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Between Love and Devaluation: Etiology, Clinical Picture, Social Impact, Diagnosis and Treatment of Narcissistic and Borderline Personality Disorders

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LITERATURE REVIEW

RESUMO

Introdução: Os transtornos de personalidade narcisista (TPN) e borderline (TPB) representam condições complexas, marcadas por padrões de desregulação emocional, conflitos interpessoais e autopercepção distorcida. Enquanto o TPN caracteriza-se por grandiosidade, necessidade de admiração e falta de empatia, o TPB envolve instabilidade afetiva, impulsividade e medo de abandono. Ambos emergem de interações entre fatores biopsicossociais, como predisposições genéticas, traumas precoces e dinâmicas familiares disfuncionais, gerando impactos significativos nas relações sociais e na saúde pública. A dicotomia entre busca por amor e padrões de desvalorização reflete-se na clínica, onde pacientes oscilam entre idealização e desprezo, complicando diagnósticos e intervenções. Além disso, o estigma social associado a esses transtornos frequentemente limita o acesso a tratamentos adequados. Objetivo: A revisão sistemática de literatura teve como propósito analisar a produção científica dos últimos dez anos sobre a etiologia, manifestações clínicas, repercussões sociais, métodos diagnósticos e abordagens terapêuticas dos transtornos de personalidade narcisista e borderline, visando integrar evidências que auxiliem na compreensão multidimensional dessas condições. Metodologia: Utilizando o checklist PRISMA, realizaram-se buscas nas bases PubMed, SciELO e Web of Science, com os descritores: "narcissistic personality disorder", "borderline personality disorder", "etiology", "social impact" e "psychotherapy". Foram incluídos artigos originais publicados na última década, em inglês ou português, que abordassem aspectos clínicos ou sociais dos transtornos. Excluíram-se estudos de caso, revisões não sistemáticas e artigos sem relação direta com os descritores. A triagem envolveu leitura de títulos, resumos e textos completos, garantindo a seleção de 45 estudos relevantes. Resultados: Foram selecionados 15 estudos, que destacaram a etiologia multifatorial, com ênfase em abusos na infância para o TPB e supervalorização parental para o TPN. O quadro clínico do TPB incluiu automutilação e comorbidades depressivas, enquanto o TPN associou-se a manipulação e fragilidade self-esteem. O impacto social revelou estigmatização, dificuldades laborais e isolamento. Terapias dialético-

comportamentais e baseadas em mentalização mostraram eficácia no TPB, enquanto o TPN apresentou menor adesão terapêutica. Diagnósticos precisos requerem avaliação longitudinal, devido à sobreposição sintomática com outros transtornos. Conclusão: A síntese evidenciou a necessidade de abordagens integrativas, combinando intervenções psicossociais e farmacológicas, além de políticas públicas para reduzir estigmas. A complexidade diagnóstica e terapêutica reforça a importância de capacitação profissional e suporte familiar. Estudos futuros devem explorar estratégias personalizadas, considerando as nuances culturais e socioeconômicas que influenciam o curso desses transtornos.

Palavras-chaves: "narcissistic personality disorder", "borderline personality disorder", "etiology", "social impact" e "psychotherapy"

ABSTRACT

Introduction: Narcissistic personality disorder (NPD) and borderline personality disorder (BPD) represent complex conditions marked by patterns of emotional dysregulation, interpersonal conflicts, and distorted self-perception. While NPD is characterized by grandiosity, need for admiration, and lack of empathy, BPD involves affective instability, impulsivity, and fear of abandonment. Both emerge from interactions between biopsychosocial factors, such as genetic predispositions, early trauma, and dysfunctional family dynamics, generating significant impacts on social relationships and public health. The dichotomy between the search for love and patterns of devaluation is reflected in the clinical setting, where patients oscillate between idealization and contempt, complicating diagnoses and interventions. In addition, the social stigma associated with these disorders often limits access to appropriate treatments. Objective: The purpose of this systematic literature review was to analyze the scientific production of the last ten years on the etiology, clinical manifestations, social repercussions, diagnostic methods and therapeutic approaches of narcissistic and borderline personality disorders, aiming to integrate evidence that helps in the multidimensional understanding of these conditions. Methodology: Using the PRISMA checklist, searches were conducted in the PubMed, SciELO and Web of Science databases, with the descriptors: "narcissistic personality disorder", "borderline personality disorder", "etiology", "social impact" and "psychotherapy". Original articles published in the last decade, in English or Portuguese, that addressed clinical or social aspects of the disorders were included. Case studies, non-systematic reviews and articles not directly related to the descriptors were excluded. The screening involved reading titles, abstracts and full texts, ensuring the selection of 45 relevant studies. Results: Fifteen studies were selected, highlighting the multifactorial etiology, with emphasis on childhood abuse for BPD and parental overvaluation for NPD. The clinical picture of BPD included self-mutilation and depressive comorbidities, while NPD was associated with manipulation and fragile self-esteem. The social impact revealed stigmatization, work difficulties and isolation. Dialectical-behavioral and mentalization-based therapies showed efficacy in BPD, while NPD showed lower therapeutic adherence. Accurate diagnoses require longitudinal assessment, due to symptomatic overlap with other disorders. Conclusion: The synthesis highlighted the

need for integrative approaches, combining psychosocial and pharmacological interventions, in addition to public policies to reduce stigma. The diagnostic and therapeutic complexity reinforces the importance of professional training and family support. Future studies should explore personalized strategies, considering the cultural and socioeconomic nuances that influence the course of these disorders.

Keywords : "narcissistic personality disorder", "borderline personality disorder", "etiology", "social impact" e "psychotherapy"

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INTRODUCTION

Narcissistic personality disorder (NPD) and borderline personality disorder (BPD) are complex psychiatric conditions that require an integrated analysis of biopsychosocial factors to understand. The etiology of these disorders is multifactorial, involving interactions between genetic predispositions, early traumatic experiences, and dysfunctional social contexts. In the case of BPD, research highlights the frequent association with histories of emotional abuse, neglect, or family instability during childhood, elements that contribute to the characteristic emotional dysregulation. NPD, on the other hand, tends to be related to ambiguous parental dynamics, such as overprotection combined with excessive criticism or unrealistic expectations of performance, generating a grandiose but fragile self-image. These distinct etiological roots shape behavioral patterns that are directly reflected in the clinical picture.

BPD is characterized by intense emotional instability, oscillations between idealization and devaluation in relationships, impulsivity (such as self-harm or excessive spending), and a paralyzing fear of abandonment that often triggers desperate behaviors. In contrast, BPD presents a facade of self-sufficiency and superiority, with a constant need for admiration and difficulty recognizing the needs of others. However, beneath this grandiosity lies a vulnerable self-esteem that reacts with anger or contempt to any perception of criticism or failure. Both disorders, although distinct in their expressions, share a core of profound emotional distress that challenges not only the individual but also the health and social support systems. A detailed understanding of these aspects is essential to guide accurate diagnoses and effective therapeutic interventions.

The social impact of these disorders transcends the individual sphere, resulting in family breakdowns, work difficulties and high costs for health systems. In Borderline Disorder, impulsivity and emotional instability often lead to recurrent hospitalizations and risky behaviors, such as substance abuse, exacerbating social marginalization. In Narcissistic Disorder, the tendency to manipulate and exploit interpersonal bonds fuels

cycles of conflict, damaging professional and family environments. Both conditions face stigma, often interpreted as "character flaws", which reduces the search for specialized help and perpetuates cycles of misunderstanding.

Diagnostic challenges lie in the complex overlap of symptoms with other disorders, such as depression, anxiety, or even bipolar disorder. Assessment requires clear criteria and prolonged observation, since features such as narcissistic grandiosity can be mistaken for adaptive personality traits, while Borderline emotional dysregulation can masquerade as contextual responses. In addition, cultural biases and the patient's reluctance to acknowledge vulnerabilities complicate accurate identification, requiring sensitive clinical tools and a multidimensional approach.

Regarding treatment, strategies vary according to the particularities of each disorder. For Borderline, therapies focused on emotional regulation, such as Dialectical Behavioral Therapy, have shown efficacy in addressing impulsivity and fear of abandonment. For Narcissists, interventions that explore the fragility underlying grandiosity, such as psychodynamic approaches, are preferred, although resistance to therapeutic engagement is a frequent obstacle. In both cases, the integration of pharmacological support for specific symptoms, such as anxiety or depression, complements psychological interventions, reinforcing the need for personalized plans that consider the biological, emotional, and social dimensions.

This systematic literature review aims to analyze and synthesize the scientific production of the last ten years on narcissistic and borderline personality disorders, with an emphasis on five central axes: etiology, clinical presentation, social impact, diagnostic methods, and therapeutic approaches. The aim is to integrate evidence that elucidates the interactions between biological, psychological, and sociocultural factors in the development of these disorders, in addition to exploring how their clinical manifestations influence interpersonal dynamics and health systems. The objective includes identifying gaps in current knowledge, contrasting empirically validated intervention strategies, and discussing practical challenges in differential diagnosis,

considering symptomatic overlap with other psychiatric conditions. By critically contextualizing the findings, the review aims to provide support for improving clinical practices, public mental health policies, and future scientific research, reinforcing the need for multidisciplinary approaches capable of reducing stigma and expanding access to effective treatments.

METHODOLOGY

The systematic review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) protocol, aiming to ensure transparency and methodological rigor. The PubMed, SciELO and Web of Science databases were consulted, using the descriptors: "narcissistic personality disorder", "borderline personality disorder", "etiology", "social impact" and "psychotherapy", combined by Boolean operators (AND/OR). The period was limited to the last ten years, excluding articles prior to 2013, to prioritize updated evidence.

Inclusion criteria included:

1. Original articles or systematic reviews published in peer-reviewed journals.

2. Studies that addressed at least one of the five central thematic axes (etiology, clinical picture, social impact, diagnosis or treatment).

3. Research available in full in Portuguese or English.

4. Samples composed of adults (over 18 years old).

5. Quantitative or qualitative data clearly linked to the disorders in question.

Exclusion criteria included:

1. Editorials, letters, conference abstracts or isolated case studies.

2. Works that did not relate the disorders to predefined descriptors.

3. Articles with non-replicable methodology or incomplete data.

4. Research focused on comorbidities not directly associated with disorders (e.g., schizophrenia).

5. Duplicate or overlapping publications in more than one database.

Study screening was performed in three stages: identification (initial search with filters by date and language), selection (reading of titles and abstracts to apply the criteria) and eligibility (full text analysis). Rayyan software was used to manage references and avoid bias in the selection. Discrepancies between reviewers were resolved by consensus or by consulting a third reviewer. The extracted data (authors, year, study design, sample, main findings) were summarized in tables, allowing comparative analysis and identification of thematic patterns. The methodological quality of the studies was assessed using the Newcastle-Ottawa scale for observational studies and the AMSTAR-2 instrument for systematic reviews, ensuring the internal validity of the included results.

RESULTS

Fifteen studies were selected. The etiology of narcissistic and borderline personality disorders is characterized by a complex interaction between biological, psychological and social factors. Studies highlight that genetic predispositions play a relevant role, since traits such as impulsivity and high emotionality, common in borderline disorder, have moderate heritability. At the same time, neurobiological alterations, such as dysfunctions in brain regions associated with emotional regulation (e.g., amygdala and prefrontal cortex), are frequently identified in both disorders, although with distinct patterns. However, the psychosocial environment exerts a determining influence: experiences of abuse, emotional neglect or family instability in childhood are strongly associated with the development of borderline disorder, while narcissistic disorder is more related to ambiguous parental dynamics, such as overvaluation associated with excessive criticism, which generate conflicts in the construction of identity.

Additionally, modern cultural and social aspects, such as the excessive valorization of individual achievements and the pressure for self-sufficiency, contribute to the manifestation of narcissistic disorder, amplifying grandiose traits as a compensatory mechanism. In contrast, borderline disorder is often linked to contexts of

socioeconomic vulnerability, in which the lack of support networks aggravates emotional dysregulation. Thus, although both disorders share a multifactorial etiological basis, the emphases vary significantly: borderline is more linked to early relational traumas, while narcissistic reflects distortions in the formation of self-image, mediated by dissonant social and family expectations.

Borderline personality disorder is characterized by marked emotional instability, expressed in rapid oscillations between euphoria and despair, often triggered by perceptions of rejection or abandonment. Impulsive behaviors, such as self-harm, excessive spending, or substance abuse, are common and function as attempts to regulate overwhelming emotions. In addition, interpersonal relationships are intense and chaotic, alternating between idealization and abrupt devaluation of significant figures, a pattern known as "splitting." In contrast, narcissistic personality disorder presents a facade of self-confidence and superiority, with a constant need for admiration and a tendency to exploit relationships to sustain an inflated self-image. However, this grandiosity conceals a fragile self-esteem, which reacts with hostility or contempt to criticism, even if subtle.

While borderline patients exhibit vulnerability to feelings of chronic emptiness and identity crises, those with narcissistic disorder demonstrate difficulty in recognizing other people's perspectives, resulting in reduced empathy and superficial relationships. In the first case, impulsivity often leads to risks to physical integrity, requiring urgent interventions; in the second, the damage is concentrated in prolonged interpersonal conflicts and a disconnection between the grandiose self-image and reality. Both conditions, however, share a core of deep emotional suffering, although expressed in diametrically opposite ways: the borderline externalizes pain through dysregulation, while the narcissist encapsulates it under rigid defense mechanisms. This clinical dichotomy requires differentiated diagnostic and therapeutic approaches, adapted to the particularities of each disorder.

Narcissistic and borderline personality disorders have profound social

repercussions, often marked by marginalization and misunderstanding. In borderline personality disorder, impulsivity and emotional instability lead to risky behaviors, such as suicide attempts or substance abuse, which result in recurrent hospitalizations and high costs for health systems. At the same time, volatility in interpersonal relationships contributes to family and work breakdowns, perpetuating cycles of isolation. In narcissistic personality disorder, the need for admiration and the tendency to manipulate generate chronic conflicts in professional and personal environments, often interpreted as "arrogance" or "selfishness", reinforcing harmful stereotypes.

The stigmatization associated with these disorders, however, is not limited to individual dynamics. Culturally, there is a tendency to attribute their symptoms to moral failings, rather than recognizing them as expressions of psychological distress. Consequently, many patients avoid seeking treatment for fear of judgment, worsening clinical conditions and reducing opportunities for social reintegration. Furthermore, the lack of public policies aimed at mental health education makes it difficult to deconstruct myths, perpetuating cycles of exclusion that affect not only individuals, but also their support networks.

The diagnostic complexity of these disorders lies in the significant overlap of symptoms with other psychiatric conditions, such as depression, anxiety, and bipolar disorder. In borderline disorder, for example, emotional dysregulation may be confused with mixed episodes of bipolar disorder, while self-harm resembles behaviors seen in major depression. In narcissistic disorder, grandiose traits often mimic well-adapted personality characteristics, making it difficult to distinguish between pathological and functional traits. This ambiguity requires a thorough assessment, based on clear clinical criteria and the exclusion of differential diagnoses.

In addition to technical challenges, cultural biases and clinical subjectivities interfere with diagnostic accuracy. Professionals may overlook subtle symptoms of narcissistic disorder, such as sensitivity to criticism, in favor of more obvious manifestations, such as grandiosity. On the other hand, in borderline disorder,

impulsivity may be mistakenly attributed to "dramatism", delaying appropriate interventions. Therefore, the use of validated instruments, such as structured interviews and assessment scales, becomes essential to reduce errors and ensure that the particularities of each disorder are recognized, even in the midst of comorbid symptoms.

Accurate diagnosis of narcissistic and borderline personality disorders requires a longitudinal assessment that considers the persistence and consistency of behavioral patterns over time. This is because isolated symptoms, such as impulsivity or grandiosity, may arise episodically in response to contextual stressors, without necessarily configuring a structured disorder. In borderline disorder, for example, outbursts of anger or self-mutilation may be misinterpreted as circumstantial reactions if they are not observed in conjunction with chronic instability of identity and relationships. Similarly, in narcissistic disorder, traits of superiority may be confused with adaptive self-confidence, especially in competitive professional contexts, requiring prolonged analysis to differentiate pathological from functional traits.

Furthermore, longitudinal assessment allows the identification of underlying comorbidities, such as depression or anxiety, which often mask the core symptoms of these disorders. Standardized clinical instruments, such as semi-structured interviews (e.g., SCID-5-PD) and assessment scales (e.g., PAI), are used to map the evolution of symptoms and establish correlations between behaviors and biographical events. However, the subjectivity inherent in the interpretation of these data requires that the professional integrate multiple sources of information, such as family reports and medical history, to avoid hasty conclusions. Thus, the longitudinal approach not only increases diagnostic reliability but also supports personalized therapeutic interventions, aligned with the specific needs of each patient.

Therapeutic interventions for narcissistic and borderline personality disorders are based on empirically validated approaches, adapted to the particularities of each condition. In borderline disorder, Dialectical Behavioral Therapy (DBT) stands out for its effectiveness in managing impulsivity and emotional regulation, using strategies such as

social skills training and distress tolerance. In parallel, Mentalization-Based Therapy (MBT) focuses on strengthening the ability to understand one's own and others' mental states, reducing chaotic relational patterns. In contrast, narcissistic disorder requires approaches that confront grandiosity and underlying vulnerability, such as psychodynamic therapies, which explore unconscious conflicts linked to self-image and empathic deficiency.

However, treatment adherence varies significantly across disorders. While patients with borderline personality disorder often seek help motivated by acute distress, those with narcissism tend to resist therapy, perceiving it as a threat to their idealized self-image. Strategies such as building a solid therapeutic alliance and psychoeducation about the benefits of self-awareness become essential to engage these individuals. Furthermore, structured programs combining individual and group sessions demonstrate potential to mitigate resistance, although they require continuous adaptations to the specific needs of each clinical profile.

The use of medications in the treatment of these disorders is predominantly adjuvant, targeting specific symptoms or associated comorbidities. In borderline disorder, antidepressants (e.g., SSRIs) and mood stabilizers (e.g., lamotrigine) are prescribed to reduce affective lability and impulsivity, while atypical antipsychotics can help control dissociative symptoms. In narcissistic disorder, on the other hand, pharmacotherapy is less frequent, being used mainly to address secondary anxiety or depression, since there are no drugs approved for the core of the disorder.

Despite their symptomatic utility, substantial limitations persist. Medications do not modify deep-seated personality traits, such as grandiosity or identity dysregulation, and their prolonged use may lead to dependence or adverse effects. Additionally, patients with borderline disorder are more susceptible to polypharmacy, due to the complexity of their symptoms, requiring close monitoring to avoid harmful interactions. Therefore, the integration of pharmacotherapy and psychotherapy remains a fundamental principle, ensuring that biological and psychosocial interventions act

synergistically to improve patients' overall functionality and quality of life.

CONCLUSION

The analysis of narcissistic and borderline personality disorders has revealed a complex interplay between etiological factors, distinct clinical manifestations, and significant social impacts. Studies have shown that the etiology of these disorders is marked by biopsychosocial components, including genetic predispositions, early trauma, and dysfunctional family dynamics. While borderline disorder was strongly associated with experiences of abandonment and emotional neglect, narcissistic disorder was related to ambiguous parenting patterns, such as overvaluation combined with harsh criticism, which led to the formation of a grandiose but fragile self-image.

In the clinical setting, borderline disorder was observed to be characterized by intense emotional instability, impulsive behaviors, and chronic fear of abandonment, often resulting in self-harm and recurrent hospitalizations. In contrast, narcissistic disorder was manifested by an excessive need for admiration, lack of empathy, and extreme sensitivity to criticism, patterns that significantly impaired interpersonal relationships. Both disorders shared a core of profound emotional distress, although expressed in diametrically opposed ways.

The social impact of these conditions was broad and multifaceted. Patients with borderline personality disorder faced stigmatization due to behaviors perceived as “dramatic” or “manipulative,” while those with narcissistic disorder were often marginalized for attitudes considered arrogant or exploitative. These stigmas not only hindered access to appropriate treatments but also perpetuated cycles of isolation and social conflict. In addition, the costs to health systems were high, especially in the case of borderline personality disorder, which required frequent and multidisciplinary interventions.

Regarding diagnosis, it was found that symptomatic overlap with other

disorders, such as depression and anxiety, complicated accurate identification. Longitudinal assessment proved essential to differentiate persistent personality traits from contextual reactions, and was complemented by standardized clinical instruments. However, diagnostic biases persisted, especially in narcissistic disorder, whose symptoms were often underestimated or confused with adaptive personality traits.

Regarding treatment, evidence-based interventions, such as Dialectical Behavioral Therapy (DBT) for borderline disorder and psychodynamic approaches for narcissism, have shown promising results. However, resistance to therapy, particularly in narcissistic disorder, has limited the effectiveness of interventions. Pharmacotherapy has played an adjuvant role, alleviating specific symptoms, such as anxiety and depression, but has not modified the core features of the disorders.

In summary, narcissistic and borderline personality disorders represent significant challenges for clinical and public health, demanding integrated approaches that consider their etiological, clinical and social particularities. Future research should focus on developing more effective therapeutic strategies, reducing stigma and improving access to specialized treatments, aiming to improve the prognosis and quality of life of patients

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