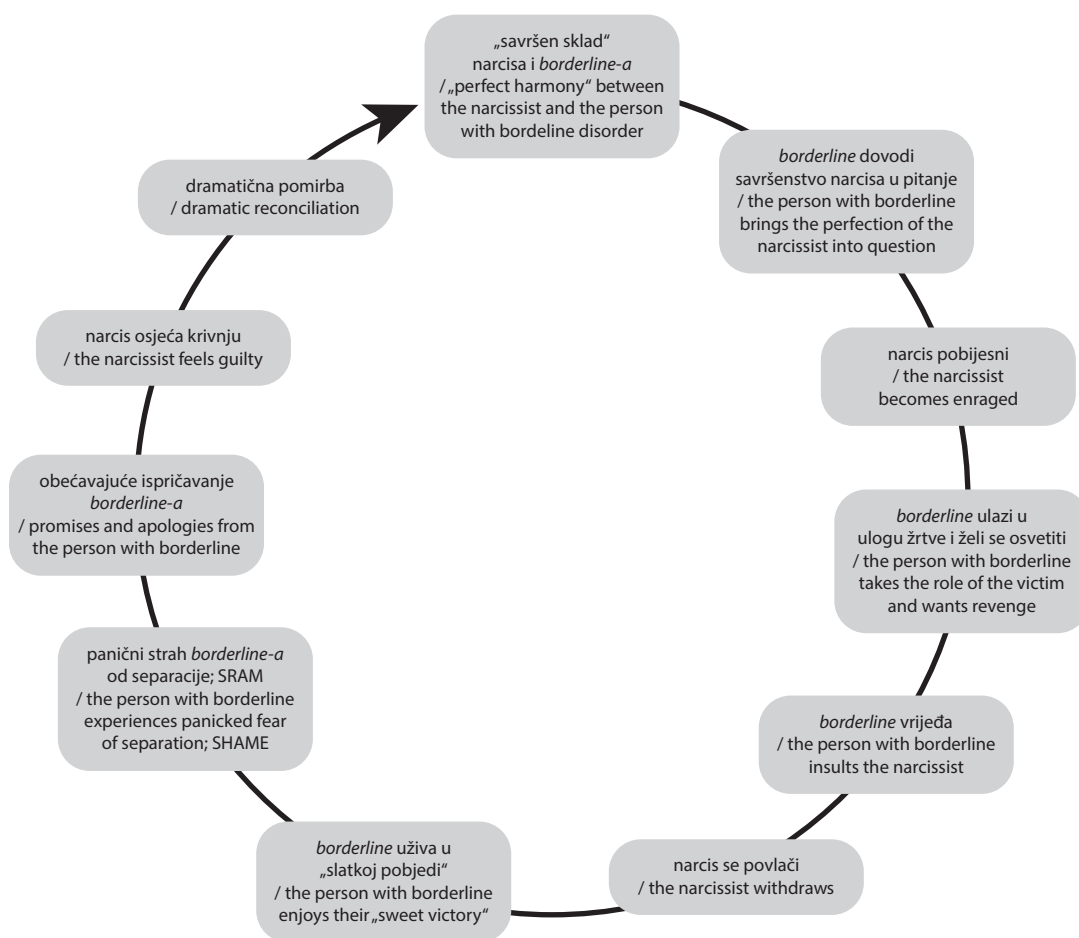
sen trauma thus becomes real and eternal instead of something consigned to history and memory (58). People feel like eternal victims in any relationship (15,29). Projections towards the enemy from that trauma remain fresh and emotions related to it are strong, as if the trauma happened just yesterday and representing an inexhaustible source of anxiety. Volkan this called a time collapse. People can cognitively and rationally live with the trauma, but it remains unresolved in the emotional sense (57). Kernberg explained similar traumatic and painful situations as time destruction. He believed that there is a gulf in the path of the emotional passage of time and that the immediate environment does not allow new positive experiences that bring contentment. The person or the whole family remain at the point in time when the trauma took place. “Nothing has changed” (59).

Volkan described the accordion phenomenon. When two nations that have an unresolved chosen trauma meet, initially everyone remains polite and distanced. But even the smallest incitement/provocation can cause very rapid escalation and awaken very strong emotions, which then calm down after a certain (more objective than subjective) time (57,58). In this way, like an accordion, they constantly move away and come together, creating the music of that specific narcissistic/*borderline* dance of nations.

This dance is a hot-and-cold relationship in which people try to understand each other at the conscious level, but unconscious patterns enslave the relationship (Figure 3) (10). The narcissist's dance is one of idealization, perfectionism, and all other forms of perfection that can be easily threatened, and the person with *borderline* brings them into question. The choreography of *borderline* disorder is permeated by revenge, victimization, and other forms of manipulation that provoke the narcissist by awakening a feeling of imperfection in them. The dance therefore consists of a challenge issued by the person with *borderline* disorder in the form of an attack, complaints, or creation of conflict, which causes discomfort to the narcissist who then withdraws. The person with *borderline* disorder perceives the rage of the narcissist as the leadership of someone who they admire, but who

narcisa *borderline* doživljava kao vodstvo nad nekim kojem se dive, a sad pokazuje svoju slabu točku. Kratko uživaju u toj „slatkoj pobjedi“ koja ih uzdiže iz uobičajenog mrtvila. Ubrzo se budi panični strah od separacije, osjećaju navalu negativnih emocija i žele učiniti bilo što kako bi izbjegli prijetu napuštanje narcisa. Počinju se ispričavati i obećavati raznolike načine iskupljenja govoreći kako se ništa slično neće i ne može ponoviti. Na kraju, narcisu treba netko tko će ga uzdizati i diviti mu se, osjeća više krivnje nego srama u usporedbi s *borderline-om* te se odluči vratiti *borderline-u*. Tako se koreografija tog plesa neprestano ponavlja. To je vječan ples između krivnje i srama. Oni teže harmoniji, ali ih konflikti, na nesvjesnoj razini čine povezanim i dobivaju privid konstantnosti (10,60,61)

is now showing their weakness. They briefly enjoy this “sweet victory” that brings them out of their usual feeling of deadness. However, the panicked fear of separation arises soon after; the person with borderline disorder feels a rush of negative emotions and is ready to do anything to avoid the impending abandonment by the narcissist. They start to apologize and promise various forms of atonement, saying that nothing like this will ever happen again. The narcissist ultimately needs someone who will elevate and admire them and feels more guilt than shame in comparison with the person with borderline disorder, so they decide to go back to the person with borderline disorder. Thus, the choreography of this dance constantly repeats. It is an eternal dance between guilt and shame. The dancers strive for harmony, but the conflicts bring them closer at an unconscious level and create an appearance of constancy (10,60,61).



SLIKA 3. Ples/drama narcisa i *borderline-a* (prema Lachkar 1984., 1985., 1992., 1997., 1998., 2004.)

FIGURE 3. Dance/drama of a person with borderline disorder and the narcissist (according to Lachkar 1984, 1985, 1992, 1997, 1998, 2004)

Drama označava nemogućnost *borderline-a* i narcisa da išta promijene, već se uvijek isti scenarij stalno odigrava (10).

Socijalni parazitizam kao sekundarna dobit od bolesti pojam je koji vežemo uz „nemoguće, teške“ pacijente. Takvi pacijenti vrlo često imaju izražene slike graničnog ili narcističnog poremećaja ličnosti. Radi se o nemogućnosti zadržavanja posla tako da čak i neki vrlo obrazovani radije ne rade, već ovise o financijskoj pomoći svoje obitelji ako je ona dobrostojeća ili o socijalnoj pomoći, ako su siromašniji. Čak i kada se bolje osjećaju ili izliječe od primarnog uzroka zbog kojega nisu radili određeno vrijeme, njihova motivacija za povratak na posao uopće nije primjetljiva. Smatra se da je to zbog fantazija uspjeha i slave te da oni sebe doživljavaju kao neshvaćene presposobne talente koje nitko nije prepoznao. Odbijaju psihoterapijsko liječenje onda kada im ono više ne donosi financijske povlastice (plaćeno bolovanje, mirovina, socijalna pomoć), kao i onda kada bi morali sami plaćati terapiju bez obzira misle li je li im potrebna. Nadalje, smatra se kako im treba „zaprijetiti“ da moraju naći posao ili će se terapija prekinuti, jer jedino ih se tako može potaknuti na kreativnost i izlazak iz začaranog kruga nerad-dobit (19,62).

Koekkoek i sur. opisivali su ponašanje „teških“ pacijenata. „Teško“ ponašanje podijelili su u četiri dimenzije: povlačenje i nedostupnost, zahtjevnost i potraživanje, privlačenje pozornosti i manipuliranje te agresivno ponašanje (63,64). Također, tvrde kako se „teške“ pacijente često povezuje s profesionalnim pesimizmom, pasivnim liječenjem, kao i mogućim otpustom iz zdravstvene ustanove (65). Bos i sur. dolaze do zaključka kako visoko strukturirano okruženje za liječenje usmjereno na stabilizaciju pacijenta značajno pomaže „teškim“ pacijentima (66).

U Hrvatskoj, Klinika za psihijatriju i psihološku medicinu KBC-a Zagreb bavila se problemom

This drama signifies the inability of the person with borderline and the narcissist to change anything, instead repeating the same scenario over and over again (10).

Social parasitism as a secondary benefit from disease is a concept we associate with “impossible, difficult” patients. Such patients very often have strongly expressed clinical pictures indicating borderline or narcissistic personality disorder. They are unable to keep their jobs, leading to even the highly educated among them to be out of work and dependent on financial assistance from their family if it is well-off or welfare if it is poorer. Even when they feel better or successfully resolve the primary cause that led them to be unemployed, they show no motivation to return to work. It is believed that this is due to fantasies of success and fame, and that they see themselves as misunderstood and overly capable, and filled with unrecognized talent. Such patients refuse psychotherapy when it no longer brings them financial advantages (paid leave, retirement, social welfare) and when they are required to pay for the therapy themselves regardless of whether they think it is necessary. Furthermore, it is believed that they much be “threatened” that they must find employment or the therapy will be terminated, as this is the only way to incite them to be creative and break the endless circle of sloth and profit (19,62).

Koekkoek et al. described the behavior of “difficult” patients. They divided “difficult behavior” into four dimensions: withdrawal and unavailability, demanding and claims, attention-seeking and manipulation, and aggressive behavior (63,64). They also stated that “difficult” patients are often associated with professional pessimism, passive treatment, and potential discharge from the healthcare institution (65). Bos et al. concluded that a highly structured environment for treatment focused on patient stabilization significantly helps “difficult” patients (66).

In Croatia, the Zagreb Clinical Hospital Center Clinic for Psychiatry and Psychological Medicine examined the issue of “difficult” patients. Marčinko et al. concluded that patients with personality

„teških“ pacijenata. Tako Marčinko i sur. zaključuju kako pacijenti s poremećajem ličnosti pate od konstitucijske vulnerabilnosti (67,68). Marčinko i Bilić 2010 pokazuju kako obiteljska terapija u ženskih osoba oboljelih od graničnog poremećaja ličnosti pokazuje značajna poboljšanja u obliku veće samostalnosti te manjoj sklonosti depresiji i suicidu u odnosu na skupinu koja nije bila liječena obiteljskom terapijom (69).

Budući da se često radi o visokointelektualnim osobama stupanj emocionalne regresije određivat će sklonost kriminalnom ponašanju. Tako će oni koji imaju samo određene crte poremećaja ličnosti vrlo rijetko učestvovati u kriminalu, oni s malignim narcizmom češće, dok će oni s jakim antisocijalnim karakteristikama biti izuzetno skloni takvom ponašanju (23,70). Nadalje, komorbiditet poput bipolarnog afektivnog poremećaja katalizirat će ulazak u kriminalne aktivnosti. Izražen osjećaj grandioznosti i manjak empatije također čine čimbenike rizika za kriminal (23). Uzrok je još uvijek nepoznat, no smatra se da se radi o utjecaju okolišnih faktora na određenu genetsku predispoziciju. Jako loša okolina potiče na kriminal bez obzira na gensku podlogu, ali kada postoji umjereno loša okolina smatra se da mora postojati određena genska predispozicija da bi se razvilo antisocijalno ponašanje te kriminal (23,71). Opisane su neuroanatomske promjene u cingularnoj regiji i orbitomedijalnom dijelu frontalnog korteksa čija je uloga inhibicija socijalno neprihvatljivog ponašanja tako da pri njihovom oštećenju dolazi do izostanka inhibicije (72,73). Linnoila i Virkkunen su 1992. proučavali povezanost agresije, suicidalnosti i niskog serotonina. Došli su do zaključka da je nizak serotonin povezan s impulzivnim kriminalnim ponašanjem kao i sklonosti alkoholu. Sve su zajedno nazvali „sindromom niskog serotonina“ (74).

Sklonost suicidu kod narcisa i *borderline-a* treba razgraničiti od parasuicidalnog ponašanja kao ekstremnog oblika privlačenja pažnje i ekspre-

disorder suffer from constitutional vulnerability (67,68). In 2010, Marčinko and Bilić showed that family therapy in female persons suffering from borderline personality disorder showed significant improvements presenting as greater independence and lower susceptibility to depression and suicide in comparison with the group that was not treated with family therapy (69).

Because these patients are often highly intellectual persons, the level of emotional regression will determine the propensity for criminal behavior. Therefore, those that have only some of the characteristics of personality disorder will very rarely participate in crime, those with malignant narcissism will do so more often, whereas those with strong antisocial characteristics will be extremely prone to such behavior (23,70). Furthermore, comorbidities such as bipolar affective disorder can catalyze initiation of criminal activities. A pronounced feeling of grandiosity and lack of empathy also represent risk factors for criminal behavior (23). The cause is still unknown, but it is believed that this stems from the influence of environmental factors on certain genetic predispositions. A very bad environment encourages criminal behavior regardless of the genetic basis, but when the environment is only moderately poor it is believed that a certain genetic predisposition is needed to develop antisocial and criminal behavior (23,71). Neuroanatomical changes have been described in the cingulate cortex and the orbitomedial part of the frontal cortex, which inhibit socially unacceptable behavior leading to a consequent lack of inhibition resulting from damage to these areas (72,73). In 1992, Linnoila and Virkkunen studied the associations between aggression, suicidal tendencies, and low serotonin. They concluded that low serotonin is associated with impulsive criminal behavior as well as tendency towards alcohol abuse. Taken together, they called this phenomenon “low serotonin syndrome” (74).

Tendency towards suicide in persons with narcissist and borderline disorders should be differentiated from parasuicidal behavior as an extreme form of attention-seeking and expression of inner emptiness and self-destruction. The concept

sije vlastite praznine i destrukcije. Koncept parasuicidalnog ponašanja uveo je Ringel 1953. godine. To su različiti obrasci ponašanja ili djelovanja povezani sa samodestrukcijom. Nadalje, to je i težnja ideji samouništenja, bolestan *thanatos*, koji na nesvjesnoj razini, uz predisponirajuću patološku podlogu ličnosti ima za cilj ugroziti, ozlijediti sebe, bez same namjere oduzimanja života. Kako prepoznati osobu koja se parasuicidalno ponaša teško je tvrditi dok neka osoba nema puno takvih obrazaca – prebrza vožnja, konzumacija alkohola, zlouporaba droga, samoozlijeđivanje ... Apel-fenomen naglašava kako je tolika količina agresije prema sebi i drugima definitivno najekstremniji oblik privlačenja pažnje bliskih/važnih osoba. Žele da im se okolina posveti i angažira oko njihovih problema (75-78).

Mentalizacijske teorije smatraju kako postoji povezanost između odrastanja u nesigurnim okolnostima ili nestabilnim obiteljima s kasnijim razvojem suicidalnih misli, pa i ponašanja. Danas se ističu tri važna elementa koja predisponiraju pojedinca k suicidalnosti – perfekcionizam, impulzivnost i beznade (77,79). To su vrlo česta, da ne kažemo gotovo obavezna obilježja poremećaja ličnosti, pa nas opasnost od suicida kod *borderline-a* i narcisa ne smije iznenaditi.

Kernberg (2014.) opisuje različite razloge suicidalnosti kod *borderline-a* i narcisa. *Borderline* (kao i težak narcis koji funkcionira na *borderline* razini) sklon je nepromišljenom suicidu u oluji osjećaja nakon frustrirajućeg događaja ili situacije koja ga je pogodila. Takva situacija potpuno je neplanirana, a jasno možemo uočiti element impulzivnosti. S druge strane, narcis ima svoju parolu („bolje smrt nego posramljenje“) pa je njegovo parasuicidalno i suicidalno ponašanje u skladu s tim uvjerenjem. Ne želi pokazati sram, već zadržava čvrstu vanjštinu, doima se smireno i opuštено, dok u isto vrijeme pažljivo planira vlastiti suicid kako bi ono bilo atraktivno i oslobađajuće. Također, na suicid može gledati

of parasuicidal behavior was introduced by Ringel in 1953. It includes different forms of behavior and action associated with self-destruction. It also includes a drive towards the idea of self-destruction, a sick *thanatos* at an unconscious level supported by a predisposing pathological basis in the personality that has self-endangerment and self-harm as a goal without the drive to actually take one's own life. It is hard to recognize a person exhibiting parasuicidal behavior until they present with multiple behavior patterns – speeding, alcohol consumption, drug abuse, self-harm... The appeal phenomenon emphasizes that this amount of aggression towards oneself and others is definitely the most extreme form of attention-seeking directed at close/important persons. Such people want their environment to be dedicated to them and for it to engage with their problems (75-78).

Mentalization theories claim that there is an association between growing up in uncertain environments or in unstable families and later suicidal thoughts and behavior. Currently, three important elements have been emphasized that predispose an individual to suicidal behavior – perfectionism, impulsivity, and hopelessness (77,79). These are very common and almost necessary characteristics of personality disorder, so the danger of suicide in persons with narcissistic and borderline personality disorder comes as no surprise.

Kernberg (2014) postulated different reasons for suicidality in borderline and in narcissistic personality disorder. Persons with borderline disorder (and severe narcissists who function at the level of borderline disorder) are prone to rash suicide in the emotional unrest caused by a frustrating event or situation. The situation is completely unplanned, and the element of impulsivity is clear. On the other hand, narcissists act according to their principles (“better death than shame“) and their parasuicidal and suicidal behavior result from such a principle. They do not want to exhibit shame, and they maintain an outward appearance of strength and calm while simultaneously carefully planning their own suicide in a

kao na „oslobađajuću smrt“ od svijeta koji ne može kontrolirati. Kod narcisa je tako izražen perfekcionizam kao rizičan čimbenik suicidalnosti (21,70).

Ekspresija dominantne, nesvjesne samodestruktivnosti očituje se ponavljanim pokušajima samoubojstva. Također, smatra da je važno napraviti distinkciju između stanja kada je suicidalno ponašanje posljedica teške depresije od istog ponašanja koje je „način života“. Znaju i provocirati terepeuta, ponovno nadmećući se s njim, govoreći o pokušaju suicida već pri prvom susretu izazivajući da terapeut „prihvati izazov“ i odgovori ih od tog nauma. Smatra da su to pacijenti s opterećenom obiteljskom situacijom, koji su proživjeli određene traume ili zlostavljanje, bili dio obiteljskog kaosa ili pak imali agresivne roditelje. Neki samodestrukciju pokazuju samosakaćenjem/samomutilacijom pa tako mogu izazivati frakture udova i slično, no neće sebe nikada dovesti u stanje životne opasnosti. Takvi pacijenti mogu to doživljavati i kao osobni trijumf nad svima onima koji se boje boli, ozljeda i bilo kakvog drugog tjelesnog oštećenja (19). Također, Kernberg navodi veliku važnost razlikovanja suicidalnosti koja se javlja uz veliki depresivni poremećaj (terapija je pretežno farmakološka) te kroničnog suicidalnog ponašanja, koje se često spominje i kao parasuicidalno i suicidalno ponašanje kao stil života te bolje reagira na psihoterapiju (20). Kernberg spominje i Greenov „sindrom mrtve majke“ u kojemu osoba uništava sve odnose s ljudima oko sebe. U podlozi toga je internalizirana slika mrtvog objekta, to jest majke koja je najčešće bila odsutna i depresivna. Parasuicidalnim i suicidalnim ponašanjem osoba ima osjećaj da se može opet približiti, pa možda i ujediniti s takvim objektom te tako biti u savršenom skladu i simbiozi bez ikakve daljnje patnje (21).

Twenge, Miller i Campbell su 2009. skovali termin epidemija narcizma, čime su upozorili na rastući broj narcisa u društvu, kao i u kliničkim dijagnozama (80). U današnjem društvu teh-

way that is attractive and liberating to them. Such persons can view suicide as a “liberating death” that frees them from a world they cannot control. Perfectionism is thus an important risk factor for suicidality in narcissists (21,70).

Expression of dominant, unconscious self-destructiveness manifests in repeated suicide attempts. Additionally, Kernberg believed that an important distinction should be made between states in which suicidal behavior is the result of severe depression and states in which such behavior becomes a “way of life”. Such patients can also attempt to provoke and challenge the therapist by talking about suicide attempts already at the first meeting, trying to force the therapist to “accept the challenge” of talking them out of it. It is believed that such patients come from difficult family situations, have experienced trauma or abuse, were involved in family chaos, or had aggressive parents. Some manifest self-destructive tendencies through self-mutilation and can cause limb fractures and similar harm, but will never endanger their own lives. Such patients may view this act as a personal triumph over all those who fear pain, injury, or any other bodily harm (19). Kernberg also emphasized the importance of differentiating between suicidality that presents as a severe depressive disorder (with treatment being predominantly pharmacological) and chronic suicidal behavior, which is often described as parasuicidal behavior and suicidal behavior as a lifestyle and which reacts better to psychotherapy (20).

Kernberg also mentioned Green’s “dead mother complex” in which the person destroys all relationships with people around them. The basis for this is an internalized image of a dead object, i.e. the mother who was usually absent and depressive. Parasuicidal and suicidal behavior enables the person to feel closer and even unite with such an object, achieving perfect harmony and symbiosis without any further suffering (21).

In 2009, Twenge, Miller, and Campbell coined the term narcissism epidemic as an attempt to warn of the growing number of narcissists both in society as a whole and in clinical settings (80). Tech-

nologija se rapidno brzo razvija, a čovjek se sve slabije tome prilagođuje. Internet pomaže, ali u emocionalnom zasigurno i odmaže (14). Prisutnost na društvenim mrežama gotovo je obavezna za društveni život današnjice, no odnosi koji se tamo ostvaruju vrlo su plitki i ugrožavaju osnovne prednosti međuljudskih odnosa poput empatije i topline (80). To je svakako i bijeg od realiteta, predstavljanje u idealnom izdanju na društvenim mrežama, čak i nadilazi najbolje izdanje ako se koriste nove tehnološke mogućnosti obrade fotografija. Pojedinač koristi sve mogućnosti kako bi ispao *cool* i uspješan te kako bi prikrio vlastitu slabost, fragilnost i sram (14,81).

Andreassen i sur. proučavali su sklonost ekscesivnom ili kompulzivnom korištenju društvenih mreža u povezanosti s narcizmom i samopoštovanjem. Njihovi rezultati pokazali su kako mlađa dob, ženski spol, samci (nebivanje u romantičnoj/ljubavnoj vezi), lošija edukacija, manja primanja, studenti, niže samopoštovanje i narcistične karakteristike pokazuju povezanost sa sklonošću ekscesivnom/kompulzivnom angažmanu na društvenim mrežama. To pokušavaju objasniti potrebom za hranjenjem ega (povezanost s narcističnim osobinama) te pokušajem suzbijanja negativnog samovrednovanja (dimenzija samopoštovanja) (82).

Postoje i radovi koji tvrde kako narcistični ljudi više i češće koriste mrežne stranice, pogotovo u svrhu samopromocije u odnosu na manje narcistične ljude (83,84). Zanimljivo je i istraživanje koje nalazi kako među mladim odraslima u Americi od kasnih 70-ih postoji porast narcizma, a smanjenje empatije (84,85).

Suvremeni *reality show*-ovi pravi su primjer praznine današnjeg čovjeka (14). Ne cijeni se rad i odricanje za postizanje uspjeha. Fokus se stavlja na zabavu, hedonizam, a pobjednik će u dokolici pokazati svoju divnu ličnost koju će „vanjski svijet“ napokon prepoznati. Tako su to obični ljudi čija će se veličina napokon spoznati. U dubini se nadaju kako više neće mo-

nology is developing rapidly in modern society, but people are having more and more difficulty adapting to the developments. The existence of the internet is beneficial, but also surely makes life more difficult at an emotional level (14). Being present on social networks is almost mandatory for social life today, but relationships formed on social networks are very shallow and endanger the fundamental advantages of interpersonal relationships such as empathy and warmth (80). This certainly also constitutes an escape from reality by representing oneself in the best light on social networks, and even improving on the true best version of oneself with the use of new technological developments in photograph processing. The individual uses all available tools to seem *cool* and successful and to hide any weakness, fragility, and shame (14,81).

Andreassen et al. studied the tendency towards excessive or compulsive use of social networks in association with narcissism and self-esteem. Their results showed that young age, female sex, being single (not being in a romantic relationship), poorer education, lower income, being a student, lower self-esteem, and narcissistic characteristics showed an association with tendency for excessive/compulsive engagement on social networks. They attempted to explain this as a need for feeding the ego (associated with narcissistic characteristics) and an attempt to suppress negative self-worth (the self-esteem dimension) (82).

Some articles also claim that narcissistic persons use the internet for longer periods of time and more frequently, especially with the goal of self-promotion, in comparison with less narcissistic persons (83,84). There was also an interesting study that found an increase in narcissism in young adults in the USA since the late 70s, with a concurrent decrease in empathy (84,85).

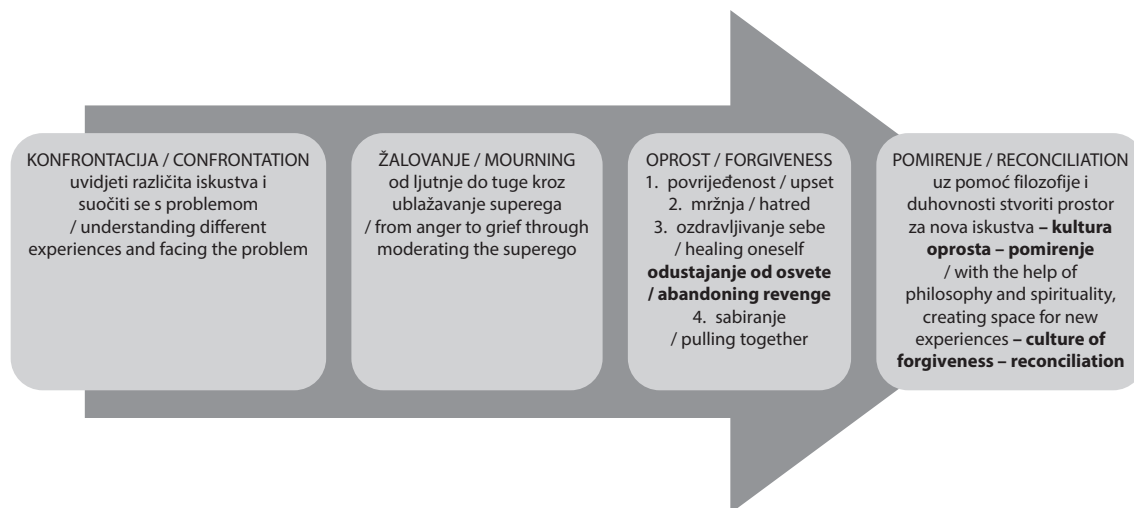
Modern reality shows are a true example of the emptiness in modern humans (14). Work and sacrifice to achieve a goal is no longer valued. The focus is on having fun and hedonism, with the victor being the one who presents their wonderful personality in a context of leisure time and is finally recognized as wonderful by the “outside

rati raditi neke „obične“ poslove, već će ih se lansirati u glamurozni svijet bogatih i slavnih. Isto tako činjenica je i da takvi sadržaji postoje jer su gledani. Što to onda govori o gledatelji-ma? Oni uživaju biti opsjednuti onima koji su opsjednuti samima sobom (80). Gledajući kako se drugi muče suočeni s vlastitom prazninom, gledatelj nešto radi, osjeća se superiornije nad sudionikom takvog *show-a* koji se ulaskom u *show* odrekao intime, dotadašnjeg posla te obitelji i prijatelja na neko vrijeme, dakle svega što ga veže za realitet. Noviji koncepti emisija još su regresivniji, poigravaju se s temeljnom ljudskom potrebom, potrebom za drugim objektom te željom za ljubavi i pažnjom. Tako producenti izabiru podosta regresivne, često i osobe snižene inteligencije ili pak socijalno neprilagođene, ismijavajući njihovu komunikaciju i ophođenje tijekom zavođenja i druženja. Navedeno nikako nije jedini primjer dvoličnosti u suvremenom društvu. Freeman i Fox 2013. spominju dvoličnost medija, jer ismijavaju poznate osobe koje imaju neprirodno zategnuto lice za svoje godine jednako kao i one koje imaju bore i primjetne znakove starenja (14, 86).

Rješenje u obliku zrelijeg ponašanja i veće rezilijencije treba biti praćeno optimističnim ponašanjem, sposobnošću procjene rizika i posljedica te mogućnošću kontrole emocija (87-90). Tek integrirani cjeloviti objekti mogu dopustiti nova, dobra iskustva koja omogućuju sadašnjost i budućnost te otpućuju loše vrijeme, odnosno ostavljaju ga prošlosti. Krivnjom, reparacijom i ispravnim žalovanjem mogu se graditi novi odnosi koji onda imaju potencijal za optimizam i želju za novim iskustvima u životu (59). Prošlost treba ostaviti prošlosti, agresiju sublimirati u nešto novo i tomu se posvetiti. To je moguće radom tuge čime se dolazi do izgubljenog libida, te radom mržnje kojim se, uz ulaganje energije, možemo riješiti agresije. Uvidom i procesom žalovanja treba odustati od osvete te stvoriti kulturu oprosta i pomirenja (sl. 4) (91).

world”. These are ordinary people whose greatness will finally be recognized. At heart they hope that they will no longer have to work at any “ordinary” jobs but will instead be launched into the glamorous world of the rich and famous. It is also a fact that such media content exists because it has a high viewership. What does this say about the viewers? They enjoy being obsessed with those who are obsessed with themselves (80). Watching others struggle with their own emptiness, the viewer is doing something and feels superiority over the participant of such a show, who relinquished their privacy, their job, and family and friends for a time, i.e. everything tying them to reality. Newer concepts of the show are even more regressive and toy with the basic human need for objects and for love and affection. Producers thus choose quite regressive persons, sometimes even with lower intelligence or poorly socially adjusted, ridiculing their communications and behavior during seduction and socialization. The above is by no means the only example of hypocrisy in modern society. In 2013, Freeman and Fox mentioned the hypocrisy of the media because they ridicule celebrities both for having unnaturally tight facial skin for their age and for having wrinkles and other noticeable signs of aging (14,86).

A solution in the form of more mature behavior and greater resilience should be accompanied by optimistic behavior, the ability to assess risks and consequences, and the ability to control emotions (87-90). Only integrated, wholesome objects can allow new, good experiences that accept the present and the future while relegating bad times to the past. Guilt, reparations, and proper mourning can build new relationships that have a potential for optimism and a desire for new experiences in life (59). The past should be left to the past, while aggression should be sublimated into something new that oneself can dedicate to. This is possible through grief work that restores the lost libido, as well as working on hate which can, with an investment of energy, allow us to get rid of aggression. Insight and the mourning process should lead to abandoning the desire for revenge and creating a culture of forgiveness and reconciliation (Figure 4) (91).



SLIKA 4. Put pomirenja (prema Urlič, 2004., 2014., Siassi, 2007., Smedes, 1996., Alerdice, 2004.)

FIGURE 4. The path of reconciliation (according to Urlič, 2004, 2014, Siassi, 2007, Smedes, 1996, Alerdice, 2004)

ZAKLJUČAK

Narcizam je opterećenje suvremenog doba, kako u individualnim slučajevima, tako i na široj, socijalnoj razini. *Borderline*, kao negativ narcisu ili preciznije samo neuspješan narcis, svojim problemima i mehanizmima obrane također otežava funkcioniranje društva u cjelini. Odnos narcisa i *borderline-a* na socijalnoj razini obilježen je traumom, sramom, međusobnim okrivljavanjem s provokacijama, agresijom te drugim umarajućim konfliktima koji beskrajno iscrpljuju obje strane i koče društvo, koje za napredak treba drugačije uloženu energiju.

Mnoge statistike ukazuju na sve veći broj narcističnog i graničnog poremećaja ličnosti tako da će biti potrebno dalje se posvetiti toj temi i upitati se kako olakšati breme narcizma.

U terapiji je potrebno raditi na sublimaciji agresije u novi interes, dopuštanju novih, dobrih iskustava kojima je cilj doći do oprosta i stvaranja kulture pomirenja. Važno je poticati apstrakciju, empatiju te altruizam, kao i druge zdrave mehanizme obrane.

CONCLUSION

Narcissism is one of the burdens of modern times, both at the level of individual cases and at the wider social level. Borderline personality disorder, as the negative of narcissism or more precisely as an unsuccessful narcissist, also hampers the functioning of society as a whole through associated problems and defensive mechanisms. The relationship between narcissism and borderline personality disorder at the social level is marked by trauma, shame, mutual blame and provocations, aggression, and other taxing conflict that infinitely fatigue both sides and encumber society, which requires a different investment of energy in order to achieve progress.

Many statistics indicate the growing number of narcissistic and borderline personality disorders, which means that this topic will require further investments and evaluation of ways to alleviate the burden of narcissism.

Therapy must work on the sublimation of aggression into new interests and openness to new, positive experiences with the goal of achieving forgiveness and creating a culture of reconciliation. It is important to encourage abstraction, empathy, and altruism as well as other healthy defense mechanisms.

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