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CROSSING THE LINES: MANIPULATION, SOCIAL IMPAIRMENT, AND A CHALLENGING EMOTIONAL LIFE[1]

abstract

Manipulation or manipulative behavior, which is widespread in many life contexts and interpersonal relationships, is mostly associated with a negative connotation. Often considered roughly a form of control over others that cannot be equated with coercion or argumentation, manipulation is an umbrella term for strategies that serve to make another person (or oneself) experience x or do y or induce certain situations and interpersonal constellations. Frequently, the use of manipulative strategies is deemed to result from egoistic or even hostile motives. Such an appraisal has a major impact on the stigma patients with Borderline Personality Disorder (BPD) are confronted with, given that many of their behaviors are often interpreted as manipulative. In the past decade or so, however, researchers and clinicians have pointed out that what is generally identified as manipulation in persons with BPD needs to be seen through the lens of their lifeworld in order to facilitate an empathetic and more positive attitude towards these individuals. In this paper, I discuss the different functions manipulation may have for persons with BPD and argue that instead of seeing it as a clear expression of malevolence or belligerence, a heightened disposition to manipulations should be considered as both the fruit and seed of a painful and isolating social impairment.

1. Introduction In 1994, when the new DSM-IV was launched, borderline personality disorder (BPD) received a new definition that no longer included manipulation as a diagnostic criterion. Instead of manipulation, which was part of the definition in the DSM-III, the emphasis is now on 'frantic efforts to avoid abandonment'. Although manipulation has ceased to be a recognized symptom of BPD, persons with this disorder are still often perceived as using manipulative strategies to ensure that their needs are met. This becomes evident from even cursory online research on the diagnosis. Many webpages and blogs associate manipulation with BPD, although some attempt refute a *myth* that persons with BPD are manipulative. That myth is still prevalent in the health care system. As studies show, health care professionals often perceive patients with BPD as manipulative, resulting in stigma, experiences of discrimination, and ultimately deficient therapy and medical treatment (Nehls, 1999; McGrath & Dowling, 2012; Veysey, 2014). Patients with a BPD diagnosis often confronted a less empathic attitude on the part of their health care providers compared to patients with other mental health conditions, as has been known of for quite some time (Gallup *et al.*, 1989).

How should we interpret the persistence of the view that persons with BPD can tend to be manipulative? Is it the case that the more traditional view that BPD involves manipulative tendencies has still not been overcome, resulting in the wrong understanding of behaviors that are not meant to be manipulative at all and are best understood as maladaptive regulatory strategies? Or is it the case that persons with BPD indeed show manipulative tendencies?

I argue that formulating the issue like that might not take us much further. Focusing on the label of manipulation and the issue of whether it applies to the behaviors found in people with BPD might distract us from what is much more important: an understanding of what conditions underlie behaviors that are often deemed manipulative. Conceptual issues, of course, should not be ignored, but whether these behaviors are rightfully labelled as manipulative or not is, in my view, secondary. For, whether or not they are perceived as manipulative, such behaviors present challenges for people dealing with patients with BPD. More to the point, they are expressive of painful experiences and the specific needs of persons exhibiting them.

The aim of the paper, accordingly, is to identify the different aspects that are constitutive of the existential condition of persons with BPD and that motivate manipulative behavior. Understanding the behaviors often deemed as manipulative by describing the lifeworld of persons with BPD will lay bare the fundamental social impairment that is typical for them and hopefully will lay the groundwork for a more empathetic attitude towards persons suffering

from this condition. A better and deeper understanding of the existential condition of a person with BPD will help decrease the stress associated with getting drawn into and exposed to the relational styles found in persons with BPD. That is, my aim is not simply to explain the existential condition behind manipulative behavior. While clinicians typically understand their patients' behavior, they sometimes lack an empathetic attitude toward persons with BPD. The idea, thus, is that a specific understanding is needed that makes it easier for health care professionals to face the interpersonal challenges that are prevalent in the therapy of persons with BPD. What is needed for this, I propose, is a de-escalation of what is typically labelled manipulative behavior.

Section 2 discusses the vagueness of the concept of manipulation, the potential of manipulation to cause stigma, and my suggestion for dealing with classificatory aspects of the behaviors in question. Section 3 presents some typical aspects of BPD and how they might be said to trigger manipulative tendencies and the different functions manipulation can have for persons with BPD. Section 4 shows how the discussions of manipulative behaviors and their functions in BPD tell us something about the social impairment that is part of the condition.

2. Conceptual and phenomenological fuzziness

What is manipulation? If one tries to pin down what exactly the essence of manipulation is or which specific behaviors constitute manipulation, one is confronted with the challenge that literally any behavior can be interpreted as manipulation depending on the context. Telling another person that one likes *x* or dislikes *y* is, considered superficially, simply an expressive statement about one's attitude that in itself bears no aspect of manipulation. However, if I tell another person that I like *x* or dislike *y* in order to make them see me in a certain light, it becomes more plausible that such a statement can be an act of manipulation. Given that there are no concrete paradigmatic cases of manipulation, only a formal definition seems possible. Noggles (2020), for instance, emphasizes that manipulation is often perceived as "a form of influence that is neither coercion nor rational persuasion". However, as he also points out, that leaves open whether all forms of influence that lie between coercion and rational persuasion qualify as manipulation. Although this question is not yet settled, the definition gives a rough idea of what manipulation is generally about.

What is much clearer, however, is the negative connotations associated with the concept of manipulation. The *Cambridge Online Dictionary* defines it as "controlling someone or something to your own advantage, often unfairly or dishonestly". Some authors take manipulation to be morally wrong because it undermines the manipulated person's autonomy and treats them as an object (Noggles, 2020). After all, the manipulated person is somehow brought into a certain situation – often without realizing or against their will – in which the manipulator has already determined the possible reactions. It is evident that globally attributing the feature of manipulativity to a psychiatric diagnosis such as BPD may cause stigma and prejudice. This is potentially counterproductive in therapy and potentially isolating for the person with BPD and thus is ultimately unhelpful.

There is also the question of whether ascribing manipulativity to persons with BPD is accurate to begin with. The question is further complicated by the fact that there is no clear accepted definition of manipulation. Because manipulation is a somewhat vague concept that is highly dependent on context, there is the risk that many behaviors of persons with BPD are seen in light of the prejudice that they be manipulative. That in turn might engender a biased interpretation of the interaction styles persons with BPD exhibit.

Nancy Potter, a well-known critic of the manipulation label in BPD, argues that this is precisely what happens. She sees two problems with the use of the concept of manipulation in BPD. First, the label includes "everything from bullying, intimidation, physical violence, building special relationships, conning and lying [to] using deception for personal gain without concern

for victims" (Potter, 2006, p. 105). Second, there is a "mismatch [...] between the meaning of the term in everyday settings and in clinical settings" (Potter, 2006, p. 106). Behaviors in everyday life such as lying or creating divisions are often not deemed to be manipulative, whereas in the clinical setting they are. That, however, has not stopped physicians and therapists from using manipulation when dealing with their patients.

Interestingly, even when manipulation was "the latest linguistic fad in the clinical description of psychiatric patients" (Hamilton *et al.*, 1986, p. 189), there was an awareness of a double standard: "Only patients are called manipulative[...] . Intimidation, or guilt induction to force a clinging or argumentative patient out of an emergency room [...] seldom is seen as manipulative" (Hamilton *et al.*, 1986, p. 190). Another problem is that manipulative behavior is typically conceived of as *intended* to be manipulative. However, that is seldom the case in BPD, as the eminent authority Marsha Linehan (2009) emphasizes.

In order to describe what they referred to as "the manipulative personality", some scholars have differentiated between the attempt to "induce others to care for them" and to influence others from the benefit of a "feeling of exhilaration at having put something over on the other person if the deception is successful" (Bursten, 1972, p. 319). Evidently, not all people who engage in manipulative acts do so because they find pleasure in manipulation qua manipulation. Similarly, not every manipulative act is intended or even recognized as such by the one who uses a manipulative strategy. But whether a manipulative act is intentional or not, the person who is affected by it will likely develop feelings of being made to experience *x* or do *y* that are accompanied by anger. Crucially, "[a] central aspect of such feelings of anger and entrapment is the attribution of choice and responsibility to the patient" (Potter, 2006, p. 110). That might also explain why some see the label "manipulative [...] as a rough synonym for 'we don't like you'" (Hamilton *et al.*, 1986, p. 193). But as Potter (2006, p. 109) rightfully points out, *feeling* coerced and manipulated doesn't necessarily mean one has been *intentionally* manipulated by the other person. Finally, another important aspect needs to be mentioned. Talking about someone being manipulative is too vague in a different sense, for without further qualification, it is not clear whether the speaker is referring to a *trait* that describes a person's character or whether they are referring only to the person's concrete behavior. Where does this leave us regarding the applicability of the term 'manipulative' in the description of persons with BPD? The fact that stigma is attached to it, the fact that it is not clearly defined, and the fact that clinicians use it in biased ways that have negative consequences clearly speak against any broad application of the term to persons with a BPD-diagnosis. Considering 'manipulative' to be a character trait of persons with BPD seems like an overgeneralizing and mostly inaccurate description. Yet, as Potter (2006, p. 109) emphasizes, "BPD patients do tend to push people's buttons" and exhibit "behavior that is indirect and covert". How is it possible to address related phenomena without further contributing to stigmatization? It is certainly important for those dealing with BPD patients to refrain from stereotypical judgment about the character or behavior of someone with a BPD diagnosis. But simply avoiding the term 'manipulative' might not be enough to prevent stigma. One study showed that the label of "being difficult" – a potential substitute for 'manipulative' – was also associated with negative attitudes towards those diagnosed with BPD (Sulzer, 2015). Other studies suggest that stigma associated with BPD encompasses more than the view that BPD is associated with manipulativity (McGrath & Dowling, 2012). Even when a person diagnosed with BPD shows what can be legitimately called manipulative behavior, there is no reason why they should qualify for less empathy or care from health care providers. Admittedly, feeling manipulated by someone is challenging and manipulative behavior generally elicits negative reactions. However, these challenges and reactions can be mitigated if there is more understanding of why persons exhibit behaviors that might qualify as manipulative. Understanding the existential condition and a person's individual

style of experiencing the world that generates such behaviors will foster a more empathetic attitude towards someone exhibiting these behaviors. Instead of focusing on the question of whether a certain behavior qualifies as manipulative or not, it is more important is to ask what experiences underlie them. In what follows, I describe the aspects of the lifeworld of BPD patients that might motivate manipulative behavior.

The notion of manipulation I employ in doing so is broad and accepts that manipulative behaviors exist on a continuum. Manipulation can be intentional in that a person is aware of their attempt to make someone else do *x* or experience *y*. However, that fact that a person may not be fully self-aware that their attempt will have such an effect doesn't necessarily mean that it is non-intentional. A person might, upon retrospection, come to see that their desire and attempt to make someone else do *x* or experience *y* qualifies as manipulation. They might not approve of their manipulative behavior and they might have chosen an alternative behavior had they been fully aware of the fact that they were being manipulative. Moreover, manipulation is not a homogeneous phenomenon and the extent to which it is harmful or blameworthy depends on the context. If it is true that all people engage in behaviors at times that are typically deemed acceptable and yet could be defined as manipulative, then instead of associating manipulative behavior with a taboo, it is advisable to differentiate between different types of manipulative behavior, bearing in mind that they all in one way or another include the attempt to influence another person in an indirect way. While many of the behaviors BPD patients exhibit might be challenging and even be rightfully labelled manipulative (as is the case of the behaviors of many people who do not have a clinical diagnosis), many of them do not deserve the alarm that is connected to the word 'manipulative'. This becomes more evident when we consider the different functions manipulation can serve for a person in the context of the existential condition BPD presents.

Describing the possible functions of manipulation not only illuminates the motivations behind manipulative behaviors, it also helps us see the kind of existential condition in which they appear to be the right way to handle a situation. Understanding manipulation in this way also contributes to our understanding of BPD as an existential condition. Stanghellini (2014) argues that manipulative behavior is "explorative", "a kind of touching" (p. 12), "a way to get in touch" (p. 13) with another person rather than "a strategy to control or persuade the others" (p. 13). He describes the case of one of his patients:

> During the therapy sessions she sits restlessly, remains silent and answers my questions in a provocative way. During one of the following sessions she will explain that she needed to test my interest in her, if I really cared about her, and my intention and capacity to understand her in her moody days. (Stanghellini, 2014, p. 13)

The "meaning" of such a manipulative behavior, he emphasizes, is "to establish some sort of contact with the others and explore their behavior" (Stanghellini, 2014, p. 13). This strikes me as an accurate description. However, 'getting into contact' can serve different purposes, which must be kept separate from each other conceptually and phenomenologically. Moreover, manipulative behavior is not always about establishing contact. Sometimes it is about restructuring an existing connection, or even about breaking free from it when it becomes uncomfortable.

The first aspect Stanghellini highlights is the epistemological role manipulation can play. Persons with BPD often have difficulty distinguishing, recognizing, and labelling emotional feelings – their own or those of others. While persons with these difficulties are aware of

3. Functions of manipulation

a) Epistemological function

emotional feelings both in themselves and others, they cannot identify them. Alexithymia and lack of empathetic skills amount to a significant diminishment in affective understanding of oneself and others (New *et al.*, 2012). Provoking clearer behavioral responses in others through certain verbal or behavioral actions may help a person with BPD better grasp what others are feeling and thinking (Wastell & Booth, 2003). The conflicts that may ensue can also evoke stronger and thus clearer feelings in the manipulator, thereby providing a better understanding for the manipulator of themselves. Manipulation in this sense can be understood in terms of testing, probing, exploring, determining – that is, finding answers.

b) Regulatory function

One central challenge in the lives of persons with BPD is regulating their emotions. As they struggle with controlling their own emotional feelings, they often exhibit an external locus of control (Hope *et al.*, 2018). That is, while they feel that they are unable to control their emotions directly, they develop a sense that control can only be attained by *managing* a situation instead of determining how they *feel* about a situation. Thus, for a person with BPD, influencing the experience and behavior of others with manipulative actions can seem like the only way to do something about a situation and how they feel about it. Feelings of insecurity that may emerge in the encounter with a loved one, for instance, may trigger an attempt to provoke similar feelings of insecurity in the loved one in order to relativize their own discomfort. Witnessing insecurity in the other person can help the person with BPD overcome anxiety, nervousness, or inferiority issues by normalizing their own emotional feelings or by passing them on to the other person.

Inducing certain experiences in the other person may also serve the purpose of having the other person deal with corresponding emotions of the person with BPD. This kind of extended, interpersonal emotion regulation has been described as "containing" and as part of an interpersonally oriented psychotherapy (Finlay, 2016, Ch. 5).

c) Purposes of communication

Difficulties with affective self-understanding, empathetic processes, and regulation emotions amount to a BPD-typical style of affective experience or a disorder of interaffectivity (Schmidt, 2020, 2021). It consists of an inhibition of emotional exchanges with other people in which a person feels understood by others. Failing to sufficiently understand one's own and others' emotions significantly undermines the possibility of affectively synchronizing and harmonizing with other people such that the feelings of all people involved are integrated in a shared emotional state. In successful emotional exchanges, all persons involved communicate their feelings and perhaps gain some understanding of another person. In this case, people usually are aware of their own feelings vis-à-vis those of others whereby the emotional exchange stabilizes or may change, to some degree, one's own emotional stance towards a situation. Conveying a sense of how one feels in mood, affect, or emotion to others may also help one feel understood (which can have also a regulatory effect). Where this is not possible or only rarely possible due to BPD-typical styles of affective experience, emotional communication is characterized by specific styles. One aspect of this style is a heightened affective empathy and emotional contagion that is often prevalent in persons with BPD (Niedtfeld, 2017). Instead of affective synchronization, emotional exchange is shaped by affective assimilation in that emotions of others often flood one's own affective horizon. Another aspect of such a style concerns the reverse direction of assimilation, or conveying a sense of how one feels to others by making *them* feel a comparable emotion. In this sense, manipulation can also serve the purpose of communicating one's own feeling. Corresponding manipulative behaviors can be seen as the inverse of emotional contagion and are motivated by a structural context in which sharing an emotion means the assimilation of feeling.

Difficulties in emotional exchange can make it hard for persons to feel connected with other people. Failures in affective synchronization and the conflicts that may result often leave persons with BPD feeling lonely and detached from others (Liebke *et al.*, 2017), even when they are in relationships. The associated fears of loss, which are typical for persons with BPD, may add to severe mental pain (Tossani, 2013; Fertuck *et al.*, 2016). Manipulative behaviors that provoke attention from and often conflict with relevant others can be seen as attempts to overcome feelings of disconnection. Although small skirmishes and even bigger conflicts are stressful and intense, they at least provide a certain form of connection with others. Being in a conflict that involves arguing and discussing (among other things) means begin actively and often jointly concerned about each other. Conflict generates or reactivates an existing intimacy. In fact, for some, conflict might be the only way to feel something approximating an emotional exchange and a shared affective field with two different poles of gravitation, as it were. Clashing with another person and being so emotionally involved while feeling the confrontation with the other provides at least something that resembles a minimal form of connection, even if the attachment is not secure.

d) Purposes of connection

Fears of loss, longing for attachment, feeling dependent on others, or feeling overwhelmed by one's own emotional processes are aspects of the existential condition of BPD that add to a general sense of not being in control. The experience of the world is such that one finds oneself primarily exposed to situations that are perceived as having been structured and determined by external factors, notably other people. This motivates reactive attitudes and the desire to change situational constellations in a way that provides a sense of having a say in how things go. Changing the constellation of a situation may include reappraisal and more action-oriented attempts to sort things out with others in order to effect real change in the situation or in social relationships. When processes of reappraisal are hampered by intense affect and inter-affective processes are undermined, a person has to find alternative ways to restructure and renegotiate situations and social relationships. They also need to develop a sense that they are in control in order to feel more comfortable and 'at home' in a given situation. Sometimes manipulative behaviors can provide just that. Provoking reactions in another person or nudging them in certain directions may convey a sense of co-authoring a situation and the roles the different people involved have, a sense of not being completely passive in the flow of events.

e) Restructuring function

I argued elsewhere (Schmidt, 2021) that disturbances of inter-affective processes in BPD can undermine the I-thou boundary. Fusion-like states are one possible mode of social relationships characterized by a fuzzy self-other distinction. They consist of an extreme form of connection to others in which most of the experience of the world is shaped by a perceived or imagined shared view of things involving mutual attention, commitment, and expectations of similar if not identical attitudes toward the world, orchestrated interests, and assimilated emotional processes. Perspectives are perceived or expected to be merged together. Frictions, different stances, and uncertainties are not tolerated. While often persons with BPD may feel that such a 'harmonious' mode of relationship is the ideal form of interpersonal connection, discomfort can ensue when it becomes real either because such a mode of relationship further undermines the autonomy and sense of self, which are already weakened for persons with BPD or because they might feel dominated by the other. For the person with BPD, manipulative behaviors that trigger conflict and generate reasons for leaving fusion-like states can sometimes seem to be the only way to liberate them from relationships and their commitments when they are feeling claustrophobic (Láng, 2015). Instead of aiming at connection, manipulation can be a way to disrupt a connection.

f) Liberating function

3. Conclusion: Manipulation and social impairment

I have suggested that we should differentiate between several functions of manipulative behavior that are relevant in BPD. However, this doesn't imply that these manipulative behaviors are exclusive to the context of BPD. Following Potter's assessment, I believe that behaviors that qualify as manipulation are widespread among all kinds of populations, including behaviors that are not considered to be pathological. Human behaviors and relationships are diverse. There are many ways to explore, regulate, and communicate moods, feelings, and emotions. And there are many ways to establish, restructure, or loosen connections with others. Even so, there are several reasons why one should consider manipulative behaviors in the context of BPD in light of a social impairment. While this reattaches a connotation of pathology to manipulation in persons with BPD, there is a difference between linking BPD and manipulative behavior conceptually as it has been done in the past and looking at manipulative behaviors in the context of BPD and the way that social impairment associated with BPD informs such behavior. The former is the source of a detrimental stigma, while the latter may help diminish prejudice and lead to an increase in more empathetic attitude towards those with a diagnosis of BPD and who show behavior that qualifies as manipulative. Considering manipulative behavior in BPD in light of a social impairment makes clear that a proactive empathetic attitude towards BPD patients is needed in order for them to heal and to experience interpersonal connection in a way they can enjoy. A first reason to see a link between social impairment and manipulative behavior concerns the socio-affective aspects of BPD lifeworlds. One might ask: Why are many behaviors of persons with BPD often deemed manipulative? I have rejected the arguments that persons with BPD have a manipulative personality and that manipulativity is an essential part of BPD. Instead, manipulative behavior is often expressive of the existential condition persons with BPD find themselves in. That doesn't mean that manipulative styles in dealing with issues are intrinsic or essential to such an existential condition. What it does mean is that the existential condition of BPD is such that manipulative behavior often appears to be the only option left for reacting to and changing situations one deeply cares about. Manipulative behaviors, in this sense, are motivated responses to an existential condition and are not the condition itself. What are the conditions that may drive a person in their manipulative behavior? In BPD, these conditions are a lack of affective self-understanding, difficulties with regulating one's own emotions, and an impeded interaffectivity that makes it incredibly difficult for the person to feel connected with other people. The way affective experiences are structured and organized in BPD, thus, presents a significant social impairment. Manipulative behaviors are *reactions to* this social impairment.

There is a second reason to discuss manipulative behaviors in BPD in light of a social impairment. Given that they are often some kind of last resort for handling significant situations – that is, lengths to which persons with BPD feel and often are pushed by a situation – the idea that people deliberately pick manipulative behaviors in order to see their goals accomplished is significantly undermined. Persons with BPD do not *choose* manipulation. It mostly happens to them. The way they experience their own emotions in a given situation involving significant others pushes them to resort to manipulative activities. Typically, in critical situations they are driven by impulse and do not compare different strategies before they act. Linehan has argued that the fact that behavior of BPD patients is usually direct and unfiltered challenges the idea that they intentionally manipulate others (Linehan, 1993, p. 17). In her view, the fact that certain behaviors have specific functions doesn't mean they are intentional: "Function does not prove intention." (Linehan, 1993, p. 17) I agree that the fact that a behavior can be described in terms of a certain function doesn't prove that the person intended exactly that purpose. My point in describing the different functions above was to show that the same behavior could serve different purposes and so be based on quite distinct

intentions. Crucially, what matters is that typically in critical situations, persons with BPD are not fully aware of what exactly their intentions were in doing *x* or saying *y* given that they have difficulties in recognizing their own emotions and thus the motivations that underlie their actions. In this sense, manipulative behaviors can be considered to be nonintentional. Yet, retrospective reflection may lay bare that a person admittedly did want to elicit an effect such that a person would do *x* or experience *y*. In retrospect, the person with BPD can recognize that their behavior was manipulative even though they did not mean it as such and were not aware of that motive when they were engaging in the behavior (cf. Manne, 2014). I speculate that many of the behaviors of BPD patients that are defined as manipulative are of this kind. That is, the behaviors are not intended to be manipulative behaviors but they are intended to make another person do *x* or experience *y*. Instead of denying that these behaviors can be manipulative, I suggest that persons with BPD deserve an extra portion of credit. An empathetic attitude towards them would involve accepting and acknowledging that they are sometimes blind to the manipulative character of their behavior, as a result of the social impairment implied in their style of affective processing. How can you know you have been trying to manipulate if you are still struggling with finding out how you and others feel? The disorder of interaffectivity and the phenomena involved are a pervasive social impairment that affects deliberation and social practices. Those who interact with BPD patients, notably therapists, should take that into account when they assess their patients' behavior, regardless of whether it can be categorized as manipulative or not.

A third reason to consider manipulative behavior in terms of a social impairment concerns the effects it has on the lives of persons with BPD. Manipulative behaviors do not emanate from existential conditions and then evaporate into the air, as it were. They have an effect on others and, ultimately, on the person with BPD. They are also *reactions of* the BPD condition in that they perpetuate the existential condition that motivates manipulative behaviors in the first place. Often, the conflicts resulting from behaviors others perceive as manipulative and malignant do not improve the lives of persons with BPD. In fact, they often make them worse. Relationships become disrupted or corrupted, which engenders more feelings of disconnection, frustration, and mostly pain. While manipulative behaviors may help a person with BPD feel that their desires are being met for brief episodes, in the long run, such behaviors typically deprive them of the basic human need for social connection and attachment. In a sense, then, having a tendency towards behaviors that are perceived as manipulative is a social impairment. The challenging emotional life of those with BPD is challenging for others too. What those with BPD need is for others to accept the challenge, to overcome the social impairment that the structure of BPD emotional processing inflicts upon them, to stick around. That is possible only if one looks through attempts at manipulation, as it were, by focusing on the existential condition that lies behind those attempts and the needs expressed in them. The descriptions of the different functions manipulative behaviors can have that I provided in this paper may provide a helpful scheme for approaching those with BPD. They may not only explain why they relate to others in the way they do, they might also help the people they interact with to empathize with them more and make better contact with them. In the most cases, after all, that is the goal of manipulative behavior in BPD.

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