COMENIUS UNIVERSITY IN BRATISLAVA

FACULTY OF MATHEMATICS, PHYSICS AND INFORMATICS

PHENOMENOLOGY OF IDENTITY DISTURBANCE AND
AFFECTIVE INSTABILITY IN BORDERLINE PERSONALITY DISORDER

Diploma thesis

2024   **Jaanika Malla**

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THESIS ASSIGNMENT

Name and Surname:	Jaanika Malla
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Title: Phenomenology of Identity Disturbance and Affective Instability in Borderline Personality Disorder

Annotation: People with borderline personality disorder (BPD) often suffer from disturbances in their sense of self, affective instability, and in how they relate to others. To this day, the disorder is misunderstood and stigmatised by professionals as well as the public. Exploring the lived experience of people with BPD may prove to be beneficial for the management and treatment of the disorder.

Aim: The aim of the thesis is to explore the phenomenological aspects of unstable sense of self and affective instability in people with BPD: how they experience these phenomena individually and when they co-occur, and how these symptoms affect their interpersonal relations. Experiential data will be gathered with the method of experience sampling, using questionnaires, after which the patients will be interviewed about their experience in-depth. The data will be coded using the grounded theory approach.

Literature: Kreisman, J. J., & Straus, H. (2010). I Hate You – Don't Leave Me: Understanding the Borderline Personality. (Revised Edition). Perigee.
Stanghellini, G., Rosfort, R. (2013). Borderline Depression: A Desperate Vitality. Journal of Consciousness Studies, 20, No. 7–8, pp. 153–77.

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Názov: Phenomenology of Identity Disturbance and Affective Instability in Borderline Personality Disorder
Fenomenológia poruchy identity a afektívnej nestability pri hraničnej poruche osobnosti

Anotácia: Ľudia s hraničnou poruchou osobnosti (BPD) často trpia poruchami vnímania identity, afektívnou nestabilitou a turbulentnými vzťahmi. Porucha je dodnes často nepochopená a stigmatizovaná odborníkmi, ale aj verejnosťou. Skúmanie skutočných životných skúseností ľudí s BPD sa môže ukázať ako prospešné pre manažment a liečbu poruchy.

Cieľ: Zámerom diplomovej práce je preskúmať fenomenologické aspekty nestabilného vnímania seba samého a afektívnej nestability u ľudí s BPD: ako tieto javy prežívajú jednotlivo a keď sa vyskytujú súčasne a ako tieto príznaky ovplyvňujú ich medziľudské vzťahy. Dáta budú zozbierané pomocou dotazníkov metódou vzorkovania prežívania, po ktorých bude nasledovať podobné intervium s pacientom. Dáta budú kódované pomocou prístupu založenej teórie.

Literatúra: Kreisman, J. J., & Straus, H. (2010). I Hate You – Don't Leave Me: Understanding the Borderline Personality. (Revised Edition). Perigee.
Stanghellini, G., Rosfort, R. (2013). Borderline Depression: A Desperate Vitality. Journal of Consciousness Studies, 20, No. 7–8, pp. 153–77.

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Declaration

I hereby declare that I wrote this thesis myself and all the ideas from other sources have been cited.

Bratislava, 2024   ……………………..

ABSTRACT

Identity disturbance or unstable sense of self and affective instability are the core symptoms of borderline personality disorder (BPD). Identity disturbance can manifest as subjective feelings of incoherence, fragmentation, and emptiness, leading to confusion over one's self, values, beliefs, and goals. Affective instability is characterised by sudden fluctuations in emotions, where people with BPD commonly switch from intense joy to intense sadness or between predominantly negative mood states, such as anger, anxiety, and depression. Further exploration is needed into how people with BPD subjectively experience their sense of self and emotional instability.

The aim of this thesis is to explore the phenomenological aspects of identity disturbance and affective instability in BPD: how people with BPD experience these phenomena and how these symptoms affect their interpersonal relations. The thesis aims to explore how these symptoms manifest individually as well as when they co-occur. To explore the lived experience of people with BPD, repeated experience sampling and phenomenological interviews based on the experiential samples of participants with BPD were carried out over a one-year period. 81 experiential samples were collected, and 27 interviews were conducted with three participants.

The results showed that participants frequently experienced fluctuations in their sense of self and emotions, which were characterised by feelings of fragmentation and incoherence, feelings of emptiness and hollowness, feelings of overwhelm, positive and negative urgency, and a sense of alienation and not belonging in this world. Other phenomenological processes that accompanied the lived experience of participants with BPD include sense of meaninglessness, a need for meaning-making, and a near-constant process of attempting to enact their authentic self, the failure of which led participants to experience a sense of performativity, dissociation, distancing from emotions, or incomplete presence by others. The study contributes to a phenomenological understanding of unstable sense of self and affective instability, offering insight into the conversation on the experiential nature of self.

Keywords: borderline personality disorder, identity disturbance, affective instability, sense of self, phenomenology

ABSTRAKT

Narušenie identity alebo nestabilný pocit vlastného ja a afektívna nestabilita sú základnými príznakmi hraničnej poruchy osobnosti (BPD). Narušenie identity sa môže prejavovať ako subjektívny pocit nesúdržnosti, roztriešenosti a prázdnoty, čo vedie k zmätku v otázke vlastného ja, hodnôt, presvedčení a cieľov. Afektívna nestabilita je charakterizovaná náhlymi výkyvmi emócií, pri ktorých ľudia s BPD bežne prechádzajú z intenzívnej radosti do intenzívneho smútku alebo medzi prevažne negatívnymi stavmi nálady, ako sú hnev, úzkosť a depresia. Je potrebné ďalej skúmať, ako ľudia s BPD subjektívne prežívajú svoj pocit vlastného ja a emocionálnu nestabilitu.

Cieľom tejto práce je preskúmať fenomenologické aspekty narušenia identity a afektívnej nestability pri BPD: ako ľudia s BPD prežívajú tieto javy a ako tieto symptómy ovplyvňujú ich medziľudské vzťahy. Cieľom práce je preskúmať, ako sa tieto príznaky prejavujú jednotlivo, ako aj kedy sa vyskytujú súčasne. Na preskúmanie prežívania ľudí s BPD sa počas jedného roka uskutočnil opakovaný výber skúseností a fenomenologické rozhovory založené na skúsenostných vzorkách participantov s BPD. Zozbieralo sa 81 skúsenostných vzoriek a uskutočnilo sa 27 rozhovorov s tromi participantmi.

Z výsledkov vyplýva, že ľudia s BPD často zažívajú výkyvy vo svojom pocite seba a emóciách, ktoré sú charakterizované pocitmi roztriešenosti a nesúdržnosti, pocitmi prázdnoty a dutosti, pocitmi preťaženia, pozitívnej a negatívnej naliehavosti a pocitom odcudzenia a nepatrenia do tohto sveta. K ďalším fenomenologickým procesom, ktoré sprevádzali prežívanie ľudí s BPD, patrí pocit nezmyselnosti a potreba vytvárania zmyslu a takmer nepretržitý proces snahy o stvárnenie svojho autentického ja, ktorého neúspech viedol účastníkov k pocitu performativity, disociácie, odstupu od emócií alebo neúplnej prítomnosti druhých. Štúdia prispieva k fenomenologickému chápaniu nestabilného pocitu seba a afektívnej nestability a ponúka pohľad do rozhovoru o zážitkovej povahe seba.

Kľúčové slová: hraničná porucha osobnosti, narušenie identity, afektívna nestabilita, pocit seba samého, fenomenológia

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Introduction

Perhaps the line between sanity and madness must be drawn relative to the place where we stand. Perhaps it is possible to be, at the same time, mad when viewed from one perspective and sane when viewed from another.

— Richard Bentall, *Madness Explained: Psychosis and Human Nature*

Do you often wonder who you are and what makes you *you*? Are you in a constant search of who you are and what you identify with? Or is it obvious to you what qualities are you? Do you ever look back at yourself on a photograph not recognising yourself? Or do you feel like who you were last year in a specific moment is the same you who is reading these words right now? People who suffer from unstable sense of self may struggle with recognising themselves at different moments in life and may often ponder about such self-forming questions. People with various disorders may struggle with identity disturbance, however, this instability is especially frequent in people with borderline personality disorder (BPD). Identity disturbance is an important risk factor for psychopathology (Schulenberg et al., 2004) and people with BPD who have higher levels of identity disturbance experience more severe general symptoms (Sollberger et al., 2012). Thus, identity disturbance may be a useful measure of overall disturbance intensity.

In Europe, mental disorders became the greatest health challenge of the 21st century in 2011 (Wittchen et al., 2011). Each year, at least 38.2% of the EU's population suffer from a mental disorder. Furthermore, no improvements were found with the low treatment rates in comparison with the data from 2005, where only one third of cases received treatment. Wittchen and colleagues (2011) identified some critical challenges to improved clinical research, which are the marginalisation and stigmatisation of mental disorders, and the lack of public awareness about the full spectrum of disorders. Another study found that since 1990, there is no evidence for global reduction of the burden of mental disorders which, as of 2019, make up a large proportion of the world's disease burden (GBD, 2022).

Like with other mental illnesses, most of the literature in personality disorders focuses on the diagnosis, symptoms, and treatment outcomes, however an increasing number of studies focus on the real-life experiences of people with BPD (Ng et al., 2019a; 2019b). With increasing research into recovery, studying lived experience of people with BPD is critical. Perspectives from lived experience have advanced the field in understanding

recovery from BPD—emphasising the importance of therapeutic focus on promoting agency, occupational functioning, enhancing relationships, and developing a sense of self (Ng et al., 2019a; 2019b).

While diagnostic manuals have established criteria that somewhat fit the first-person experience of people with BPD, research still lacks understanding how people with BPD experience the world. Thus, this thesis will follow Ratcliffe and Bortolan (2021) and Lo Monte and Englebert (2022) in relation to nosography—focus will be on a specific form of experience "that is consistent with 'BPD as currently conceived of.'" (Ratcliffe & Bortolan, 2021, p. 3). The core symptoms of BPD will be approached in an experiential (gestalt) way rather than fitting them to a strict labelling or psychiatric diagnosis.

In line with the importance of seeing an individual with a mental disorder as a complex human being with idiosyncratic subjective experience, Gabor Maté (2022, p. 253) contends that "rather than seeing [mental illness] as an intruder from the outside, consider what it might be expressing about the life in which it arises." Maté explains that some people feel more pain and have a greater need to escape into the *adaptations* that mental illnesses represent; they will need to tune out, dissociate or split into parts to escape the realities they are unable to endure. He emphasises the importance of including patients' lived experience in the training of doctors.

This thesis intends to investigate the phenomenological aspects of identity disturbance and affective instability in borderline personality disorder (BPD): how and why participants experience these phenomena and how these symptoms affect their interpersonal relations. As identity disturbance is connected to unstable emotions and relationships, the thesis aims to explore how these symptoms manifest individually as well as when they co-occur. The aim of this thesis is to carry out repeated experience sampling and phenomenological interviews based on the experiential samples of participants with BPD over a one-year period. In the first chapter, a short introduction to BPD is presented. Then the two core symptoms of BPD—identity disturbance and affective instability—are described further in chapter two and three. Both chapters outline how these experiences can lead to interpersonal instability. After the theoretical background, the current research is outlined in chapter four. The main categories that emerged from the experiential data are presented in chapter five Results, which are further discussed in chapter six Discussion.

1. Borderline Personality Disorder

In this chapter, a short overview of the concept of BPD and its central features are presented, as well as feminist critique of the diagnosis. The borderline diagnosis comes with stigma and a controversial history; more fitting terms such as emotionally unstable personality disorder or emotion dysregulation disorder have been suggested and are in use.

1.1 Borderline Personality Concept

Borderline personality disorder is one of the ten personality disorders in DSM-5 (APA, 2022), defined as "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts" (p. 753). However, DSM-5 categories can yield a large heterogeneity of clinical presentations and do not "capture the intense pain in which these patients find themselves, their inability to regulate their emotions or to self-soothe, and their desperate […] efforts to escape their pain" (Bradley et al., 2005, p. 1016).

Four main characteristics of BPD are identified clinically: emotional dysregulation, behavioural dysregulation (such as impulsivity and self-harm), interpersonal instability, and disturbances in self. Disturbances in self and identity are thought to be the core component of BPD; they include chronic feelings of emptiness, unstable sense of self, instability in goals and values, and dissociation (Gunderson et al., 2018). Disturbances in the sense of self and interpersonal relations are considered central to all personality disorders (Bender et al., 2011), however, Sharp and colleagues (2015) contend that "BPD is unique in that impairment in the ability to maintain and use benign and coherent internal images of self and others […] integrated into one disorder" (p. 394).

Schmideberg (1959, p. 399) has suggested that the combination of modes of reaction between the "neuroses" and "psychoses" produce something "qualitatively different"— people with BPD "are stable in their instability" and experience "disturbances affecting almost every area of their personality and life, in particular, personal relations and depth of feeling." It is common for people with BPD to blame oneself, feel self-hate, confusion, and conflict inside, or feel broken and cursed (Fox, 2019). The disorder can feel inescapable and these "feelings keep BPD in place, leaving you feeling alone, ashamed, and tangled up in the disorder" (Fox, 2019, p. 17).

The prevalence of BPD ranges between 1.4% and 6% of the general population, making BPD one of the most common personality disorders (Lenzenweger et al., 2007;

Grant et al., 2008; Trull et al., 2010). Women are more commonly diagnosed with BPD than men with three to one ratio, but an almost equal amount of both genders—53% women, 47% men—meet the criteria for BPD (Grant et al., 2008). Furthermore, BPD is associated with significantly higher rates of suicide, self-harming behaviour, co-occurring illnesses, and impaired social functioning compared to other disorders (Leontieva & Gregory, 2013; McMahon & Lawn, 2011). People with BPD typically attempt suicide three times in their lifetime, most often by overdosing, and up to 10% of BPD patients will die by suicide (Paris, 2019). Hopelessness and feelings of entrapment—feeling no control, no improvement and like there is no escape—are one of the most crucial reasons for suicide (Mehlum et al., 2019). In some clinical samples of patients with BPD, over 90% of patients have a history of non-suicidal self-injury (Brager-Larsen et al., 2022). Common motives for non-suicidal self-injury are emotion regulation, communicating distress, or getting away from problems and regaining control (Scoliers et al., 2009).

Early adverse life experiences are associated with BPD, where emotional abuse and neglect have shown the largest effects (Ball & Links, 2009; MacIntosh et al., 2015; Porter et al., 2020), and emotional abuse in the absence of other forms of abuse uniquely predicts BPD diagnosis (Bierer et al., 2003; Bornovalova et al., 2006; Kuo et al., 2015). Emotional *neglect* is the most consistent finding in BPD (Porter et al., 2020). According to Linehan's (1993) biosocial theory of BPD, the biological component of risk is associated with emotional dysregulation and the psychosocial component of risk with *invalidation* of emotions, which amplifies emotional dysregulation. Linehan (1993) details that people with BPD self-invalidate their own emotional responses, and thoughts, and feel intense shame or self-hate, due to having internalised their own invalidating environment.

Furthermore, meta-analysis of case-control studies (Porter et al., 2020) showed that people with BPD are 13.91 times more likely to report childhood adversity than non-clinical controls. From 36.5 to 67% of people with BPD have experienced sexual abuse (Elzy, 2011; McGowan et al., 2012). There is a correlation between future development of BPD and how severe the abuse was, the age it began, how often it occurred and the type of abuse experienced (sexual, emotional, physical, or psychological) (Chanen & Kaess 2012; Zanarini et al., 2002).

People with BPD often face stigmatisation, not only in personal life and media, but also from mental health professionals; Gunderson and colleagues (2018) detailed that

caretakers are frequently intimidated by patients with BPD, intensifying the severe morbidity, significant societal costs, and widespread occurrence of this condition in many health-care systems (15–28% of patients in clinics). Veysey (2011) found that, compared to the negative experiences, the helpful experiences of patients with BPD were linked to themes of connecting, through caring and building a relationship with the individual, and "seeing more" beyond the diagnosis and negative behaviours, and seeing the context of the person's history.

Furthermore, many researchers still describe BPD as a chronic disorder, yet large-scale follow-back studies conducted in the 80s found that people with BPD do well in the long term (McGlashan, 1984; Stone, 2017; Paris & Zweig-Frank, 2001; Plakun et al., 1987). Symptomatic remissions of BPD are common and relatively stable; recovery is more difficult to attain than remission, but it is possible. Severe emptiness, impulsivity and self-harm were found to worsen the outcomes of recovery for BPD (Miller et al., 2018).

1.2 Feminist Critique of BPD

Feminist critiques of the legitimacy of BPD diagnosis have emphasised the fact that 70% or more of those diagnosed are female (see Becker, 2000; Nehls, 1998; Paris, 2005; Simmons, 1992). Simmons (1992, p. 219) details the gender disparity resulting from "(1) the differences in parenting of males and females, (2) gender differences of 'normal' behavior, (3) the stresses of contemporary females, and (4) the borderline diagnosis as the negative catch-all of psychiatric diagnoses." Chesler (1972) contends in her feminist work *Women and Madness* that much of what is perceived as mental illness in women is linked to people who either reject or overemphasise feminine roles—angry and aggressive behaviour as opposed to dependent, help-seeking, suicidal, or melancholy behaviour. Some behaviours regarded as abnormal leading to BPD diagnosis are excessive anger, argumentativeness, and sexual promiscuity (Simmons, 1992), which are often regarded to be acceptable and expected in men. As Agarwal (2022, p. 227) explains:

> When women can see and face challenges and barriers, be affected by bias, be aware of the power imbalance which affects their status in society, they can feel helpless and frustrated and angry. However, this anger is often suppressed, which can cause feelings of inaction and weakness, affecting women's self-esteem, and so they become even more angry. Men are not expected to hold their anger in, and in some cases they might even be negatively labelled if they fail to react aggressively

under certain forms of provocation. In men, aggression is a required social performance of masculinity, a sign of heroism.

Furthermore, Agarwal (2022, p. 228) details that women "have been led to believe that their identity as a woman is someone who is without any anger and has no need for anger at all, and so women feel a threat to their core identity when they see anger in themselves or in other women." Labelling the anger in women as "inappropriate" or as "bitterness" is a silencing strategy, which makes the feeling of not being heard become more intense. In turn, when this feeling is not legitimised, it can lead to further anger, which becomes an added responsibility for women not only to legitimise their anger but its *mode of expression* as well (Agarwal 2022, p. 248).

Furthermore, the central concept of Linehan's (1993) biosocial model is the *invalidating environment* that is a causal factor in the development of BPD. Women, it has been noted, are more likely than men to live in an invalidating environment (Krawitz & Jackson 2008). Similarly, Linehan (1993) made observations about the potential impact of sexism and unrealistic cultural messages to women contributing to invalidation. Gabor Maté (2022) contends that the riskiest and most exiled emotions are acute grief and healthy anger—two feelings often regarded as negative. Repression of emotions can be an adaptive function in specific circumstances, but it can also lead to chronic disconnect and withdrawal from life—becoming programmed into the brain and embedded in the *personality* (Maté 2022).

1.3 What Is Central to BPD?

Numerous theories have suggested different traits to be the core of BPD. Common conceptualisations of BPD take either *affective instability* (Koenigsberg et al., 2002; Linehan, 1993) or *identity disturbance* (Fuchs, 2007; Jørgensen, 2010) as central to the disorder. Some theories emphasise the role of emotional dysregulation in BPD (Crowell et al., 2009; Glenn & Klonsky, 2009; Linehan, 1993), including affective instability and impulsivity (Links et al., 1999). Other researchers have focused on difficulties in interpersonal relationships (Gunderson, 2007) and understanding of the self in BPD (Kaufman & Meddaoui, 2021).

As stated in psychoanalytic theory of personality disorders, identity disturbance and affective instability are the defining features of BPD (Kernberg & Caligor, 2005). They result from partial and emotionally polarised representations of self in relation to others,

which are connected to primitive defence mechanisms, such as splitting, where everything is seen as good and bad ("black and white thinking") (Kernberg & Caligor, 2005). The lack of integrating others and related emotions in the sense of self prevent the person from holding a stable view of the self and others, which leads to inflexibility in regulating emotions in interpersonal relationships.

Factor analysis of the nine symptoms from DSM-5 grouped together three categories: affective dysregulation, behavioural disinhibition, and disturbed relatedness (Sanislow et al., 2000; 2002). However, as Peter and colleagues (2022) posit, the analytic approaches do not analyse how these aspects and symptoms *interconnect* within the disorder. They highlighted the importance of affective instability, identity disturbance and relationship symptoms, emphasising the need to understand the phenomenology of BPD.

Richetin and colleagues (2017) applied network analysis to the nine symptoms of BPD and found that affective instability, identity disturbance and efforts to avoid abandonment are central to BPD. Network analysis by Schulze and colleagues (2022) found that emotional abuse was the most central node in two networks and a bridge between other adverse childhood experiences and BPD features. Their findings suggested an outstanding role of *identity disturbance* in BPD, linking emotional abuse to affective instability which was also strongly associated with attachment anxiety.

Gunderson and colleagues (2018) emphasise the importance of clinicians inquiring about the more central issues of interpersonal relations and *unstable identity* when diagnosing BPD. Therefore, most studies reach the conclusion that affective instability, identity disturbance and interpersonal issues are the main characteristics of BPD, and this thesis attempts to explore the phenomenology of these main expressions and how they affect each other.

2. Self and Identity Disturbances in BPD

The madness ... does not originate in the disorders of judgment, perception or will, but in a disturbance of the innermost structure of the self.

— Eugène Minkowski, *Au-delà du rationalisme morbide*

The following chapter gives an overview of the minimal self and narrative self, as well as disorders of the minimal self and disturbances in the narrative self and identity, including narrative incoherence and temporal fragmentation. There is no consensus on how to define the *self* (Gallagher & Zahavi, 2020); in this thesis, the view on the self that is mostly accepted in phenomenological psychopathology is adopted (Parnas & Henriksen, 2018).

2.1 Minimal Self

In contemporary philosophy of mind and cognitive science, distinction is commonly made between the minimal self (the observation that some experience happens to me) and the narrative self (the set of socially reinforced stories about one's identity) (Gallagher & Zahavi, 2020; Zahavi, 2005). From a phenomenological perspective, all experience manifests in the first-person perspective as "my" experience—it implies a sense of "mine-ness," "for-me-ness" or "ipseity" that unfolds through the flow of time and shifting modes of consciousness and imbues all experiences with an elusive but vital feeling of "I-me-myself" (Parnas & Sass, 2011; Henriksen & Nordgaard, 2014, p. 543).

According to Zahavi (2019, p. 226), the minimal self does not exist as a separate entity, it does not exist "independently of, in separation from or in opposition to the stream of consciousness," but it can neither be merely reduced to a specific experience or set of experiences. If one wants to locate the minimal self, one should not look at what is being experienced but *how* it is being experienced. Furthermore, one is always pre-reflectively aware of being themselves and does not need self-reflection to reassure themselves of being themselves (Zahavi, 2014).

The classical phenomenologists all point to the co-dependence of self, intentionality, and engagement in the world (Husserl, 1952; Sartre, 2003). Experiences are characterised by their irreducible first-person character which are *like* something for me; they are always *of* something other than the subject and *like* something *for* the subject (Husserl, 1952). Similarly, Heidegger (1993, p. 251) posits that any experience of the world involves a

component of self-acquaintance and self-familiarity, and that every experiencing is distinguished by the reality that "I am always somehow acquainted with myself." This knowing of oneself is not happening outside or independently of the worldly engagement—the self-acquaintance of a world-immersed self.

2.1.1 Minimal Self Disorders

Disturbances of minimal self are considered to be different than identity disturbance and measure other levels of self-functioning (Zandersen & Parnas, 2020). Minimalist interpretation sees the for-me-ness of experience simply referring to the *subjectivity* of experience—that experiences are pre-reflectively self-conscious and are presented in a distinctly subjective manner not available to anyone else. Zahavi (2018) argues that this feature is maintained in the pathological cases. A more robust interpretation of the for-me-ness of experience could refer to a sense of advocacy and self-familiarity—the quality of "warmth and intimacy" that characterise one's own present thoughts (James, 1890, p. 239). Zahavi (2018) contends that this feature could be disturbed or completely absent in some pathologies.

Schizophrenia spectrum disorders are characterised by disturbances of the minimal self (Henriksen & Parnas, 2014; Henriksen & Nordgaard, 2014). Parnas and Henriksen (2018) maintain that self-disorders of the minimal self are more fundamental than other self-related complaints experienced outside the schizophrenia spectrum. They contend that self-representational problems (*e.g.* of self-image or self-esteem) encountered in personality disorders do not seem to imply disorders of ipseity but narrative self, where the ever-present first-person feature of experience is not at stake.

Research on BPD has revealed some similarities with the schizophrenia spectrum psychopathology (Zandersen & Parnas, 2019), as the criteria of identity disturbance and feelings of emptiness reflect symptomatology frequently occurring in schizophrenia and schizotypal personality disorder. Parnas and Henriksen (2015) have described schizophrenia patients as lacking an inner core, feeling ephemeral and not knowing who they truly are. This experience is typically intertwined with a feeling of being drastically different from others (*Anderssein*) and has frequently been verbalised as being "wrong"—a feeling of being ontologically or categorically so different from others as to lead to profound solitude (Henriksen & Nordgaard, 2014, p. 436).

While Parnas and Henriksen (2015) detailed schizophrenia, patients with BPD have described similar experiences of intolerable aloneness that can lead to distress, as well as themes of self-hate, self-directed hostility and rejecting their own needs, amounting to self-invalidation (Vardy, 2011). Zanarini and colleagues (1998) assessed the pain of having BPD and found that thinking of themselves as *"I'm a complete failure,"* *"I'm a bad person,"* *"I'm evil"* and *"I'm damaged beyond repair"* were common in people with BPD. In a phenomenological study by Jørgensen and Bøye (2022, p. 50) all the participants with BPD described a painful experience of not having an inner core, not knowing who they are, or being unable to describe who they are as "there is no me."

The definition of identity disturbance for BPD in the DSM-5 ("sudden and dramatic shifts in self-image, characterized by shifting goals, values, and vocational aspirations" [APA, 2013, p. 664]) only includes narrative identity and fails to distinguish itself clearly from disorders of minimal self. According to Zandersen, Henriksen and Parnas (2019), this lack of distinction has diagnostic consequences, as absence of diagnostic criteria for disorders of minimal self in say, schizophrenia, may perpetuate the idea that identity disorders are exclusive to BPD.

The same issues are present with the BPD criterion of "chronic feelings of emptiness" in the DSM-5, as it only includes a single explanation: "Easily bored, [people with BPD] may constantly seek something to do" (APA, 2013, p 664). In the past, emptiness—characteristic of schizophrenia self-disorders—was closely linked to the disturbances of minimal self, characterised by a sense of void and fragile sense of self-presence (Zandersen & Parnas, 2019). While this disturbance could involve a kind of restlessness, according to Zandersen and Parnas (2019), it is insufficiently described merely as seeking something to do. As can be seen in the literature regarding BPD and patients' own words (Jørgensen & Bøye, 2022; Mancini & Stanghellini, 2020; Stanghellini & Rosfort, 2013a), these concepts are much more complex than the diagnostic manual has amounted to. These examples demonstrate the theoretical and empirical complexities of psychopathological notions, as well as the significance of their historical trajectory. There appears to be a disconnect between key psychopathological concepts and current operational descriptions, which the current thesis aims to contribute to.

2.2 Narrative Self

The narrative self is the result of encounters and interactions with other people and objects throughout a person's life, particularly with caretakers throughout childhood (Parnas & Henriksen, 2018). Narrative self is dependent on language and culture (Parnas & Henriksen, 2018); it includes the capacity to store and retrieve autobiographical memories and integrate them to make sense of one's experience. It also includes concepts such as self-image, self-esteem and temperamental inclinations and characteristics (Hallford & Mellor, 2017).

The story we create about our self out of a reconstructed past helps one develop and sustain a sense of personal *coherence*, purpose and meaning across lifespan (Singer, 2004). By contrast, the inability to perceive a story about one's life may lead to a fragmented and incoherent account of their experience which reduces the ability to make sense of their life. The sense of being a self refers to an enduring and coherent subject of experience that is distinct from the rest of the world (Zahavi, 2005); this ability is lacking in people that experience identity disturbance. An important adaptive function of this sense of identity is the meaningful *integration* of positive and negative, or contradictory, experiences, which are told to others as cohesive stories about their self (McAdams, 2011).

Habermas and Bluck (2000) detail different types of coherence necessary for integrated meaningful life stories. *Temporal coherence* refers to the ability to accurately perceive the chronological order of one's experiences across a lifetime. The understanding that experiences are meaningfully related and that events have causal ties with self-identity is referred to as *causal coherence*; for example, a belief that one's self is competent. *Thematic coherence* is the ability to discern overarching themes that operate as integrated interpretations of specific events or circumstances and find similarities between these experiences (*e.g.* reflecting on experiences of meeting friends and identifying their importance in one's life).

2.2.1 Identity Disturbance

Identity disturbance is often considered to be a cognitive symptom that is founded on false beliefs about oneself (Lieb et al., 2004, p 453). This basic concept of identity stands in contrast to the extensive psychoanalytical theories of personality organisation that underpin the diagnostic criterion (Zandersen & Parnas, 2019). Up to this day the concept of

identity disturbance is difficult to operationalise and has received less attention than other symptoms of BPD.

Identity disturbance is frequently characterised by feelings of isolation from others, exclusion from social communities, intensely felt inauthenticity and confusion about "who I really am," and an overarching fear of losing one's personal identity when relationships end (Jørgensen & Bøye, 2022). Phenomenologically, a consolidated identity can be seen in nuanced and coherent answers to questions such as "*Who am I?*" "*How am I different from others?*" "*What are my basic goals and needs?*" "*What and who do I identify with?*" (Jørgensen, 2018, p 107). Bogaerts and colleagues (2021) found that adolescents who present with higher levels of personality disorder symptoms are more likely to express identity difficulties, such as feelings and thoughts of not knowing who they are or what they value; reliance on others to shape their identity; and continued worry and doubt about where their life is heading. Additionally, identity disturbance in adolescence is associated with BPD traits (Lind et al., 2019).

The primary theoretical and clinical descriptions of identity disturbance in BPD came from the psychoanalytic literature, using terms such as fragmentation, boundary confusion and lack of cohesion to describe the experience of self in BPD (Akhtar, 1984; Akhtar & Samuel, 1996; Kernberg, 1984; Wilkinson-Ryan & Westen, 2000). Akhtar (1984) offered the following core features characterising pathological identity disturbance: feelings of inner emptiness; inconsistencies in behaviour and contradictory character traits; temporal discontinuity in subjective sense of self or identity; lack of authenticity; gender dysphoria; and contradictory norms and values.

Otto Kernberg (1984) has described identity disturbance as the result of disorganised and incompletely integrated representations of self and others. He theorised that identity disturbance in patients with BPD manifests as an inability to integrate positive and negative representations of the self, as well as having difficulty with integrating positive and negative representations of others. This results in a shifting view of the self, rapidly shifting roles (victim and victimiser) and inner emptiness. Additionally, Kernberg emphasised defences of the self that have developed as coping mechanisms that inhibit the capacity to form a coherent view of oneself.

Adler and Buie (1979) have characterised people with BPD as experiencing a sense of incoherence, self-fragmentation, disjointed thinking, loss of integration, concerns about

falling apart and a subjective sense of losing control over their self. Wilkinson-Ryan and Westen (2000) identified four factors of severe identity disturbance: role absorption (defining one's self with a single role or cause), painful incoherence (a subjective sense of lack of self-coherence), inconsistency (an objective incoherence in thought, feelings and behaviour) and lack of commitment (to norms or values). All these four factors, particularly *painful incoherence*, distinguished patients with BPD from other patients. However, this study was based on the clinician assumptions about identity disturbance in people with personality disorders, not in-depth subjective descriptions of people's experiences of identity disturbance.

A recent phenomenological study by Jørgensen and Bøye (2022) classified the subjective experience of how identity disturbance manifests in BPD into the following categories: fluctuating and disintegrated self-image; feelings of the self not fitting in; inner emptiness; painful feelings of self as broken; "I don't know what I want"; using façades to stabilise the self; immense need for contact or attention from others to stabilise one's identity; feeling unable to handle interpersonal relationships and using sex to distract the self and regulate painful states. Most of the participants agreed with statements such as "I have never known who I am" and they do not know "how it feels to know who I am" (p. 51).

Higher levels of identity disturbance and lower levels of narrative coherence of past events are associated with BPD features in adolescents, however, when correlation between the items was examined, only identity diffusion remained significant (Lind et al., 2019). Nevertheless, Lind and colleagues (2019) argue that both identity disturbance and narrative coherence should be considered to fully comprehend the phenomenology of self-disturbance in BPD. Few studies have provided empirically supported in-depth descriptions of phenomenology of severe identity disturbance, which could be explained by the challenges of operationalising, measuring, and capturing the core of identity disturbance. Qualitative research can provide a more in-depth and nuanced insight into the phenomenology of how identity disturbance manifests in one's subjective lived experience and in the inner life of people with BPD.

2.2.2 Narrative Incoherence

In people with BPD, the coherent sense of self-narrative is often disturbed, leading to confusion over one's point and goals in life, to fuzzy painful background feelings of

dysphoria, sense of meaninglessness and emptiness that permeates their whole experience (Stanghellini & Mancini, 2018; Stanghellini & Rosfort, 2013a). Furthermore, people with BPD have difficulties constructing coherent personal narratives. Adler and colleagues (2012) found that people with BPD features exhibit disruptions in overall narrative coherence (*structure*: the extent of the narrative's logical flow; *affect*: the extent of critical emotional language in the narrative; and *integration*: how episodes relate to a person's overall sense of self).

Similarly, Lind and colleagues (2020) found that people with BPD tend to perceive themselves and their lives as having little control over events (low agency), with a high unmet need for belonging, love and affection (communion), but perceive themselves as victimised by a lengthy history of interpersonal disappointments (lack of communion fulfilment). They also displayed more negative autobiographical thinking. People with BPD create narratives that are less specific and coherent (but not less complex than others') and with less normative life experiences, indicating that they see themselves as leading different, unconventional lives. A fragmented sense of self can contribute to feelings of loss, confusion, and alienation, which are frequently described by people with BPD (Lind et al., 2020).

Additionally, Lind and colleagues (2022) found that narrative identity (thwarted themes of agency and communion) is associated with higher emotional dysregulation and lower mentalising capacity, supporting the idea that narrative identity is related to aspects of intrapsychic processes of reasoning in BPD. According to Fuchs (2007), disruptions in the capacity to integrate different, often contradictory, aspects of a person's personality and experience in a coherent view is central to BPD, and BPD can be conceived as a *fragmentation* of narrative selfhood. This is due to people with BPD having an impaired capacity to depict and evaluate their mental states, affecting the structure of emotional experience in various ways (more on that in chapter three).

Kroll (1993) has noted that people with BPD often seem helpless in the face of their own stream of consciousness; experiencing identity disturbance can make them vulnerable to intrusive thoughts and images, such as flashbacks or nightmares. Sometimes they may exist from one unpleasant thought to the next. Similarly, Fuchs (2007) has detailed how people with identity disturbance "lack the strength to establish a coherent self-concept," which results in painful "switching from one present to the next and being totally identified

with their momentary state of affect" (p. 381). This experience can be considered as a "temporal splitting of the self that tends to exclude past and future" (p. 381). This phenomenon will be elaborated on in the next subsection.

2.2.3 Temporal Fragmentation

People with BPD lack *object constancy* as they cannot always maintain a positive image of significant others after temporary separation or rejection (Stanghellini & Mancini, 2018). This results in a fragmentation of the narrative self, as described by Fuchs (2007): a shifting view of oneself, constantly shifting representations of oneself and others and a chronic feeling of inner emptiness. There is no sense of continuity across time and situations, no concept of self-development that can be projected into the future, simply an infinite recurrence of the same emotional states, resulting in a unique *atemporal* way of existence.

Furthermore, Stanghellini and Rosfort (2013b) have described how people with BPD live without history "bound to a transitory present without depth" (Stanghellini & Mancini, 2018, p 673), captivated by an *unmediated instantaneity* (Kimura, 1992). The now is a pure present which lacks extension into the future and the past. This isolated moment of "now" feels infinite and cannot "carry any kind of relation to, or become an integrated part of, the narrative identity of the dysphoric person" because of the overwhelmingly blurry and fuzzy long-term background feeling of dysphoria that often accompanies BPD (Stanghellini & Mancini, 2018, p. 669-670). The long-term dysphoric mood creates a "formless sense of one's own self" (Stanghellini & Mancini, 2018, p. 672). It fragments the person's representations of themselves and others, leading to a "painful experience of incoherence and inner emptiness" (Stanghellini and Rosfort 2013a, p 153). People feeling dysphoria cannot cope with the "flux of immediateness," which becomes recurrent and chaotic, affecting their selfhood (Stanghellini & Mancini, 2018, p. 670). This absolute "now" is "the night of the self and the disintegration of personhood" (Stanghellini & Mancini, 2018, p. 670), without any relation to the narrative self, where the person collapses into the *now* (Stanghellini & Rosfort, 2013b).

In this confused state of the dysphoric mood, people with BPD experience their self as dim and fuzzy and feel like they lack a defined identity: "*When I am in this state I feel lost. Lonely. Desperate. Nobody is there for me […] I feel as if everything matters and nothing matters.*" (Stanghellini & Rosfort, 2013b, p. 168). However, the mood of dysphoria can

sometimes be interrupted by transient, volatile moments of intensity—eruptions of spontaneity and ecstasy. Or it can be interrupted by feelings of anger, causing the person with BPD to entirely identify with their momentary state of mind, completely absorbed by the agitating stimuli that captures all their field of awareness and renders them unable to see the present at a distance, as they become fixated on the object of anger (Stanghellini & Mancini, 2018).

In moments like this, anger preserves a "precarious cohesion of the self" (Pazzagli & Rossi Monti, 2000, as cited in Stanghellini & Mancini, 2018, p. 674), making anger somewhat of a self-defining emotion, as venting out one's anger can make one feel alive and affirm one's right to exist as their own unique person (Stanghellini & Mancini, 2018). When the emotion of anger takes over, the vague and confused sense of self and others in the dysphoric state is replaced by a clear, elementary normative universe where it is obvious to the individual who is "good" and who is "bad" (Stanghellini & Mancini, 2018). Often the person cannot integrate these moments of hyper-awareness into an attuned relationship with the other person, so they live in a "restricted temporal horizon," appearing inconstant, trapped in present stimuli and victim to emotional crises, which may appear meaningless to an observer but to people with BPD the moments feel "abnormally important and amplified" (Stanghellini & Mancini, 2018, p. 670). Emergence of this sudden feeling of definite righteousness helps the person find their lost identity in a world that has regained its structure and meaning for a moment. Similarly, Frye (1983) contends that anger is a tool by which humans declare their agency, and it has an important role in shaping the sense of self, since anger is often expressed to demand one's acceptance from others or to claim one's space. Anger says, "I exist" and "Acknowledge me" (Agarwal, 2022, p. 222). Thus, anger often arises as a sense of injustice when an individual feels like they are not *perceived* as a person with autonomy and rights—to say, "I demand a right to exist, to be seen" (Agarwal, 2022, p. 222).

Typically, emotional experiences can be related to one another in a structured way and understood against the "backdrop of an experiential world in which one is already immersed" (Ratcliffe & Bortolan, 2021, p. 7). People with BPD do not experience their emotions as situated in a meaningful, temporal context, since a cohesive world—structured by temporally extended commitments or values—was never fully formed. The sudden and contradictory behaviours of people with BPD result from strong, momentary feelings that "represent isolated, unconnected snapshots of experience. The immediacy of the present

exists in isolation, without the benefit of the experience of the past, or the hopefulness of the future" (Kreisman & Straus, 2010, p. 44). Several symptoms of BPD can be understood to originate from a non-localised, temporal experience. When there is only present, nothing can hold back the current emotions, and they fluctuate wildly "without the anchor of a cohesive life-structure" (Ratcliffe & Bortolan, 2021, p. 8). The emotional aspects of experience of people with BPD will be elaborated on in the next chapter three.

2.2.4 Self as an Embodied Subject

An individual also experiences oneself as an embodied subject and agent, where "we are aware of our bodies in distinctive ways" (Bermúdez, 2018, p. 125). Maurice Merleau-Ponty (2020) has described the spatiality of one's own body as experienced differently from external objects, and experienced internally as a lived body, "I am not in front of my body, I am in my body, or rather I am my body" (p. 151). The body is "the mediator of a world" (p. 146), providing the "absolute permanence that serves as the basis for the relative permanence of objects" (p. 94). The "perspectival presentation of objects itself must be understood" through this continuous perspective (p. 94).

People with BPD experience their body differently and can have various impairments in how they relate to their body. They have a less robust prior model of the bodily self and experience significantly reduced body ownership when compared to normative controls (De Meulemeester et al., 2021). The patients reported less certainty that body parts belong to their selves, which is related to dissociation that people with BPD often experience—describing a state of detachment from reality, including their body (Löffler et al., 2020).

People with borderline traits have difficulties being compassionate with their body and are less likely to trust their body and experience the body as safe ("*I am at home in my body*," "*I feel my body is a safe place*") (Lafait & Philippot, 2022). While people with BPD can pay attention to their bodily sensations and experience some lack of regulative body awareness, the problem lies in the *attitude* toward their bodily sensations (Lafait & Philippot, 2022). Additionally, the self is less grounded in the here-and-now experience of the body in BPD, which manifests as reduced awareness or processing of internal bodily signals (Back & Bertsch, 2020; Löffler et al., 2018). Low interoceptive awareness is associated with poor interpersonal boundaries and problems, where patients can be overly influenced or enmeshed with others, possibly to compensate for the absence of physical and emotional awareness (D'andrea et al., 2022).

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Emotion expression for people with BPD may primarily have a bodily character, as due to impairments in narrative self-understanding, it is hard for them to verbalise their emotions, and their body becomes a powerful tool for emotional expression (Bortolan, 2020). Phenomenologically, the emotional fragility or stable instability that people with BPD experience in their dysphoric state is "caused by a raw, unmediated bodily vitality" that does not comply with the pre-reflective intentional structures or cognitive efforts (Stanghellini & Mancini, 2018, p. 671). The long-term background dysphoric mood brings forth a brutal vitality—primitive bodily force that "fragments the intentional structure of the lived body," leaving body completely at the mercy of basic biological values (Stanghellini & Mancini, 2018, p. 671). Thus, the sense of being an *embodied* self is buried by the sense of having an intimidating body, where objects become unfocused. The person feels this chaotic life force, termed *desperate vitality*—intense spontaneous emotional energy, without intentional structure, clear direction and content that "desperately seeks an object, mostly a person, at which to direct its surplus of energy" (Stanghellini & Mancini, 2018, p. 671). This violent spasm of power taking control over the body breaks the representation of oneself to pieces, reducing it merely to "an assemblage of disordered emotions and drives," while simultaneously, the energy can be felt as a power expressing an "encouraging vitality seducingly in touch with invigorating sensations" (Stanghellini & Mancini, 2018, p. 671). Bortolan (2020, p. 10) has called this state an "indefinite sense of arousal rather than […] distinct emotional states."

People with BPD can also experience a sense of void, punctuating the person's daily existence with micro-depressive episodes (Stanghellini & Mancini, 2018). During the episodes deep feelings of depersonalisation can be experienced, caused by a permanent lack of a stable integral identity, causing one to feel "emptiness, numbness, fragmentation, vanishing of one's own self," which are often accompanied by feelings of abandonment and aloneness (Stanghellini & Mancini, 2018, p. 671). Since the background mood of dysphoria is hard to modulate, the only way to control it is outside of the mind. The relief can be "achieved by acting on the environment and transforming it with violence," whereas self-harm is the most typical way of finding relief from the "torment of the inner tension of dysphoria" (Rossi Monti & D'Agostino, 2014; Stanghellini & Mancini, 2018, p. 671). Self-harm may reduce the tension inside, cutting being one way of trying to modulate a negative and oppressive mood, as the activity can transform the feeling into a location that has a name and is objectifiable and perhaps "curable" (Rossi Monti & D'Agostino, 2014;

Stanghellini & Mancini, 2018). As if the body is "a concrete and visible sort of drain for overwhelming emotions" (Stanghellini & Mancini, 2018, p. 671). Similarly, Crowe (2004) speaks of self-harm as directed towards the body that represents shameful experiences and is the place for expression of shame.

3. Emotional Landscape of BPD

Emotions are not built into the brain, but they are built by the brain, and they are constructions of your bodily sensations in the world.

— Lisa Feldman Barrett, *The Three Big Myths About Emotions, Gender and Brains*

This chapter gives an overview of affective instability, emotional dysregulation, and intense negative emotions in BPD, including self-conscious emotions, such as shame, and rejection sensitivity. According to Lindquist (2013), emotions are situated conceptualisations constructed from context, where sensory input is processed from the world around and assigned with a meaning that is constructed from past experiences and memories. The way the body and senses interact with the world and the limitations of space—the way humans are situated in the world and seen in the space around them—and how they feel specific emotions all affect the specific emotions experienced and perceived in others.

3.1 Affective Instability

One aspect of the complex emotional landscape of people with BPD is affective instability that is considered the core pathology in BPD (Nica & Links, 2009). Affective instability is an important aspect of emotional dysregulation and strongly related to narrative impairments in BPD (Bortolan, 2020). Marwaha and colleagues (2013, p. 1793) define affective instability as "rapid oscillations of intense affect, with a difficulty in regulating these oscillations or their behavioural consequences." Affective instability is one of the patterns in the dynamics of emotions and indicates (frequent) changes in the *intensity* of an emotion and strong abrupt changes between positive and emotional states between different time points (Houben et al., 2016). BPD is characterised by these alternations with both more frequent and larger changes in emotional experience.

Other results show that the polarity in emotional states in BPD go together with stronger and larger switches from one state to the next, which results in unstable emotions

over time (Beck et al., 1990; Coifman et al., 2012). Koenigsberg and colleagues (2002) found greater instability when it comes to anger and anxiety and fluctuations between depression and anxiety, but not in terms of fluctuations between depression and elation in people with BPD. Furthermore, people with BPD have a heightened sensitivity to predominantly negative stimuli and to the detection of negative emotions (Domes et al., 2009). Similarly, experience sampling studies for BPD suggest these mood variability patterns: intense negative mood, higher breadth of negative affect, frequent and abrupt mood changes, and partial triggering of affect by external stimuli (mood reactivity) (Nica & Links, 2009). People with BPD differ from other groups with more frequent negative interpersonal events and higher self-rated *relevance* for these events (Nica & Links, 2009).

Emotions that are narrated (expressed in language) are experienced as more manageable and narrating enhances one's sense of being able to control their experience. Bortolan (2020) explains that disruptions of narrativity in BPD can lower one's sense of empowerment and their capacity to manage distress. As people with BPD cannot contextualise and interpret emotions through identifying meaningful connections between them and their life, emotions are less understandable and manageable, leading to more intense emotions. Since there is no narrative within which thoughts or perception cab be anchored, they can be easily "swept away" by emotions. As according to Fuchs (2007) reflective abilities are central to narrative understanding of self and their disruption contributes to affective instability in BPD. This is shown by the tendency to display different characteristics based on the person they interact with and excessively relying on the social context to define one's identity (Jørgensen, 2006).

Furthermore, Ratcliffe and Bortolan (2021) suggest the emotional experience of BPD is connected to the way they experience and relate to other people. When the experienced world lacks structure and temporal coherence, it creates a general *estrangement* from other people; therefore, feelings of loneliness, isolation and being cut-off from others are pervasive in BPD. Estrangement from others "is inseparable from how one finds oneself in the world" and thus "from how one experiences and regulates emotion" (Ratcliffe & Bortolan, 2021, p. 19). Ratcliffe and Bortolan (2021) argue that in an unstable world, with a tendency to see others as hostile and untrustworthy, interpersonal emotions would also be inconsistent, leading to affective instability and fluctuations between feelings of anger, distrust, and betrayal. Due to requiring the help of others for effective self-regulation during times of uncertainty, the person with BPD may cling to others to desperately seek

out potential regulators, leading to intense emotional responses, including fear of abandonment. This could result in a world lacking structure, which might leave the person vulnerable, "leading to a process of unravelling or to a process that prevents a stable world from forming in the first place" (Ratcliffe & Bortolan 2021, p. 20). Thus, BPD is characterised by a lack of a stable view of self and others as multifaceted individuals, having both good and bad traits (Fuchs, 2007). Due to this, it is difficult for the person with BPD to recall that they might have felt a different or opposite emotion at other times. So, affectivity is *present-focused* in BPD and seems to have no influence of past events, beliefs, and emotions—due to this isolation, emotions lose their boundaries and are experienced as *never-ending* (Bortolan, 2020).

Lack of trust could also be behind the intolerance of ambiguity that is common in BPD, as without trust, one cannot live with uncertainty and just let things be for a while, as the uncertainty needs to be resolved. Ratcliffe and Bortolan (2021) connect the reliance on other people to self-regulate with childhood adversity in BPD, as trust can be undermined by social adversity (especially attachment trauma) (Fonagy et al., 2015).

Furthermore, Mancini and Stanghellini (2020) found the value of *recognition*—being accepted and validated by the other—to be crucial for people with BPD for defining themselves and reinforcing their selfhood and identity, as their self-coherence and self-identity depend on the other's recognition. The ultimate goal of the person with BPD is to experience intimacy, which is required to feel the other's closeness—to define themselves as someone, to reinforce their sense of selfhood (Mancini & Stanghellini, 2020). The cohesion of self can be damaged by traumatic experiences from an invalidating environment, where one's emotions are disregarded, and expressing oneself is discouraged and not met with validation or appropriate responses, but with trivialisation (Stanghellini & Rosfort, 2013b). In such a case, a warm and healthy sense of self is jeopardised by the absence of *recognition*. The main goal for the person with BPD is to feel a sense of recognition; at the heart of their experience lies the "excruciating experience of the other" (Stanghellini & Mancini, 2018, p. 672). The other person is crucial for living and their absence renders the presence of the self impossible. The other can also be experienced as absent when they are not *completely* present, incomplete presence can lead to feelings of non-recognition and desperate loss of selfhood—the other who does not devote their entire self is an inauthentic other, as well as the source of aching shame (Stanghellini & Mancini, 2018).

Thus, people with BPD long for intense and passionate relationships—characterised by all or nothing. Yet they can experience heightened sensitivity to subtle social stimuli, like facial expressions of others that are unnoticed by most (Stanghellini & Mancini, 2018). This immense intensity of the interpersonal relationships makes them very vulnerable, as the subtlest change in the emotional atmosphere, a different tone or wrong word can make the person feel attacked or humiliated and react with anger (Stanghellini & Mancini, 2018). The symptoms of BPD are not abnormal reactions or phenomena, they are an anomaly expressed to gain the other's attention and revive one's care for themselves (Mancini & Stanghellini, 2020). In this way, the person can see themselves from the perspective of the other in a new and different way, as one's own vulnerability is being reflected and revealed (Stanghellini, 2013).

Therefore, interpersonal factors could be important triggers for switching between positive and negative emotions, as Coifman and colleagues (2012) found that interpersonal stress increased the polarity of affective experiences in people with BPD, potentially also affecting the switch distances between them. Furthermore, Sadikaj and colleagues (2013) found heightened affective reactivity to interpersonal perceptions in people with BPD compared to healthy control. People with BPD reported more negative emotions when others were perceived as colder, which indicates that interpersonal stress could trigger larger emotion switch distances. Different processes or mechanisms may underlie these sudden switches from positive to negative or vice versa, and more research is needed to understand the differences and commonalities underlying these switches (Houben et al., 2016).

3.2 Emotional Dysregulation

Meta-analysis by Daros and Williams (2019) concluded that BPD symptoms were associated with more frequent use of ineffective emotional regulation strategies—such as suppression, rumination and avoidance—and less frequent use of effective strategies for reducing negative emotions, such as cognitive reappraisal, problem solving and acceptance. In BPD, the emotional response itself is not the problematic event; it is considered emotional dysregulation only when the abilities and strategies are inadequate and have negative consequences.

Adaptive emotion regulation strategies involve engaging with the emotions more than maladaptive strategies and might require higher capacity to tolerate distress (Sheppes &

Gross, 2011), which is impaired in BPD (Gratz et al., 2009). People with BPD are more prone to using cognitive strategies of emotion regulation than normative controls (like rumination, catastrophising and self-blame), and employ distraction and forms of cognitive reappraisal less often (Sauer et al., 2016). Therefore, low distress tolerance and elevated emotional intensity can make it difficult for people higher in BPD pathology to keep using the adaptive strategies when experiencing intense emotional distress.

The symptoms of unstable relationships, impulsivity, suicidal or self-mutilating behaviour, affective instability, chronic feelings of emptiness and difficulty controlling anger are directly or indirectly related to emotional dysregulation (Gratz et al., 2016; Kröger et al., 2011). Emotional dysregulation often results in impulsive reactions, whereas affective instability and impulsive behaviour manifest during social interactions (Rosenthal et al., 2008). Impulsivity (Sebastian et al., 2013) and aggression (Scott et al., 2014) could be direct consequences of emotional dysregulation (Linehan, 1993; Selby & Joiner, 2009). A multidimensional emotion dysregulation model by Gratz and Roemer (2004) describes these factors of distorted emotional functioning in BPD: nonacceptance of emotions, difficulties with goal-directed behaviour, difficulties with impulse control, lack of emotional awareness, limited emotion regulation strategies and lack of emotional clarity.

Due to emotional dysregulation, people with BPD experience high emotional sensitivity and often do not know what to do in the moment or how to regulate their emotions (Carpenter & Trull, 2013). When they experience a negative stimulus (or interpret it in a negative way), it leads to increased negative affect and affective instability. Unstable and heightened negative emotions make it harder to learn and use appropriate emotion regulation strategies, which leads to impulsive and maladaptive regulation strategies. This in turn consequences in emotion dysregulation and reinforces sensitivity to negative stimuli (Carpenter & Trull, 2013).

3.3 Intense Negative Emotions

Results of multiple studies reveal that the complex emotional spectrum of BPD includes mostly negative emotions, such as anxiety, anger, sadness, and shame (Ebner-Priemer et al., 2007). People with BPD were found to experience more negative affective baseline levels and greater affective variability and instability compared to healthy controls (Ebner-Priemer et al 2015). Stiglmayr and colleagues (2005) also found that people with BPD experience longer lasting emotional states and aversive tension. Furthermore, people

with BPD perceived their own emotions more intensely—except happiness—compared to control, with no significant difference in recognising emotions (Steinbrenner et al., 2022).

Ebner-Priemer and colleagues (2007) identified a group-specific pattern of instability in BPD which was characterised by sudden great decreases from positive moods. Namely, 48% of the declines from a positive mood in BPD were so large that they transferred into a negative mood state, compared to only 9% of the healthy control. Thus, people with BPD fluctuate from a very positive mood to a negative one more frequently. Reisch and colleagues (2008) found that healthy controls experienced joy and interest more often that people with BPD who experienced them much less frequently and switched from anxiety to sadness or anger and from sadness to anxiety more frequently—getting trapped in those emotions. Predominantly, anger was preceded by anxiety. Thus, they concluded that persistence of sadness and anxiety, and the emotional oscillating between them, are important aspects for emotional instability in people with BPD.

Emotions may be more intense in psychosocial stress situations and social contexts in patients with BPD, elicited by high-intensity emotional stimuli (Daros et al., 2013). Some theories suggest specificity of hyper emotional responses being related to abuse, rejection, and abandonment only (van Zutphen et al., 2015). Similarly, Limberg and colleagues (2011) found that people with BPD only reacted with elevated physiological arousal to stimuli connected to the disorder, for example, descriptions of rejection and abandonment. Gratz and colleagues (2010) demonstrated that people with BPD had a higher emotional reactivity to shame and the level of shame in people with BPD decreased to baseline more slowly than other emotions. Shame also emerged as a significant emotion frequently experienced by people with BPD, significantly associated with severity of childhood sexual abuse or childhood neglect (Karan et al., 2014).

Linhartová and colleagues (2020) found that negative urgency is the most diagnostically specific impulsivity dimension in people with BPD, associated with heightened inwardly directed anger. Negative or positive urgency are strongly associated with problem behaviours such as substance use, suicidality, aggression, and disordered eating in people with BPD (Bartečků et al., 2018; Beach et al., 2021). Emotion-related impulsivity seems to be a risk factor for aggression in patients with BPD (Cackowski et al., 2017; Bertsch et al., 2019). Difficulty controlling emotional impulses is a crucial aspect of BPD which can lead to destructive and impulsive behaviours against others (Bertsch et al.,

2019). Bottesi and colleagues (2018) highlighted higher levels of emotional dysregulation and intolerance of uncertainty in BPD patients, which could be underlying mechanisms in triggering negative affect.

3.3.1 Shame and Self-Conscious Emotions

Self-conscious emotions constitute shame, guilt, self-contempt, or self-disgust (Lewis, 1992; Tracy & Robins, 2004), which are often experienced by people with BPD, and the emotion of *shame* has a crucial role (Rüsch et al., 2007; Spitzer et al., 2021). Crowe (2004) argues that shame is a neglected but an integral feature in mental distress in people with BPD. In interviews of women with BPD, Crowe recognised the common theme of not being good enough in relation to others. People with BPD have a negative self-concept, expressed by explicitly reported low self-esteem, which is unstable and likely reactive to self-relevant cues (Winter et al., 2017). The implicit processes of shame and guilt guide the perceptions of the *self* and influence behavioural responses in people with BPD (Spitzer et al., 2021).

Cooley (1992) established the concept of the looking-glass self, describing an aspect of identity that develops through the person's interpersonal interactions and relationships. When the looking-glass self represents feelings of humiliation connected to others, shame chronically distorts the view of oneself. Chronic overwhelming shame may lead to social isolation, inhibit social integration, and block the formation of a looking glass self, capable of accepting and validating various aspects of identity.

Shame is not mentioned in the criteria for the diagnosis of BPD in DSM-5 (APA, 2022), although there is increasing empirical evidence that it can have a central role in the manifestation of the disorder (Nathanson, 1994; Porr, 2017; Rüsch et al., 2007; Wall et al., 2021). Nathanson (1994) has detailed four typical reactions to shame: attack toward the self, attack on the other, withdrawal and avoidance. Following this description, Unoka and Vizin (2017) conceptualised the symptoms of BPD as a *reaction* to the shameful experience: self-harm or suicide as an attack on the self; unstable relationships and chronic anger as an attack on the other; alcohol and drug abuse (or devaluation of self or the other) as withdrawal; and chronic emptiness and dissociation as avoidance.

Based on the premise of shame being a self-conscious emotion making the person negatively evaluate one's whole self as socially unacceptable and being externally rejected by others, Unoka and Vizin (2017) hypothesised that shame could be associated with

identity disturbance in BPD. They concluded that identity disturbance is closely associated with characterological, behavioural, and bodily shame, and bodily shame (specific to patients with BPD) was significantly associated with turbulent relationships. As people with BPD are highly sensitive to social put downs (Staebler et al., 2011), criticism elicits more intense anger and anxiety than the control group (Unoka & Vizin (2017). Self-concept that is shame-prone is associated with intense anger and impulsivity (Rüsch et al., 2007).

3.3.2 Rejection Sensitivity

BPD is associated with heightened rejection sensitivity, stemming from repeated childhood experiences of rejection, namely emotional abuse, and neglect (Foxhall et al., 2019). Rejection sensitivity, characterised by anxiously expecting and readily perceiving rejection (Downey & Feldman, 1966), is pronounced in people with BPD, leading to hypersensitivity to interpersonal rejection and emotional rejection (Staebler et al., 2011; De Panfilis et al., 2015; Gutz et al., 2016). Rejection sensitivity is theorised to be an adaptation, aiming to mitigate emotional pain and dysphoria by pre-emptively avoiding rejection (Ayduk et al., 2008), which is more intense and prolonged in people with BPD compared to healthy controls (Stanley & Wilson, 2006; Stiglmayr et al., 2005). Rejection, being alone and failure significantly contribute to states of aversive tension in people with BPD (Stiglmayr et al., 2005), while (perceived) social rejection in daily life heightens self-directed aggressive impulses (Di Pierro et al., 2022).

Furthermore, difficulty in dealing with ambiguity leads people with BPD to perceive uncertainty or ambiguous social cues as more threatening, amplifying their sensitivity to rejection (Domes et al., 2008). The heightened sensitivity to ambiguity is an important factor in rejection that elicits a myriad of negative emotions, including anger, anxiety, shame, and state paranoia (Richmond et al., 2020; Weinbrecht et al., 2018), contributing to the complex emotional landscape of BPD. These findings underscore the complex interplay between affective instability, emotional dysregulation, impulsivity, and intense negative affect in BPD.

3.4 Current Study

Building upon previous research, this study aims to explore the phenomenological aspects of unstable sense of self and affective instability in BPD. Previous phenomenological studies have explored the sense of self in BPD (*e.g.* Jørgensen and

Bøye, 2022; Jørgensen, 2009). The phenomenological studies often rely on retrospective self-reporting, which may introduce a recall bias and may not accurately capture the real-time dynamics of the phenomena. While previous experience sampling studies have explored the role of affective instability in BPD (see Law et al., 2015; Nica & Links, 2009; Santangelo et al 2014; Trull et al., 2009), they have a relatively short duration of the sampling period, which may limit the understanding of longer-term patterns.

Phenomenological or experience sampling studies exploring both unstable sense of self and affective instability are limited. Adler and colleagues (2012) have examined the narrative identity and emotional experiences in people with BPD. Solhan and colleagues (2009) assessed the real-time variability of self-concept and emotional states in people with BPD. And Ebner-Priemer and colleagues (2006) explored the relationship between self-image and affective states in real-time in people with BPD.

Therefore, existing phenomenological studies often rely on retrospective accounts that may result in a retrospective bias and may not capture the real-time dynamics and interplay of the symptoms, while both phenomenological and experience sampling studies often have short-term data collection periods, which limit the understanding of long-term patterns of experiences. Furthermore, studies that explore both unstable sense of self and affective instability with combined methods are limited. The current study aims to bridge the gap by exploring both unstable sense of self and affective instability in BPD simultaneously through a combined methodological approach. By using phenomenological interviews to capture in-depth descriptions of subjective experiences and experience sampling to gather real-time data, the study will address the limitations of each method alone and provide a more holistic understanding of how these symptoms affect people with BPD. Additionally, the study employs a longer duration of experiential data collection to capture more comprehensive patterns of affective instability and unstable sense of self over time, which can provide deeper insights into the chronic nature of these symptoms in people with BPD. The study's empathetic and compassionate approach, which is informed by personal experiences, will prioritise ethical considerations and participant well-being, potentially improving the reliability of the data collected. While the combination of longitudinal experience sampling data and in-depth phenomenological interviews will provide a more nuanced and comprehensive understanding of these complex phenomena.

Thus, the main aim of this thesis is to explore how unstable sense of self and affective instability are present in the daily life of people with BPD. More specifically, to explore descriptions of these two symptoms individually as well as when they co-occur with relational instability. Thus, the following research questions were formed:

RQ1: How do unstable sense of self and affective instability manifest in the lived experience of people with BPD?

RQ2: How does unstable sense of self and affective instability affect interpersonal relations of people with BPD?

4. Methods

This thesis conducted an empirical phenomenological study on unstable sense of self and affective instability in BPD. The study was carried out between October 2022 and May 2023. The final interviews with the participants took place in March 2024. In the following sections, the research design, sampling process, interviewing method and the analysis method are presented.

4.1 Participants

In total, 13 potential participants were contacted through social media and most declined due to the long-term and intensive nature of the study. Three participants that completed the study were recruited through a Discord related to the BPD discourse, through personal connections, and through a mental health organisation on Instagram. All the recruited participants were from Europe. None of the participants had experience with phenomenological reporting beforehand. Overview of the demographic information of participants is displayed in Table 1 in the next subsection.

The first participant is P1 who is a 22-year-old cisgender woman from Slovenia, living with two female roommates, currently obtaining a bachelor's degree and working. She is diagnosed with BPD, or the European equivalent emotionally unstable personality disorder, and has comorbid mixed anxiety and depressive disorder. During the interviews she had recently found a boyfriend who was struggling with alcohol use disorder that was a big part of her experience and relational difficulties. She was also struggling with her relationship to cannabis and her body image, which was directly related to how she felt in the moment. A year after the sampling she is gladly single, working towards her driving

licence, and finds her identity in being an empathetic person who feels a lot and wants to be better than before.

The second participant is P2 who is a 28-year-old cisgender man from Slovakia that has obtained a master's degree and works part-time to write and compose music in his free time. He lives alone in his apartment. He is diagnosed with combined personality disorder, while he and his therapist identify his characteristics to be BPD. He also suffers from epilepsy. During the interviews he was mostly struggling with societal norms, lack of time for his creative efforts, and derealisation from epileptic seizures. A year after sampling he is publishing music, feeling much more stable and has not suffered from seizures anymore. He enjoys being alone and does not feel pressured to live in a way that he thought he should anymore.

The third participant is P3 who is a 27-year-old transgender woman from Germany that dropped out of university a few years ago and is now obtaining a bachelor's degree with great success and happiness. She lives in a social house for LGBTQ+ people. She is polyamorous and being queer is a big part of her identity. Her BPD diagnosis was recently updated to combined personality disorder with borderline, histrionic and narcissistic personality traits. She has comorbid anxiety disorder, body dysphoria, and attention-deficit and hyperactivity disorder. During the interviews, she was mainly struggling with feeling excluded and overwhelmed by an uncertain future, having difficulties with her emotions as she only started to learn about them two years ago. She was also in an unstable relationship with her girlfriend, while catching feelings for her girlfriend's other partner. A year after sampling, she is happily together with the other partner and another person, and busy with work and studies.

Participant E1 was added to the study as supplementary material, since she dropped out after three interviews due to breaking up with her boyfriend, the same phenomenological depth could not be achieved. She is a cisgender woman from the UK in her early twenties.

4.2 Research Methods and Instruments

All participants were asked to fill in the self-rating instrument Borderline Symptom List – Short Version 23 (Bohus et al., 2009) to assess the severity of the BPD symptomatology on a Likert scale. The scores of the participants at intake (score 1) and a year after sampling (score 2) are presented in Table 1 on the next page. Based on the

grades of symptom severity as defined by Kleindienst and colleagues (2020), the intake scores indicate a moderate or high level of BPD symptomatology (cutoff for BPD pathology = 1.50).

Table 1. *Demographic information and Borderline Symptom List scores of the participants.*

Participants	Age	Gender	Education Level	BSL-23 score 1	BSL-23 score 2
P1	22	Cisgender woman	Obtaining a bachelor's degree	1.8	2.1
P2	28	Cisgender man	Master's degree	1.9	1.0
P3	27	Transgender woman	Obtaining a bachelor's degree	2.4	0.7

The research data was gathered based on the method of experience sampling with ecological momentary assessment (EMA; Stone & Hufford, 2008). EMA entails repeated sampling of participants' current experiences in real time in their natural environment. The method aims to reduce recall bias, increase ecological validity, and enable the study of micro processes that influence behaviour in real-world settings.

The experience of participants was sampled three times at arbitrary moments throughout the agreed-upon day. To notify participants, each of them received calls or text messages from the author. During each sampling moment, the participants filled in a questionnaire about their experience with different questions probing for the experiential phenomena. The sampled experiences were investigated in an interview within a week of the sampling, with a focus on descriptions of aspects of experiences that were of interest to the research question. The same process was repeated longitudinally over a one-year period every two weeks, or up to a month, depending on the availability of the participants.

The sample questionnaire was constructed to guide the participant to note down the most salient experience in a specific moment related to the relevant dimensions of experience; see Appendix 1 to see the whole questionnaire. The primary intention was to construct a sampling guide with questions about the participants' experience related to identity, emotions and the interpersonal in their daily lives. Firstly, a general question about the context of the experience was included, and a general question about the most salient aspects of experience:

- Context of the experience (What are you doing? Where are you (at work, home, inside/outside, in a spacious room, etc.)? Are you together with someone or alone?)
- What is at the forefront of your experience?

Next items on the questionnaire inquired about other people and participants' emotions:

- Are there other people or attitudes towards other people involved? How do you experience the others?
- What emotions are you currently experiencing? How intense do they feel? Are they directed towards yourself or others?

The participants also had to write down on a scale from 1 to 10, whether they felt authentic or performative, comfortable or overwhelmed and whether they experienced self-agency. Due to time constraints, these values are not included in the current thesis.

Four of the questions on the questionnaire were inspired by the items on Examination of Anomalous Self-Experience (EASE) developed by Parnas and colleagues (2005) for structured phenomenological exploration of minimal self-disorders. The questions inspired by the EASE items included in the questionnaire are the following:

- How do you experience your thoughts/mental content?
- How are you aware of yourself/of the world? How are you present in the world?
- How do you experience your body?
- How do you experience the boundary between yourself and the world?

The last part of the questionnaire included 17 yes or no statements about emotional and relational instability and unstable sense of self adapted from a study by Law and colleagues (2016). Example items that were included:

- I thought that people close to me were worthless in the last 60 minutes, although recently I have thought they were wonderful.
- In the last 60 minutes, I felt like I didn't know who I am or like I had no identity.
- My emotions were on a roller coaster in the last 60 minutes.
- I felt hollow inside in the last 60 minutes.
- In the last 60 minutes, I had difficulty controlling my anger.
- In the last 60 minutes, I felt fragmented, inconsistent, incoherent.
- In the last 60 minutes, my view of myself or feelings about me changed rapidly.

4.3 Interview method

The phenomenological interview is the main method of collecting qualitative experiential data in phenomenology, aiming to capture the lived experience of the participants as closely as possible. In the present study, the interviews were conducted in a semi-structured way to explore participants' experiences of identity disturbance and emotional instability as related to other people. The interviews were based on the experiential samples of the participants, where the most relevant items were underlined for further exploration, targeting aspects of sense of self and emotional experience of the participants.

The interviews were inspired by the micro-phenomenological interview method, designed to explore each moment of experience in fine-grained detail (Petitmengin, 2006). During a micro-phenomenological interview, the interviewer guides the interviewee to become in contact and to stay in contact with their experience, describing the *how* rather than the what of the experience. The experience that is investigated refers to a specific moment that should not be mixed with other moments, which the participant remembers well enough to describe. This moment is then explored in more detail in different dimensions of experience (visual, bodily, emotional, thoughts).

The interviews and data analysis were also inspired by the life-world analysis method developed by Stanghellini and Mancini (2017), which is an approach used in psychiatry and psychology to understand the subjective experiences of people with psychopathologies within their everyday life context. The life-world method explores the lived experiences of individuals (their perceptions, emotions, thoughts and behaviours) within the context of their social, cultural and environmental circumstances, aiming to understand how the meaning and significance of these experiences shapes the person's understanding of themselves and the world around them. This approach places a strong emphasis on the value of *empathy* and attentive listening to understand the unique perspectives of people struggling with mental health concerns.

The interviews were conducted as open-ended conversations focusing on the most salient aspects of the participants' subjective experiences of themselves and relationships with others during the time of sampling. The open conversation format is suitable for establishing a good rapport with people with BPD, which is a prerequisite for the level of trust needed for the participants to be open and reveal private and vulnerable parts of their

inner subjective lives. Normalising statements were used to acknowledge the participants' experiences and their body language was taken into consideration. The goal was to establish a trusting relationship where the interviewer wishes to understand "how it is to be" the participant and how identity disturbance and affective instability manifest in their subjective experience.

Each sampling day was investigated with one phenomenological interview. In total 81 samples were collected (33 for participant P2, 24 each for participant P1 and P3) and 27 interviews were conducted—one for each sampling day of the participant (11 for participant P2, 8 each for participant P1 and P3). Additionally, 9 samples and 3 interviews are included in the thesis as supplementary material from participant E1 who dropped out of the study. A year after the last interview, 3 final interviews were conducted, one with each participant. Due to long distances between the author and participants, most of the interviews were conducted via videoconference. They were screen-recorded or recorded with a smart-phone and transcribed verbatim. The average length of the interviews is 60 minutes. All the interviews were conducted in English, which was not the native language of the interviewer or the participants (except E1).

4.4 Data Analysis

This study is an inductive-deductive phenomenological examination of the phenomena of interest. Guidelines for qualitative analysis known as constructivist grounded theory (Charmaz 2014) were followed for analysing the collected data. Constructivist grounded theory is a methodological approach to qualitative analysis that places less emphasis on using pre-existing theoretical frameworks and more on generating theories or categories that emerge from the data. Both phenomenology and constructivist grounded theory emphasise the importance of participants' lived experiences. By employing constructivist grounded theory, the phenomenological descriptions of experience can be systematically analysed to explain the relationships between categories. Furthermore, constructivist grounded theory and phenomenology both acknowledge the role of the researcher in co-constructing meaning with participants. This epistemological alignment ensures that the analysis remains faithful to the participants' experiences while also enabling grounded insights to emerge from the data. Given the complexity of unstable sense of self and affective instability in BPD, a combined approach enables a thorough exploration of these phenomena with systematic analysis of data through iterative coding and comparison, where core categories grounded in the data can emerge. This combined methodology is

suitable for addressing the complex and multifaceted nature of BPD, contributing to a more comprehensive understanding of the disorder.

The process of coding was employed, which is the process of assigning descriptive categories or themes to lines of text or fragments of qualitative data that is being analysed. An inductive-deductive approach was employed for the analysis, meaning, categories were developed both by them emerging from the experiential data, and the data was coded by being informed of similar concepts from the literature. For example, the concept of *desperate vitality* established by Stanghellini and Rosfort (2013a), or the concept of *temporal fragmentation* as described by Fuchs (2007) (see subsections *2.3 Desperate vitality* and *1.2.1 Temporal fragmentation* in *5. Results*).

The analysis process was conducted during transcribing of the interviews, where in each interview the most salient parts were underlined and made ready for further analysis. Once all the interviews were transcribed, the transcripts were coded further, which included relational coding, where relationships between categories were established. A codebook was constructed with a list of emerged categories, groups of categories and subcategories with a description and examples from data.

Each participant's interviews were read and reread case by case to get immersed in the participant's experiences and to gain an in-depth understanding of the material, while underlining the most relevant parts of the data and slowly sorting the data into general categories, such as *Feelings of fragmentation and incoherence* or *Feelings of hollowness and emptiness* (see next chapter *Results*). Connections and similarities across emerging themes were analysed, where the most frequent and salient themes were integrated into larger themes and given descriptive names to capture the essence of the themes and subjective experiences, while others were discarded or renamed. All the themes are grounded in concrete excerpts from transcribed interviews to stay as close as possible to participants' subjective experience. All the categories are presented in the next Results section.

4.5 Reflexivity and Positionality

Reflexivity refers to the practices of reflecting and critically assessing researcher's influence on the research processes and outcomes, recognising that researchers are active participants in the construction of knowledge. Reflexivity is important for maintaining transparency and rigor in qualitative research, and Olmos-Vega (2023) frames it as a way

to embrace and value researchers' subjectivity. As a researcher with personal experiences of people with BPD, it is essential to reflect on how my background may have influenced this study. This section is written in the first person to give an authentic account of my reflexive processes.

I have personal experiences with BPD, which has shaped my understanding and approach to this research. I am familiar with the emotional instability and identity struggles that characterise BPD, which has compelled me to create a study environment that is sensitive and supportive to participants. My goal has been to be empathetic and compassionate in my interactions with participants, and to ensure that they feel understood and respected throughout the data gathering process. This close connection to the topic called for a rigorous commitment to reflexivity to ensure that my personal biases and experiences do not influence the research findings. To strike a balance between my perspective and the objective criteria of academic research, I engaged in regular self-reflection and sought feedback from colleagues and supervisors.

Throughout the data collection process, I kept a reflective journal to document my thoughts, emotions, and any potential biases. During the interviews I made a conscious effort to bracket my feelings and focus on the participants' perspectives. After the interviews, I reflected how my personal history might have influenced my interpretation of the participants' experiences. During the data analysis, I encountered moments that required careful reflexivity; when coding examples of affective instability and identity disturbance, I occasionally noticed a tendency to overemphasise certain emotional responses or experiences that mirrored my own past experiences. To counter this, I engaged in peer debriefings where colleagues reviewed my codes and provided feedback, which helped ensure that the identified categories emerged naturally from the data rather than being overly influenced by my personal experiences.

Ethically, I as a researcher and a person with experience of BPD had a heightened awareness of power dynamics and the possibility for projection. I strived to create a research environment that was both validating and non-intrusive, always prioritising the well-being of my participants. For example, I was especially careful to emphasise the voluntary nature of participation, being mindful of the vulnerability that people with BPD might feel during the interviewing process. This is also why I held back from probing further in certain situations where I noticed participants not feeling comfortable sharing

their experiences further, or where they became frustrated from being unable to describe their experience more in depth.

Reflecting on these experiences, I believe my positionality has contributed to the research by encouraging a compassionate and empathetic approach. However, it has also required ongoing attention to maintain methodological rigor. My personal experiences with BPD have demonstrated the value of reflexivity in ensuring that the findings of this study are both credible and ethically sound. This constant process of self-reflection and external validation has been critical to the integrity of my research.

5. Results

In this section, the results of the study—the categories that emerged from the data are presented. The analysis yielded four superordinate themes *Unstable sense of self*, *Unstable emotions*, *Existential struggles*, and *Unstable relationships* that are divided into subordinate themes, which are, in turn, divided into subordinate themes as well, yielding three hierarchical levels of categories (see Table 2 below). In the following chapters, the four categories and their 11 subcategories derived from the experiential data are described.

Table 2. *Showing the "hierarchy" of categories that emerged from the experiential data, going from the higher-level categories on the left to the more detailed category levels I and II on the right.*

Higher-level Categories	I Level Subcategories	II Level Subcategories
Unstable Sense of Self	*Feelings of Hollowness and Emptiness*	
	Feelings of Fragmentation and Incoherence	*Temporal Fragmentation; Narrative Impairments*
	Enacting a Self	*Sense of Performativity; Distancing from Emotions; Dissociation; Incomplete Presence*
Unstable Emotions	*"I don't know what I feel"*	
	Feelings of Overwhelm	
	Desperate Vitality	*Excessive Energy of Pleasant Emotions; Negative Urgency*
Existential Struggles	*"Nobody will understand me"*	*Sense of Not Belonging in the World; Sense of Alienation*
	Meaningfulness	*Sense of Meaninglessness; Meaning-making*
Unstable relationships	*Need for Recognition*	
	Feelings of Rejection	
	Relational Instability	

1. Unstable Sense of Self

The first superordinate category that emerged was explicitly connected to unstable sense of self. All participants led unstable lives during the year of sampling, either they were in unstable relationships (P1, P3) or struggled with uncertainty of the future (P3) or suffered from derealisation and lack of time to do creative work (P2). The instability manifested in unstable emotions and lack of understanding of their emotions, which in turn, affected their relationships with others, which were often unstable. Both instability in their sense of self and emotions went hand-in-hand with how they related to themselves and others, and all the participants experienced different items about unstable sense of self in almost every sample, with some exceptions that were noticed by the participants. Most saliently, participants experienced *Feelings of hollowness and emptiness* and *Feelings of fragmentation and incoherence* that are subcategories of *Unstable sense of self*. Another phenomenological experience that emerged as a subcategory was *Enacting a self*. All the categories are further explained below.

1.1 Feelings of Hollowness and Emptiness

All participants often experienced feeling hollow. Feeling hollow was connected to sudden lack of stress or overwhelm, leading participants to keep busy lives, trying to distract themselves or have the need to do something productive and meaningful (see *3.2 Meaningfulness*). Otherwise, the participants felt there was no progress in their lives.

P3 detailed how her feeling hollow was related to the lack of stress from the previous week:

> P3: [The hollowness was due to nervousness] kind of but also because I've made important decisions the weekend before which lifted a lot of stress from my shoulders. […] Yeah [it was the lack of stress]. Sometimes I feel like I have to keep myself busy with stress because otherwise I feel hollow. […] At least I don't feel hollow when I'm stressed. Also, I feel like when I'm in a state of stress things are changing but when I'm hollow things do not change and when things do not change, they cannot get better. […] So, I try to keep my calendar busy cause [sic] when my calendar's busy it means I'm doing something, and not doing something means not progressing.

Feelings of hollowness were usually accompanied by "very mild emotions, almost empty. […] [Emptiness and hollowness are] like having no motivation for anything. I was overwhelmed enough today, I'm taking a break from this" [P3]. Feelings of overwhelm (see *2.2 Feelings of overwhelm*), for example, from uncertainty towards the future, were

replaced by feelings of emptiness and hollowness when the participants did not wish to experience intense emotions anymore.

Feelings of hollowness were also connected to a *Sense of meaninglessness*, while the feelings of emptiness caused them to excessively search for meaning in an unstructured world (see *3.2 Meaningfulness*). For example, participant P2 had a negative emotional baseline, when he did not feel satisfied from having done something meaningful; he needed to control the direction of his thoughts, otherwise he felt unpleasant and hollow:

> P2: Very often [I feel hollow when I don't have other things to focus on], almost always, I think. I can only let my thoughts flow if I feel the satisfaction. Satisfaction of job well done for example, but I mean only a job I'm interested in, which is not my work actually, only my hobbies. I can have thoughts but mostly they are unpleasant. If I don't control the direction of my thinking, unpleasant thoughts will come very quickly. And these are associated with a hollow feeling. […] That's why I try to direct my thoughts and mood most of the time. And these days maybe I don't have any energy left to direct them, so it makes me feel unpleasant and hollow […] in] my chest and my stomach. I even see something like a white ball somewhere between my chest and stomach. It's interesting that I imagine hollow as a white ball.

P1 felt hollow and like she was not alive when she could not make sense of her boyfriend and felt apathetic towards him due to not feeling connected enough and feeling lonely: "I felt very apathic [sic] and I didn't feel any energy in my body, didn't feel very alive, I felt hollow and I felt empty and I felt like a shell, I felt so alone, and lonely. […] I just wish I had someone I could talk to. […] I don't like feeling alone and lonely."

Feelings of hollowness were sometimes accompanied by feelings of disintegration, where bodily feelings dynamically broke down, as P1 described:

> P1: I feel like crumbling and like there are parts of me missing or parts of me that I want to rip out, it feels that it's missing, I'm not sure I don't know, because when I imagine it, I can see like cracks and if I put my fingers, like that, like on the cracks or something, I could just rip out everything, or I can like make a hole, I don't know. […] [I feel cracks in my body] uh around my chest and I guess yeah from my neck to my stomach kind of. […] I mean sometimes it feels like physical, like something would be mm punching me I guess, or stabbing me, especially I guess between my chest and my neck, like where the collarbone is. Cause this is where yeah, because this is usually where I put my hands, to like calm myself down.

1.2 Feelings of Fragmentation and Incoherence

Another common experience related to the unstable sense of self was feeling fragmented or incoherent, experienced frequently by all participants. These feelings are divided into two subcategories: *Temporal fragmentation* and *Narrative impairments*, as presented below.

1.2.1 Temporal Fragmentation

Feeling fragmented was related to *temporal fragmentation*, as described by Fuchs (2007), that manifested in participants not remembering their past and having memory problems (P2) or being unable to relate their momentary (lack of) feelings to a bigger picture (all of them) or feeling uncertainty because of future worries (P3).

Participant P2 connected feelings of fragmentation to problems with his memory. These impairments made him "feel like an old person when I'm not able to remember what I did during a day." These memory problems could make him feel like he does not know who he is, as when he was suddenly reminded of his past by seeing his ex-partner on a dating application:

> P2: I tried Tinder the dating app and that evening I saw there my ex-girlfriend […] and it was very strange to me, and it didn't make me sad or angry or something, it just makes me fragmented. It was like I, I was trying to remember how long ago it was when we broke up and I couldn't [...] and I wasn't sure how old she was when we were dating, and it was like, wow I'm absolutely different person and I don't know who I am.

Similarly, P3 often felt incoherent because of her lack of ability to know what she was feeling, "I couldn't decide what my emotions were, like was I upset or was I fine, I don't know." She momentarily felt like a different person due to being reminded of her being completely different in her past, because she was having traumatic flashbacks related to neglect from parents and feeling abandoned due to lack of contact with parents in the present. She was also worrying about her unstable relationship to her girlfriend, because she did not know how to process her feelings towards her girlfriend's other partner:

> P3: [I felt like a different person] because I was having flashbacks and when I have flashbacks, I feel like I'm back in the past and in the past, I was a different person, like I think differently, I have different emotions, I have different fears, different needs. […] [I felt unstable sense of self] because of the fear [of falling back into flashback] and I don't know how to process it. Like should I get rid of that part of myself or what do I do about that now?

Another example of fragmentation was P2 losing his bodily agency in a momentary emotional state, detailing how when he felt anger, his body felt out of his control, as if someone else was making decisions for him (see *2.3 Desperate vitality*):

> P2: When I'm angry, like as I described it with the imagination of the situation arguing with the boy, in such cases I feel like it's not me, it's someone else. No, it's just a feeling or maybe it's more like a desire, I don't want to be like this. I want to be better. […] Yeah exactly [my thoughts clash with the idea of who I want to be].

Similarly, participant P1 was identifying with her present moment so much that she started feeling like an "imposter" who does not have a mental illness due to feeling too positive:

> P1: [I feel like a different person and view of myself changed rapidly] because I feel positive and happy right now, and yeah, I'm starting to believe that there is nothing wrong with me. […] Like how I'm an imposter and then I was thinking about it some more and I guess I feel that way when I'm not sad or when things aren't wrong and aren't completely shitty, and if everything is okay and I am feeling happy, then I feel like something's odd and I shouldn't feel happy, because that makes me not have mental problems I guess, but yeah I know that is not true and I am working on it.

1.2.2 Narrative Impairments

Another aspect of feeling fragmented or incoherent is related to impairments in narrative sense-making (Bortolan, 2020)—when the participants were not able to *make sense* of their experience and themselves, which was related to an incessant search for meaning (see *3.2 Meaningfulness*).

Due to feelings of intense anger, participant P2 often felt like he could not make sense of his life and himself. He became angry because young drunk people on the street hit his sister when passing by and they had an argument:

> P2: [Feeling] incoherent was the most strong [because of anger], I would be able to say what's my name and what I do for a living and what I'm, I don't know something about me and explain to you why I do it, but I felt so fragmented, that like I would be able to explain it to you but for me personally it makes no sense.

P1 reported that often she does not know who she is due to her changing outfits and her lack of ability to choose the proper outfit for the moment:

P1: I sometimes struggle with my perception of myself, [...] I feel less than, if that makes sense, um cause I can describe people around me [...] the way they look, the way they act and if I try to do that with myself I can't picture how I look like or how I act, […] not really that I can't recognise myself, it's more that I don't know who I am. […] I think sometimes I actually know why, I think it's because I can't find the fit of the day, my outfit and then I get confused and upset cause I can't even dress myself cause I don't know, I mean I keep changing, I don't have one kind of aesthetic, cause I would say that, if like, if you put me in a room with outfits, I could point out who of my friends would wear those outfits but with me, I don't think I could do that.

Similarly, E1 was confused with her identity and felt like her identity was not hers:

E1: In situations [in public] I do definitely feel like I don't have an identity, or I feel like people are choosing an identity for me, maybe someone's judging the way my hair is or what I'm wearing, how my body looks or my face looks, what I'm doing, cause like [how I look and dress is] a huge part of my identity, cause I don't really know anything else about my identity at the moment. […] I know people talk about personality and hobbies and values and such, but I definitely feel lost with those parts of myself because they kind of change depending on who I'm with and where I'm at. […] Like my identity is kind of not my own, it's kind of dependent on what the other person thinks of me, so I definitely experience with a lot of identity issues.

1.3 Enacting a Self

Enacting a self is a process of experiential micro-dynamics that emerged from data, starting with an unstable sense of self, where participants had an idealised version of themselves, the world, or the ongoing situation (for example, an idealised view of how their relationship should work). In trying to enact this idealised sense of self, however, the act of enacting a self could on its own be something that led to *Dissociation* or to *Incomplete presence* by others. On the other hand, the failure of enacting a self led to feelings of overwhelm (see *2.2 Feelings of overwhelm*).

For example, P3 was feeling guilty and self-destructive after having a flashback from childhood. She was also afraid of losing her girlfriend who cut contact with her for a day after a fight (see *1.2.1 Temporal fragmentation*). In this moment, she had an idealised idea of what emotional state she should be in, tried to enact it but failed:

P3: I think about how I shouldn't have done things, I invalidate my own feelings. It's a whole-body experience, like when it gets really intense, I start like kinda losing control in a

dissociative way. […] There was even a situation where I wanted to make myself suicidal, but I failed, that was weird. So, there was a song that I heard on repeat when my ex broke up with me and usually when I hear that song, I immediately get suicidal yeah. […] Because I immediately get flashbacks. In that moment I hated it, because I was feeling really bad, and I wanted to validate my own feelings.

The dynamics arising from this failure to enact a stable sense of self are the following subcategories that are described further below: *Sense of Performativity*, *Distancing from Emotions*, *Dissociation*, and *Incomplete Presence*.

1.3.1 Sense of Performativity

The first aspect of the failure of *Enacting a self* that emerged from the data was a sense of performativity that participants felt about themselves or others and thus, tried to perform an idealised version of themselves. Or they felt like everything around them is fake, as if performed. Instead of feeling like their enacted authentic self, the participants felt conflicted from the feelings of authenticity and performativity clashing. The category is also connected to *3.1.2 Sense of alienation* and *2.2 Feelings of overwhelm*, as being unable to express their authentic self—clashing with the ideal world that the participants imagine—feelings of overwhelm and not belonging to this world could appear.

This *Sense of performativity* could come about from the participants being so occupied by their intense emotional state as to be disconnected from the outer world, where participant P1 saw everything around her so insignificant as compared to what was going on in her head (when she felt angry or was crying from anger and sadness):

> P1: When I'm so down, I think I go so deep into my own thoughts and my head that everything around me kind of feels almost unreal or as a joke kind of. I don't know how to describe it. […] I feel disconnected and because I feel disconnected from everyone and the world, then I feel alone and lonely, and also I feel lonely if I feel like no one really understands me and […] sometimes it's extra strong.

On the other hand, P3 frequently described her performativity in social situations, where she set up rules for herself in how to behave, so she would fit in and not get judged by others in social contexts where she did not feel a sense of community (like she did in the queer meetings):

> P3: How do I describe that something is authentic and comfy, like I didn't feel like I was performing like I often do. Like when […] I went somewhere, and I had all these rules set

up like how do I have to behave and I could drop all these rules and just be myself. […] [I can't be like myself in the therapy support group] not because they have some rules but because I have some rules, so like I impose rules upon myself to fit in, yeah. Like I have to be careful not to talk about too deep trauma because it's gonna trigger other people, or I might get judged.

Another time when she went to a queer meeting, she felt rejected, because the people from her table left, while she was left talking to someone. She felt performativity because she continued talking to the person out of politeness and not from her authentic feelings towards the topic, making her question herself.

1.3.2 Distancing from Emotions

Another strategy of coming to terms with having failed to enact a self was participants distancing themselves from their emotions or thoughts, so as not to feel intense negative emotions or spiral into overwhelm. While at times it was hard for participants to look at their emotions from a distance and acknowledge what they feel (see *2.1 "I don't know what I feel"*), at other times they were actively distancing themselves from unpleasant emotions, whether by suppressing emotions, distracting themselves or attempting to turn the negative energy into a positive one.

For example, P1 frequently felt like she did not get enough attention and communication from her boyfriend, which made her feel not loved. When she smoked cannabis or when she felt "so emotionally exhausted" and "pushed over the edge" she could decide to stop feeling emotions and became apathetic, feeling no love towards her boyfriend for a moment:

> P1: Ignoring my emotions and my thoughts and blocking them out I guess that creates somewhat a boundary because I don't feel every emotions to the fullest I could. […] I know I could feel the emotions, but I just don't let myself feel them, because I'm afraid that I will feel something bad, that I will be sad and broken, and I don't want that and it's better to just pretend that the problem is not there.

Similarly, P3 actively distanced herself when thinking about her past experiences, or when she felt emotions could get too strong and as she was not able to hide them from others, she tried to get rid of them:

> P3: When I feel like they get too much, and uh I usually don't show my emotions and that's kinda part of it, when I feel like an emotion gets too strong I feel like I can't hide it

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anymore, I try to get rid of it. […] I mean no [it doesn't help] but it ends the situation, it's less embarrassing. And then later I notice that I can't really, I can't not do that, so when I'm with my therapist and we're talking about really sad things, I'll like start crying but try to shut it down immediately.

1.3.3 Dissociation

Dissociation was another experiential dynamic that the participants experienced when they attempted to enact a self but were not successful. P3 was so used to dissociating "on command" that she could not always tell whether she was dissociating at specific moments or not. During the last months of sampling, she often felt stressed and overwhelmed because of the uncertainty towards the future. She was unemployed and was not certain if she was ready to study again, and her therapist was not the right one for her even though she specialised in her problems, which was frustrating for her as finding a new one is complicated in her country. When she did not have the energy to experience intense emotions anymore, she often dissociated, as described by her:

> P3: I mean it's like a feeling I get when I feel like I need to take a break because I can't think clear anymore and I feel like everything I think about is too challenging or distant. […] Yeah, I was [cold and shivering from stress]. […] I felt hollow inside and empty because] if I try to push out everything [emotions], it leaves a hole kind of. I'm just like worried about the future and that was really intense during that situation.

In a similar vein, P1 was struggling with instability in her relating to her boyfriend, she was feeling dissociated when she did not see him for a while or when he did not communicate enough, making her forget her feelings towards him, akin to *object constancy* (Stanghellini and Mancini, 2018). Feeling less loving was distressing for her because when she felt in love, she was ecstatic and euphoric, which made her whole world come alive, but feeling like there was not enough communication or attention from her partner made her feel like something is wrong:

> P1: I have my boyfriend on my mind, I haven't seen him in four days, as I think about that my heart beats faster, in an anxious way. I feel cranky, could get easily annoyed and emotional. I feel a bit sad, my chest feels heavy. I feel lost in my emotions, I can't determine, pinpoint, recognise what exactly I feel. I get a bit distracted, dissociative while thinking about [the boyfriend situation]. […] I want more communication, when not together. […] I might be overreacting, I'm afraid something is wrong, but I don't know what to do. […] I was dissociating, don't remember why I was so upset, I think it was me

more overthinking, like there is a change, scary that there's something wrong, wanted to find the problem [with my boyfriend].

After the final meeting with P1, it turned out that this negativity was not imagined and her instability in relating to her partner was her attempt to realise that they do not fit together. They had broken up shortly after the sampling.

1.3.4 Incomplete Presence

When participants spent time with someone who was not completely present, feelings of rejection arose, where the idealised version of events (like how their relationships should work) clashed with the reality. The other who is not fully present and participating, for example, when they are on their phone or seem distant, is an excruciating other (Stanghellini & Mancini, 2018). P1 frequently described experiencing her boyfriend as not completely present, like when he was drunk and in his own world or on his phone:

> P1: I didn't get enough attention from him or enough excitement, it was something that I feel was lacking and then that made me feel unsure […] and then I started to overthink, and I realised that I'm not, that because of the vibe I was getting, I can't really be strongly emotional in a loving positive way. […] I realised I just, I needed more attention, more excitement, more strong emotions from him.

Similarly, P2 detailed his frustration for his family's "Christmas tradition" of watching TV and not talking to each other, having resigned his attempt to change it years ago.

2. Unstable Emotions

The second superordinate category that emerged was connected to unstable emotions. Different aspects of emotional experiences of participants were observed that all of them experienced to a certain extent. Emotional experiences are divided into three subcategories: "*I don't know what I feel*," *Feelings of overwhelm*, and *Desperate vitality*.

2.1 "I don't know what I feel"

All three participants had moments where they were confused by their emotions, and they could not tell what they felt. These experiences were often preceded or followed by *1.1 Feelings of hollowness and emptiness*. The inability to make sense of one's emotions is also connected to *1.2.2 Narrative impairments*.

P3 experienced confusion with her emotional state most frequently because she had only started to learn about her emotions two years before the sampling:

P3: I sometimes feel stressed, but I don't, I can't tell what it is, it's like it's still there but there's so many layers of diffusion that you can't really tell what it is.

She related her emotional confusion to her neglectful parents in her childhood where she learned to make herself invisible and "mute" her emotions to not get rejected:

P3: But not just soothing, also just allowing myself to be visible to myself. A large part of my childhood was trying to be invisible and I'm trying to unlearn that. […] I was trying to make [my emotions and needs] invisible because I felt like if I don't make my emotions invisible, I will get rejected, so I learned how to mute them, but I never learned how to unmute them.

Similarly, P1 could often not tell what she was feeling due to stopping herself from feeling intense emotions when she did not want to spiral into negativity, leading to a trance-like state (see *1.3.2 Distancing from emotions* and *1.3.3 Dissociation* above). As above, all these situations were mostly related to her doubts about her boyfriend, feeling like she needed more affection and communication:

P1: With the emotions, I think I'm a bit confused right now, and I can't really put a finger on a certain emotion. I feel a little like in a trance, I don't know how to describe it, I know when I can stop myself from feeling a certain way, so instead of thinking about the problem and feeling emotional because of a problem, sometimes I can just try to freeze those thoughts and freeze the emotions and just pretend for some time that it's not there, and I think this is what I'm experiencing right now with my emotions cause I don't know what I'm feeling and I think that's because I don't want to feel sad thinking about the situation with my boyfriend, so it's just kinda something but I don't know what.

2.2 Feelings of Overwhelm

All participants often felt overwhelmed due to uncertainties of the future (P3) or relationships (P1 and P3) or not having enough time to do meaningful things while working (P2). Also, feelings of overwhelm arose when *1.3.1 Sense of performativity* clashed with the imagined ideal world (see *3.1.1 Sense of not belonging in the world*).

For example, P3 felt very overwhelmed in the moment after she had a fight with her girlfriend, where she accidentally broke her boundary with a joke; she was angry at her "disability," afraid of losing her girlfriend and "afraid of myself dropping back into the void that is loneliness." This overwhelm over interpersonal stressors tied into her uncertainty over future made her question everything about herself:

P3: I'm overwhelmed but also like, obviously I'm thinking about everything in my life, I'm thinking about like, "Is this ever gonna get better? Am I gonna be able to like hold friendships? How am I gonna be able to study if I can't even do that?" […] It's like having a panic attack except I'm not having a panic attack kind of. It's like all my senses that are meant to tell me when something's going bad are going off at the same time. […] It was like arms, legs, chest, head everything. It's just everything, it's just everywhere where there's a lot of nerve endings, it's like the whole nervous system being overwhelmed which is probably why I'm so exhausted today. I mean that moment was just like overwhelming to the limit. […] I start questioning like everything that I know about myself.

2.3 Desperate Vitality

All participants described "whole-body" experiences or an overwhelming excessive energy or life force that was going through their body—a power out of their control making the body move (needing to move to get the energy out of the body) or the body taking over, being out of their control. Or the opposite, feeling excessive energy and in control of their body when having positive emotions. *Desperate vitality* is a concept named by Stanghellini and Rosfort (2013a), describing the intense spontaneous energy that seeks an object where to direct this surplus of energy, which is frequently experienced by people with BPD in depressive states (see *2.2.4 Body* above).

These experiences of bodily energy or life force are divided into two subcategories: *Excessive energy of pleasant emotions* and *Negative urgency*.

2.3.1 Excessive Energy of Pleasant Emotions

The participants had moments of excessive energy from feeling so positive or satisfied they were physically ready to do anything, as if called to action. In these moments they felt more connected to and in tune with their body, where the looming heaviness or controlling *Negative urgency* (see next subsection) had momentarily freed their body.

As P1 described her feelings of ecstasy after she had kissed her boyfriend on the street and was suddenly thrust into idealising him again after having had doubts about him and worries about not idealising him anymore:

P1: The opposite is me feeling very ecstatic and maybe a little euphoric, […] but looking outside I don't think I could say that is a happy place. […] What was happening around me, […] it was very quiet, and I guess it's not a typical happy place, but in my body and in my mind it was a happy place. […] Inside of my there was this I guess force, this energy, yeah I had a lot of positive energy about the world, about everything. […] I guess I felt I

could do like anything, I guess not physically because I was still kind of getting tired but in my head I had like this really positive attitude, if someone said a dare to me, I think I would be like, yes I'm totally capable of doing that.

Similarly, P2 described experiencing enthusiasm as "a good feeling, like something to move you forward, to start you up with doing things." Or when he felt happy from overcoming his constant pressure that came with writing (as a hobby and a job) and knowing the way he combined the words in his head, as he likened to a Tetris game, was working:

> P2: [My happiness from writing] manifested also in a usual way like the heat on my stomach and on my chest and maybe a need to do something crazy, like I don't mean something rude or impolite or so but I mean like, for example, when you are watching the fairy tale and there are the characters jumping because they're happy, so there's an urge in me to start jumping or I don't know, very often I play some music and I liked to do moves with my hands to the rhythm. […] I do imagine some kind of light or something [that I see]. It's definitely bright, like a fog around my head, like to get stuck in some kind of fog but in a pleasant way. Not getting stuck in the fog like I don't see anything and I'm lost, but you like enjoying being lost.

2.3.2 Negative Urgency

As compared to the positive excessive energy, all participants experienced *Negative urgency* often, which manifested in an urge to break or smash things—another more destructive way of getting the energy out of the body. It also manifested as a power out of their control, needing to be directed somewhere, as if their body was out of their control and overtaken by this desperate life force. The negative urgency painted the whole world as an uninhabitable place that made no sense to the participants, making them lose any sense of stability, collapsing into the present moment and disintegrating any selfhood that might have been left (Stanghellini & Mancini, 2018; Stanghellini & Rosfort, 2013a). Thus, this category is connected to *1.2.1 Temporal fragmentation*, *1.2.2 Narrative impairments* and an excessive need for *Meaning-making* (see *3.2 Meaningfulness*).

In line with Stanghellini and Mancini (2018) calling the anger a self-defining emotion, making the person feel alive, P1 detailed how she would rather feel strong emotions than apathy:

> P1: Sometimes some things that are destructive and I know that are destructive, I do them because it's more familiar or comfortable, even though I know it's I guess wrong and I

shouldn't do it because that would make me feel bad, worse, but I would rather feel worse like strong negative emotions than mild emotions like apathy or something.

Similarly, P2's identity was tied to him being a nervous person:

P2: I knew that all of that nervousness came like from me, because of me, you know because of my personality […] And that I'm that one and that one very specific person who gets nervous so easily.

This urge to break things manifested in P1 when she was feeling anger towards her father: "he's the biggest reason for me being like that, for me being so emotional and having all these problems and […] I just felt this anger and resentment towards him, and it just kept kind of building up even in my thoughts. I was like "ugh I hate him so much, I just wish I could punch him right now, I wish I could just scream in his face." She was thinking "how can you mess up that big you know to completely ruin a child." As she described her anger:

P1: Usually when I'm angry I can feel it like in my chest, and then I breathe heavily and my heart rate gets faster and you know I'm kind of like nervous and angry at the same time, […] I feel warm, like hot in my chest, so it's mostly like physical. I had strong urge to break something or to let some anger out in an aggressive way, I guess. It's pretty often when I'm angry, I want some things to, you know, like a punching bag. […] These big reactions are usually very exhausting, like super intense crying or being nervous, pacing around, or being angry and trying not to scream and trying not to throw stuff around or just throwing your pillows, but I think it takes a lot of my body energy as well, it makes me physically tired.

Similarly, P2 was angry because he had an argument with young drunk boys on the street that had hit her sister (see *1.2.2 Narrative impairments*), which made him feel very unstable and detached from reality: "This world as a whole is pretty bad, and I don't want to live here, there are no rules, and nobody respects nothing and I don't want to be here." He could not even understand the meaning of things and words the next morning, making him feel fragmented (see *1.2 Feelings of fragmentation and incoherence*). When he was angry, he felt "a will and a power in my hands and in my feet to do something, to kick something or smash something." He often experienced intense anger that was like something else inside him making decisions for him:

P2: It's like there's something pushing you to decide, "you want to stay paralysed or do you want to go with your anger?" […] I'm not sure if I would say I had control over it, it's

like my brain is gonna make a decision without me. […] There are these two parts, two possibilities and I have to decide which one is the one I want to take, but I'm not the one who's able to make the decision but there's something in me what's gonna make the decision and I control that something in me, in my head or, I don't know, in my body. […] It's like my mind is out of my body but there's something else in my body making decisions. […] There's no location, it's a bit like here's my body and I'm here too but just one or two meters next to my body. Like observing my body, I don't know, from my back or from above.

3. Existential Struggles

This category encompasses *Existential struggles* to reconcile personal authenticity with societal constructs that emerged from participants detailing their unique experiences that led to a sense of alienation, loneliness and feeling like they do not belong. This existential sense of alienation seemed to make participants search for authenticity and meaning (in the face of societal expectations and cultural norms), to find a sense of liberation or agency in creating their own meaning in life. *Existential struggles* are divided into two subcategories "*Nobody will understand me*" and *Meaningfulness*.

These categories are connected to *1. Unstable sense of self*. The sense of meaninglessness and lack of having meaning that would anchor them to stability specifically relate to *1.1 Feelings of hollowness and emptiness* and *1.2.2 Narrative impairments*.

3.1 "Nobody will understand me"

Participants frequently experienced intense emotions that could be very overwhelming in the moment (see *2.2 Feelings of overwhelm*); it was as if they were collapsing into the present moment (connected to *1.2.1 Temporal fragmentation*), which led to an overwhelming belief of "Nobody will understand me" or "Will it ever get better?" It was as if the emotions were "spilling" over into the world and affecting how they see and relate to the surrounding environment. This subcategory is further divided into *Sense of not belonging in the world* and *Sense of alienation*.

3.1.1 Sense of not belonging in the world

All the participants' experience was overshadowed by a deep sense of not belonging in the world, which was connected to the lack of imagined ideal world in the present. When the imagined ideal world clashed with *1.3.1 Sense of performativity*, participants experienced *2.2 Feelings of overwhelm*.

As P2 described feeling a boundary between himself and the world, because of the reality of the world clashing with his imagined ideal world:

> P2: I'd say that there's something like imagination of a perfect world, where I'd be able to make piece of music exactly as I like it, but that's the world I cannot reach, cause there's some boundary and I have to live in a different place. […] It was about that awareness of the fact that what I like to do is to write short stories, to make music but I can do it only in my spare time after work, I do like my work but it's not the sense of my life and I'm not like the other persons finishing job and then having rest, I don't want to have a rest because I want to do something else, and I became upset because realising I don't have as much time as I would like to, and not as much energy as I would like to.

When P1 felt "more down," she did not "really feel like I belong or like I am connected to the world." Participant P3 talked about this ideal world where she would participate in a significant way and people would recognise her:

> P3: I think the nervousness boils down to myself, like feeling really pressure to try to do something amazing to get recognised and that's why I also dislike being in groups and feeling like if I wasn't there nothing would change, because I feel like I'm looking a lot for exactly that, trying to be I don't know someone who participates in a significant manner. […] I mean it generally doesn't happen, not in a significant enough way I feel like.

She was also concerned that she will never fit in: "It's like a really strong feeling of being worried that I'll never fit into society, and I'll never find my spot kind of." She wants to exist but "it feels like I can't exist because everything is too much, and like nobody will understand my issues because they're so overwhelming." She felt alone with her problems and abandoned by the world as she had no one to support her, often feeling like she was slipping away:

> P3: It feels slippery, I mentally reach for objects but can't hold on. […] Like the feeling of abandonment and I can't hold on to things. Like everything exists but I don't feel connected to it. […] It's connected to the whole, I can't progress because nobody supports me in doing something useful. […] The world scares me, […] it's just overwhelming to try to figure out everything on your own.

3.1.2 Sense of Alienation

Throughout the sampling, it was evident that participants felt alone in their problems and like they would never fit in. Whether their experiences were "too extreme" and they felt invisible (P3), or they felt misunderstood and lonely (P1), or they felt conflicted with

societal constructs of birthdays and happiness, like disliking happy feel-good songs, or being anxious about the sunny weather, as it should be enjoyed on the beach (P2).

As P2 talked about someone he used to know that was always positive, making him feel abandoned. Feelings of abandonment made him unable to make sense of his experience, as he was literally lost in the dark in his mind, in comparison to normally having very vivid and colourful images in his head:

> P2: I feel like it's uh, it's so unreasonable that there is someone like her, always happy and always cheerful and then there are [people] like me, most of the time depressed and sad or something and the only reason is that my brain is not working in that way that it should. So maybe that's the reason that made me feel abandoned. […] Abandonment] I would say a bit more complex feeling and it does not demonstrate only through the stomach, it's like something in my whole body, it's like some kind of energy or some stream or something flowing through the whole body, keeping on my mind that I'm alone. And also, like if talking about imagination, if I feel abandoned, the pictures in my head, but also like the things around me, do seem more, more abstract or not so clear.

This feeling of alienation could also be seen in P2 not wanting to deal with usual conventions like travelling on public transport or changing clothes:

> P2: Yeah, that's the thing I always mention because you know already that I hate travelling on bus or in train, and I hate public transport and I hate such rituals like changing clothes and so on, and actually the other day I visited [my friend], I just went to her in my tracksuit. I wrote her a message like, "I'm too lazy to change my clothes, is it okay if I come with my tracksuit?" And she wrote back that it's absolutely fine, so I made it that way.

P3 was "always afraid of saying something wrong and like being that weird one in the group, that people just accept or tolerate that they're there but don't really wanna do things with." For her, being alienated was often described as feeling invisible—she could leave a situation and nothing would change, because no one notices her. While other people have people that think about them and worry where they are, she did not:

> P3: I feel like an outside, a foreign object that is taking things away from the world trying to not get spotted, hiding, trying not to be caught as an outsider. […] Because there's a lot of things going on that I try to participate in, but I never feel like I'm actively being invited, but rather just someone who appears and then disappears again and nobody really minds. […] Like I know for other people that are there, they have like closer friends who

are there, who would obviously be like thinking, "hey where is this person," but I feel like they wouldn't think like that about me.

This quote as compared to P3's quotes from the previous subcategory (*3.1.1 Sense of not belonging in the world*) also exemplifies the *contradictory* descriptions and experiences that all participants exhibited.

3.2 Meaningfulness

All the different ways of experiencing instability made the participants struggle with existential worries and feel like things did not *make sense*, leading to a *Sense of meaninglessness*. This, in turn led participants to incessantly search for authenticity and meaning to find a sense of liberation or agency in creating their own meaning in life. Leading them to a path of *Meaning-making*, creating meaning out of anything they could. Thus, this category is divided into subcategories: *Sense of meaninglessness* and *Meaning-making*.

3.2.1 Sense of Meaninglessness

Participants struggled with feelings of meaninglessness due to a general instability in their lives but especially with unpleasant emotions like disappointment, hopelessness, or helplessness, which were connected to feelings of emptiness (see *1.1 Feelings of hollowness and emptiness*). These emotions were overwhelming and overshadowed everything with a sense of meaninglessness—like nothing matters.

For example, P2 was angry at his publisher because he moved the release date of his book; he was feeling distracted and could not work. He was feeling empty because of the anger that turned into disappointment, making him feel that everything is meaningless:

> P2: [Disappointment is] like a feeling of emptiness inside the whole body I think, and my head is like "oh man just do nothing, do nothing. It's meaningless." […] For example, that podcast, okay there are some words some sentences, the people are saying, and you can't get the meaning of these sentences so you can't edit it properly. So, you know there's a sentence there are some words but you're not able to get the meaning. […] It seems to me that I can't control my life and the world around me at all and anything can surprise me unpleasantly. […] Like I said your head is empty and you feel like there's no sense in making things because there's someone who just doesn't care.

Similarly, P3 described how she had no motivation for anything and nothing matters—she could just spiral into negative emotions. She felt so hopeless and helpless about her

situation, by the lack of support from her parents and country, as she was unemployed and discouraged to go back to work due to losing most of her unemployment support:

> P3: [Helplessness], it's kinda when you're depressed people describe it as everything being darker, like you don't see anything but everything else is kinda overshadowed by this thing. […] [Overwhelming in thoughts] and the emotions. It's hard to describe, as like, nothing, there's no motivation to do anything because everything is just for nothing. Like when you're trying to lift an object that's way too heavy for you and it just doesn't work.

She talked about needing to take a break from the world: "I want to disconnect. In the past couple days, I've desired a white padded cell to just have a room where there is nothing. Just having a break."

3.2.2 Meaning-making

The participants showed a deep need for authenticity and making meaning out of their situation—wanting to contribute in a significant manner or feeling restlessness when not being productive. This led to P2 feeling a boundary between himself and the world, because of the reality of the world clashing with the "perfect world" (see *3.1.1 Sense of not belonging in the world*). Or feeling no boundary between the world, as participant P1 was so aware of everything she needed to do to contribute to the world.

Participants felt the need to do something significant with their lives, as P3 described:

> P3: I kinda had like a huge break in what my interest and personality is like two years ago, and ever since I feel like doing computer science is meaningless, like I wanna do something that actually changes how the world is and writing code does not achieve that in most cases. And I never wanted to work for money.

They also often felt guilty when they were not as productive as they could have been, or when they wasted time on social media, as participant P2 described:

> P2: I knew that I wasted like two hours and then I wanted to do something productive like […] you were bad you spent too much time on social media, now you have to punish yourself and create something to prove that you can be still productive this day. […] I chose a drill type of beat that's very aggressive, because I had a desire to do something with my anger. […] Yeah it did [help] I think […] and I was like okay so you're down because you waste your time but at least you did something meaningful.

His psychiatrist had told him how he should always have a plan for the day, and he feels some guilt to this day when he is not doing anything because of his religious upbringing.

Similarly, P1 was very aware of everything she needed to do as she felt guilty for not having done anything productive in a day:

> P1: Actually, I'm really present in the world right now. I'm aware of the things I want and need to do, because of that I'm kinda aware that I'm not alone with myself and my thoughts and I should really do something and be a person who contributes to society. But me cleaning my bedroom is not really me attributing to society right. […] One of the first times I don't really feel boundary between me and the world. Influence of me feeling guilty for not doing anything today. […] I really blocked everything that could be a boundary because I didn't want there to be a boundary because if there is a boundary then its most likely that I won't be as productive as I want to be.

4. Unstable relationships

All participants showed instability in their relation to others, affected by their fluctuating emotional states and instability in their view of themselves, and vice versa. To read more about the fluctuations in relating to others see *4.3 Relational instability* below. This category is divided into three subcategories *Need for recognition*, *Feelings of rejection*, and *Relational instability*.

4.1 Need for Recognition

All three participants exhibited, whether explicitly or implicitly, a general need to be liked or recognised by others, and a preoccupation with leaving a good impression or getting attention. This strong need for recognition and attention from others may have been an attempt to stabilise their identity. For P1 this meant acting "accordingly" to be liked and accepted by others, as she could not tell who she is but could tell she acts "appropriate to the situation," for example, complimenting the other to elicit positive emotions:

> P1: I just, I want people to like me, and sometimes I just wanted to say [nice things] to someone, but then I realised that it might sound manipulative, and I didn't. But I think I do this, if I think I might vibe with a person, if I like the person and energy, I would find something on them and I would just compliment it and I think that is a good way for you to make people feel better, like with first impressions and I think it's a better impression as well, and it might be manipulative but I don't really think it is because I don't have the intention. I guess this is how I show my interest, or I guess sometimes it's just friendly.

P1 also exhibited instability in how she identified (or did not) with her disorder, feeling like an imposter when she did not feel unstable or behave toxically, needing reassurance that she indeed still deserved sympathy even if she experienced good days:

> P1: I think I am consciously doing or trying to better myself and get rid of my toxic habits and that feels like I am an imposter, and I don't really have BPD. [...] I mean, it is intense when I am feeling all these negative thoughts and it gets intense, and yeah really bad sometimes, but because I am working on like bettering myself, I feel like I am an imposter, and I don't really, I don't know, deserve that much sympathy I guess, or attention. I guess maybe I said that and told you that because I want some kind of validation, and that feels kinda manipulative, but I'm not sure, I don't know. I guess yeah, I guess that I need some kind of reassurance that I am mentally ill.

For P3 this meant imposing rules on herself on how to behave so as not to be judged by others in social contexts where she did not feel a sense of community (see *1.3.1 Sense of performativity*). As participant P2 is a writer and likes watching films, he explained a lot of his experience through different characters in visual media, here likening himself to a prankster type of character in *The Office* when he was working, hiding his authentic side of himself behind a façade of happiness for his coworkers:

> P2: In the office I try to make some final joke before leaving and you know like Jim Halpert in *The Office*, and then I finally leave and I'm like okay, now it's done, and I do not feel as happy as I felt in the office. [...] But I don't want to say that I feel better in the office, I think I don't but that's a kind of space where I should be more communicative and like maybe more funny and so on, so I do it, even though I'm not happy. Because no one wants to see me depressed in the office and why would I do some depressed face or something, I don't want to talk with anyone from the office about my feelings so rather I try to make some jokes and then leave.

4.2 Feelings of Rejection

The need for recognition is closely related to feelings of rejection, especially perceived rejection, from others when they did not include participants in the way they needed in the moment. Feeling rejected also feeds into *3.1.2 Sense of alienation*, making the participants feel like they could never be fully included in an authentic way.

As P3 described her feeling rejected when people moved away from the table she was sitting at and talking to another person (see *1.3.1 Sense of performativity*). In most samples, this sense of never truly belonging to any group was very salient for her experience with

other people. The feelings of rejection turned into guilt and thinking that she must have done something wrong and should have known better:

> P3: I felt rejected and unimportant, like people are not even considering my needs and are just like, "whatever let's just move somewhere else." […] So I go to this place, trying to become part of that group that I was sitting at, like I'm going there since a couple of weeks, but I don't really feel like I truly belong in that group, and I sometimes feel left out. Like I'll hear them talk about meeting up outside of that meetup, but I'm never asked whether I want to hang out outside of that meetup yeah. […] [I felt] guilt of having a boring conversation and not having interesting things to talk about. […] [Guilty] means thinking that I did something wrong, what could I have done different. It's also a "why did I not know this better?"

E1 detailed similar feelings of blaming herself and feeling worthless when she felt someone could be judging her, and changing herself depending on who she was around so as not to be cast out as the weird one:

> E1: I do struggle a lot with the idea of rejection as well cause it does feel a lot like abandonment in a way, so when I'm on the bus and I feel like someone's judging me for the way I dress or how my body looks, I just feel so rejected and I feel horrible and I feel like I'm worthless and a horrible human being, and I shouldn't live and stuff like that. […] I was used to changing myself consistently to make everyone accept me or love me, or not think of me as a burden. So that's kind of been like a lifelong thing, I don't remember a time where I wasn't trying to fit to everyone else's ideals of who I should be. […] I change depending on who I'm with and where I'm at and stuff, cause I do try to fit in as much as possible, cause I don't want to be seen as weird or different or a freak, I don't want to be left out, I don't want to be cast out.

4.3 Relational Instability

Two participants (P1 and P3) were in a relationship during sampling, and both detailed their relations to their partners as unstable, fluctuating between ecstatic feelings of love and happiness, or overwhelm and disconnection from fights, or lack of attention and connection. P2 was single but his ability to relate positively to others and the world was dependent on his momentary mood, turning into complete detachment from the world when he felt anger (see *2.3.2 Negative urgency*).

P3 is polyamorous and she could not imagine being in a monogamous relationship, as it would "restrict me in my emotions" because "I love more than one person." She was in

an unstable relationship with her girlfriend (mainly online) that did not seem to treat her fairly, and her developing feelings for her girlfriend's second partner added another stressor to their instability. She was frequently feeling abandoned and worried about her partner breaking up with her, which she threatened to do, as described by her:

> P3: So, [girlfriend] told me like, she's like really close to calling it because this is just, like such an unstable situation that she doesn't know how much longer she can handle it but also like, everything is fine again. […] We talked about that it's still a really unstable situation. […] I had a talk with one of my social workers and we talked about like how I should turn this energy less against me and more into something constructive, and how I could write her a love letter and send her chocolates, which I did. […] And also, it's not like I'm sending this letter because everything is fine, I'm sending this letter because I'm afraid, so.

She was also explaining how her BPD contributed to her relational instability and how she was testing her girlfriend to prove to herself that she does not deserve her, leading to P3 wishing to self-harm as a public display of her shame:

> P3: I messed up like really badly and I knew that it was my BPD. Because the whole thing of making these really insensitive jokes is just something inside of me trying to make stupid jokes and like trying to prove myself that she's gonna break up with me, like I intentionally push her to her limits in order to force that reaction. […] It's something I'm very prone to, that someone tells me, "This is like a boundary of mine" and then few days later I will be like making really stupid jokes about that and not realising that this is a really bad idea. I only realise it when the person tells me. […] I generally never have the intention of hurting anyone. Like the night before I wanted to write borderline all over my arm with my needle yeah, to like warn others that I'm dangerous.

On the other hand, P1 experienced fluctuations in her feelings towards her boyfriend frequently, either idolising him and feeling ecstatic from love, or feeling apathy and devaluation towards him. She detailed her "obsession" towards her boyfriend as really feeling like she is "on the best drugs like ecstasy," therefore losing feelings against him was distressing for her, as if the whole world lost meaning, since sharing love and intimacy was very important for her identity. Most of the time these feelings seemed to spring from the boyfriend not being fully present and reachable (see *1.3.4 Incomplete presence*), which made her need more affection and reassurance:

P1: I feel like I've lost some feelings for [my boyfriend], like the euphoria is gone and it's different, I'm not idolising him anymore like I did before. And I'm kinda scared that things will not work out with him even though I really really want them to because he is great, […] because I told him I need more affection shown and more assurance.

Due to lacking object constancy (Stanghellini & Mancini, 2018), P1 started to doubt and overthink whenever they were not together, leading her to spiral and think of the worst situations (see *2.3.2 Negative urgency*). Another dynamic evident in the following quote is her inability to relate to her feelings from a different state of mind (see *1.2.1 Temporal fragmentation*):

P1: Every time I see him it's better, but every time we are not together I start to doubt and I get these thoughts and feelings, […] I spiral sometimes, and I get you know insecure or panicky, and I think of the worst situations that can happen or things that would hurt me, but they don't really apply, it's just you know, I think about things that would make me very hurt, um, I don't know why I do it, it's kinda automatically, and I know I shouldn't be doing this but it's hard to stop my track of mind when I'm already thinking about it and starting to spiral. […] But I guess now because I'm, I feel okay, and I feel good about us I can't really recall or give you the reason why I feel like that.

One thing to note is that both participants could not tell where these feelings came from: "I don't know why I do it, it's kinda automatically" [P1] or "just something inside of me" (P3). Similarly, participant P2 described the anger as "that thing inside of me that's making decisions instead of me."

Final Interviews

Based on the final interviews, a year after sampling, all participants are doing much better than during the sampling. Both participants (P1 and P3) are out of the unstable relationships they were in, P1 is single and P3 is with her now ex's ex-partner and another partner. All participants are doing well and feel relatively stable in their relationships or in their wish to be single. They said they do not experience unstable sense of self as much anymore, due to learning more about themselves and their emotions and being more stable (and out of unstable relationships). They were also unable to relate to the past sampled experiences and less able to describe feelings of unstable sense of self, hollowness, and fragmentation, as they are in a better frame of mind (indicating the inability to relate to a state of mind different than the current one, which was seen throughout sampling). P3 started studying and working and is very happy about her studies, compared to the

overwhelming worries she had because of an uncertain future. P2 is doing great, writing music, and feeling stable. P1 is working, studying and glad to be free of the partner that made her question everything.

6. Discussion

In this chapter, main findings of the current study are discussed, under the following themes as subchapters: *6.1 Self*, *6.2 Emotions*, *6.3 Others*, *6.4 Meaning*, and further implications of newer concepts such as *6.5 Embodiment* and *6.6 Minimal Self* when understanding BPD. *6.7 Implications* and *6.8 Limitations* of the current study are outlined at the end of the chapter.

The results presented in this study provide nuanced descriptions of how crucial aspects of BPD—experiences related to identity disturbance and affective instability manifest in the subjective experiences of people with BPD. The main goal of the study was to explore the phenomenology of identity disturbance and affective instability and gather detailed descriptions on how unstable sense of self and emotions manifest in the daily lives of people with BPD, not to establish new theoretical categories of the phenomena.

Eleven subcategories related to identity disturbance and affective instability that were grouped into four high-level categories of different dimensions of experience (*Unstable sense of self*, *Unstable emotions*, *Existential struggles*, and *Unstable relationships*) emerged from the phenomenological analysis of experiential data. All three participants, with some exceptions, described subjective experiences falling under all subcategories, related to unstable sense of self and emotions in various ways.

Experiential data illustrates how all participants experienced frequent fluctuations in their self-image, emotions and in how they related to themselves and others. The participants frequently experienced unstable sense of self and emotions, leading to an existence characterised by feeling fragmented and incoherent, where feelings of overwhelm intertwined with feelings of emptiness and meaninglessness, creating a fragmented existence (see *6.1 Self*). The participants also experienced a pervasive feeling of not belonging in this world and a sense of alienation, believing that their experiences are too extreme or different to be understood. This fragmented and confusing existence of participants led to an incessant need for creating meaning and looking for authenticity (see *6.4 Meaning*). Additionally, participants attempted to stabilise their self externally by

looking for recognition from others (see *6.3 Others*), or through attempting to reconstitute—or enact—their self through an imagined ideal world or self-state and enacting it but often failing (see *6.2 Emotions* and *Enacting a self* in *5. Results*). As a consequence of this experiential process, they suffered from dissociative and diffusive emotional states or incomplete presence of others. As the experience of one's self was inextricably linked to the (excruciating) experience of the other, all the experienced instabilities (in identity, emotions and the interpersonal) seemed to be connected and affected how participants related to themselves and others in distinctive ways.

6.1 Self

The unstable sense of self mainly manifested in feelings of hollowness and emptiness, and feelings of fragmentation and incoherence (see *1. Unstable sense of self* in *5. Results*). Both manifestations of instability were connected to participants feeling an overwhelming sense of meaninglessness, so they were often unable to make sense of their experiences, which manifested in an incessant need to search for authenticity and meaning—meaning-making—in the face of an unstructured world (see *6.4 Meaning*).

The participants' feelings of fragmentation and incoherence were related to temporal fragmentation and narrative impairments (see *Feelings of fragmentation and incoherence* in *5. Results*). As was discussed in theory, the inability to form coherent narratives in BPD is connected to identity disturbance. Adler and colleagues (2012) argue that BPD involves disruptions of narrative identity, which Fuchs (2007) termed fragmentation of the narrative self. Narrativity disturbances can impair one's sense of empowerment and ability to cope with distressing experiences (Bortolan, 2020). These impairments were frequently present in the participants' experience, making it harder for them to make sense of their experiences and relate present moments to a larger story about themselves, which manifested in feelings of overwhelm, sense of meaninglessness, and a constant aspiration to do something meaningful and productive. Their experiences showed a high unmet need for belonging and communion and a lack of communion fulfilment, similarly to what Lind, Adler and Clark (2020) found in people with BPD. Similarly, the participants frequently saw themselves as leading different and unconventional lives and felt lonely in being misunderstood. As Lind, Adler and Clark (2020) described that a fragmented sense of self can contribute to feelings of confusion and alienation, these feelings were frequently experienced by all participants.

The experiential data support Fuchs's (2007) idea of a temporal splitting of the self, what he called "temporal fragmentation" (see *Temporal fragmentation* in *5. Results*). Temporal fragmentation exemplifies the power of the "now"-moment, where the participants could not extend their experience further than the present moment, as they were unable to relate to their past or future, or others states of mind, leading to a fragmented sense of self. Stanghellini and Rosfort (2013a, p. 163) similarly emphasise that people with BPD have an inability to distance themselves from the "here and now," including one's emotions. As Ratcliffe and Bortolan (2021, pp. 7-8) explained how main symptoms of BPD can be understood in the context of originating in a "non-localized, temporal experience," as there is no cohesive meaningful background organising the emotions and thoughts, and "without the anchor of a cohesive life-structure," the present is all there is, so nothing can hold back emotions that fluctuate often. Leading to an emotional experience characterised by "*intensity* and *felt urgency*," with sudden strong reactions to situations, oscillating between extreme emotions ("black and white thinking") and idealisation and devaluation of other people and themselves (Ratcliffe & Bortolan, 2021). The intensity and felt urgency characterise the participants' experience well, they oscillated between idealising and devaluing their partner (P1), or acceptance and complete detachment from the world (P2), or between severe overwhelm and dissociation and feelings of emptiness (P3).

This temporal fragmentation has also been called "chaotic immediateness," where the person is "absorbed in an unmediated instantaneity" (Mancini & Stanghellini, 2020, p. 52); the absolute "now" moment is without any relation to self as a narrative self (Stanghellini & Rosfort, 2013b). Affirming the present moment helped the participants tolerate the ambiguity of relationships and uncertainties of the future, but it reinforced a *fragmented existence*, which led to chronic feelings of inner emptiness and lack of a coherent sense of identity, as the present moment lacked the depth of the whole life's narrative (Mancini & Stanghellini, 2020). Mancini and Stanghellini (2020) agree that temporal fragmentation could help in further understanding identity disturbance that affects people with BPD. However, Kreisman and Straus (2010) offer that BPD is a "pathological" response to the society as a whole lacking "constancy and reliability" (p. 79). Similarly, Fuchs (2007) has speculated that the increasing prevalence of BPD may be, in part, because of "the development of a mainly externally driven, fragmented character in post-modern society"

(p. 379). The participants feeling like they don't belong in this world might not only be reinforced by their internal self-image (see "*Nobody will understand me*" in *5. Results*).

The current study also demonstrates how characteristics of identity disturbance proposed by Akhtar (1984) manifest in the lived experience of people with BPD. These characteristics include *Temporal fragmentation* (discontinuity) of self, *Sense of performativity* (lack of authenticity) and *Relational instability*, *Feelings of hollowness and emptiness*, and confusion regarding future goals and personal values (see *Feelings of overwhelm* and *Meaningfulness*). The data is also in accordance with aspects of identity disturbance as described by Wilkinson-Ryan and Westen (2000), specifically painful incoherence, where participants lacked a subjective sense of self-coherence, and experienced inconsistencies in their thoughts, feelings, and behaviour. In general, the subjective experiences reported by the participants support and broaden the established understanding of identity disturbance, as developed by psychoanalysts such as Akhtar (1984) and Kernberg (1984).

6.2 Emotions

The results about participants' emotional experience are in line with the presented theory, as Reisch and colleagues (2008) found that persistence of sadness, anxiety, and anger, and oscillating between these emotions, are important aspects of emotional instability in BPD. The data also confirms the findings of Ebner-Priemer and colleagues (2007; 2015), as participants frequently experienced negative emotions and had great affective variability and instability. The participants also reacted more intensely to situations specifically related to abuse, rejection, and abandonment, as offered by van Zupthen and colleagues (2015) and Limberg and colleagues (2011).

Furthermore, as Linhartová and colleagues (2020) found negative urgency to be diagnostically specific in people with BPD, associating it to heightened inwardly directed anger, all the participants experienced negative urgency often, leading to problem behaviours such as cannabis use, aggression, or disordered eating (see *Negative urgency* in *5. Results*). Similarly, in line with Bottesi and colleagues' (2018) findings, greater levels of emotional dysregulation and intolerance of uncertainty triggered negative emotions in participants.

The emotional experience that was described by the participants (see *Desperate vitality* in *5. Results*) of their body being controlled by an excessive energy or life force,

making them feel an urge to break things or smash something, is termed *desperate vitality* by Stanghellini & Rosfort (2013a). They describe it as "raw, unmediated bodily vitality," that does not conform to "pre-reflective intentional structures or cognitive efforts" a bodily force that "fragments the intentional structure of human embodiment, the lived body" that is completely "at the mercy of basic biological values" (Stanghellini & Rosfort, 2013a, p. 170). The participants' sense of being an "embodied self" was buried by the sense of having "an intimidating body." Because there is no intentionality, no clear direction or target for the emotion, this force or vitality "desperately seeks an object," with an overwhelming intensity, usually a person towards which to direct "its surplus of energy" (p. 171). This intensity blurred the boundaries between the participants' body, self, and others. Because of this "all-consuming vitality," they lived in the present, disconnected from past and future, unable to structure their emotions, behaviours, and sense of self, hence their emotional experiences were characterised by *desperate vitality* (Stanghellini & Rosfort, 2013a). Once the energy is gone, the person can feel very empty and depressed. All the participants were fluctuating between fullness and overwhelm, and boundless inner emptiness or void. Thus, the reported results are in line with Stanghellini and Rosfort's (2013a) description of complex depression, arising from desperate vitality, characterised by emptiness, worries of abandonment and rejection, meaninglessness, unstable sense of identity and "diffuse negative emotionality, constantly punctuated by feelings of humiliation, and marked by aggressive outbursts" (p. 173).

Similarly, La monte and Englebert (2022, pp. 186-7) described people with BPD as having a dissociative experience, being "possessed" or "being beside oneself" as somebody else, when being in the state of "anger *ec-stasy.*" Where the world changes into space "made of a *targeted* other and of objects" lived as a "*hostile world made of revenge and reprisal.*" They explain it as a "specific experiential-perceptual attitude" towards material space that intertwines the person with the environment. Participant P2 often described feelings of enlargement or constriction of space (like his stomach getting bigger from anger or becoming empty, leaving more space with relief), and forgetting himself in the "*ec-stasy* of anger," experiencing an all-encompassing feeling of "being outside of oneself" where the body and the surrounding environment intertwine, as if the feelings are spilling into the environment. Or as La monte and Englebert (2022, p. 187) detailed a participant being "*absorbed* by the immediate emotion," not allowing her to "*exist in her entirety,*" which was experienced by all participants.

Seeing the other as an enemy helps the person with BPD have "clear" representations of their self and others that they normally lack, contrasting with the typically lived "*ambient confusion*," or fuzzy dysphoria, offering clear means for *action*—either "beating the enemy" or smashing things (La monte & Englebert, 2022, p. 187). Similarly, Stanghellini and Rosfort (2013a, p. 168) describe anger as a self-defining emotion that sometimes restores "the cohesion of the self," that helped participants find their lost identity in a world that regained the meaning and structure for a moment. As participant P1 described her finding it easier to handle stressful situations when she feels anger:

> P1: I think maybe if I add some elements of anger, it's easier for me to kind of then remove the emotional side in a way that I could get sad. So, if I have more of an angry "whatever you're stupid" reaction and if I'm already doing something, then it's easier for me to forget because I'm not gonna deal with something, because it's so stupid and I don't want to deal with it.

Furthermore, participants experienced their emotions as a separate part of their self, taking control over their body, which made them feel powerless in the face of the looming emotions. Central to the participants' emotional experiences, as Moltu and colleagues (2023, p. 8) described similar experiences in their study, was "being controlled by, or controlling, emotions rather than experiencing them as an integrated part of self." Similarly, emotional distress "was experienced as something taking control over their body and mind," not as "experiences that could be divided into meaningful entities" (Moltu et al., 2023, p. 5). The participants of the current study experienced their overwhelming emotions as intense waves "sweeping over" the participants, with no escape, "creating an unbearable chaos of thoughts and agony within their bodies" (Moltu et al., 2023, p 5). Similarly to what they (2023, p. 5) found, the participants' emotions were not only distressing, but they could also be elevating and uplifting, however, the problem with emotions was their "uncontrollable and unpredictable nature," making them sometimes feel like an autonomous part of the self. This could be often seen in the reports of all three participants in the current study, when they described "something else" in their body making decisions for them—an autonomous energy taking over their body—likening themselves to a camera, looking over their body, separate.

Furthermore, this uncontrollable energy can deplete the person's sense of agency, leading to complete exhaustion. The body "is felt as if out of voluntary control," somewhere between self and not self (Stanghellini & Rosfort, 2013a). The intensity of the

bodily feeling of spontaneous emotions made it difficult to bear and did not let the participants distance themselves from what they felt in the moment, which made it harder for them to have appropriate reactions that fit the values and norms of the world. As Stanghellini and Rosfort (2013a) call it, they live in a *frustrated normativity*. This concept could be seen in participants having idealised versions of themselves, others, or events that they tried to fulfil, in an attempt to enact their self (see *Enacting a self* in *5. Results*), that often clashed with the reality around them, resorting to having to perform (*Sense of performativity*). When the feelings of performativity and inauthenticity clashed with their idea of a true self, they either felt overwhelmed (*Feelings of overwhelm*), dissociated (*Dissociation*) or distanced from their emotions (*Distancing from emotions*), which once again, led to painful feelings of emptiness and alienation (*Sense of alienation*). As Ratcliffe and Bortolan (2021, p. 2) contend, "disordered emotion is implied by a disordered world" and a disordered world indicates how people experience and relate to others. The participants' world lacking structure and meaning led to an overwhelming belief that no one will understand them and others could never relate to their experiences, and they could never relate to others in a meaningful way.

Thus, the participants seemed to be stuck in the long-term dysphoric state characterised by emptiness and feelings of insignificance, diffuse tension, and a *thirst of life* leading to a *disordered and desperate vitality* (Stanghellini & Rosfort, 2013a; 2013b). As discussed in theory, dysphoria can fragment person's representation of themselves and others, leading to painful experiences of "incoherence and inner emptiness," where they experience their own self as dim and fuzzy. This incoherence can also lead to feelings of "uncertainty and inauthenticity in interpersonal relationships" (*Sense of performativity*) and "an excruciating sense of futility" of life (*Sense of not belonging in the world*) (Stanghellini & Rosfort, 2013a, p. 153). The "predominance of the *here-and-now*" (immediacy) also makes it hard for the person with BPD to be separate from others, as not being together or in bodily contact does not "imply an extinction of the *relationship*" (La Monte & Englebert, 2022, p. 182). They are unable to consider there is an end to the current moment and they can still see the other in the future, where seemingly limitless and eternal lived time meets a limitless space (La Monte & Englebert, 2022).

6.3 Others

When talking about phenomenology of identity disturbance and unstable sense of self, the instability of the self cannot exist in conversation without the experience of others,

whether they are present physically or as an excruciating experience of the looking-glass self (Cooley, 1992) judging internally. There is no self to separate without the contrast of the other. The instability in how participants related to themselves was affected by how they think they should act around others (*Sense of performativity*) or tied to their own worth as in the "eyes" of the others (*Need for recognition*). On the other hand, the way others behaved towards the participants, either not fully understanding them ("*Nobody will understand me*"), not communicating clearly (*Relational instability*), or being partially present (*Incomplete presence*), in contrast to the ideal world of intimacy and relations in their head, also led to instability in themselves and with others. Being unable to anchor their identity to something internal, the participants were incessantly searching to be recognised and validated in a semblance of some stability (*Need for recognition*). Furthermore, the traumatic childhood experiences that are common in people with BPD, already gave a lack of internal structure to their selves that could not feel validated in themselves without needing the other (Linehan, 1993). Thus, unstable relationships of participants stemmed from a desperate need for validation and recognition from others, mainly to stabilise or enact their self (*Enacting a self*), which often resulted in feelings of abandonment and rejection (*Feelings of rejection*), when the enactment process failed.

At the same time, as could be seen from the previous subsection, the emotional experience of participants was intense and bound to change—they were either feeling too full and overwhelmed, or too empty and meaningless, completely identifying with the present moment—again without an inner anchor to help them integrate an image of themselves through their past experiences and future aspirations. As they had no internal anchor leading them through these intense momentary experiences and they were incessantly looking for stabilisation through others, their regulation of emotional states and how they related to themselves were dependent on other people. Therefore, all these instabilities (relational, emotional, and self-disorders) were closely related.

Similarly, Ratcliffe and Bortolan (2021) proposed that emotional experiences in people with BPD are intrinsically linked to their expectations and relating to others, as they are crucial for creating and maintaining a meaningful world. When the experienced world "lacks structure and temporal coherence," resulting in these specific emotional experiences, it implies "a kind of estrangement" from others in general, which is inseparable from how a person finds themselves in the world and thus, from how they experience and regulate their emotions (Ratcliffe & Bortolan, 2021, p. 17). Which is why,

they claim, loneliness and isolation and being cut-off from others is ever-present in BPD. As already discussed, this lack of structure and feelings of being cut-off from everyone, were, indeed a big part of the participants' experience.

The current findings also coincide with the values that people with BPD hold, as reported by Mancini and Stanghellini (2020). They detailed the value of *recognition* that expresses the importance of validation, attention, and acceptance by others, which provides self-coherence for people with BPD and is important for defining oneself and establishing (or enacting) one's identity. Especially, as could be seen from the current results, the participants experienced themselves as fragmented and incoherent and had difficulties making sense of their experiences. Furthermore, Mancini and Stanghellini (2020, pp. 52-53) also identified the value of *authenticity*, which manifests in the importance of *complete* emotional fusion with the other. These values are important for achieving "a sense of being a person through the feeling of belonging" (Mancini & Stanghellini, 2020, p. 53), as at the core of the value of recognition is the "visceral need of belonging, being accepted and loved" (p. 51).

All participants showed this need of being recognised and a want to belong and be accepted (*Need for recognition*); they ended up feeling painful feelings of overwhelm (*Feelings of overwhelm*) and alienation (*Sense of alienation*) when they did not feel like they belong and were not able to enact their true authentic self (*Enacting a self*). This preoccupation with recognition could be traced back to participants' adverse childhood experiences. P1 described her abusive father and scary stepfather as the reason behind most of her instability, leading to intense anger and hateful feelings towards her father. P2 mentioned his mother that tried to manage his life and had difficulties listening to him and being bullied in school. P3 detailed not being aware of her emotional states due to learning to ignore her own needs so as not to get rejected by her neglectful parents.

This need for recognition is closely connected to fear of abandonment that makes people with BPD constantly aspire "to a sort of emotional osmosis with the other" (Mancini & Stanghellini, 2020, p. 53). The other is needed to be present with their entire self, as incomplete presence or absence leads to feelings of un-recognition; being incompletely present is like abandoning the person and being inauthentic (*Incomplete presence*). This aspiring to be complete with the other could be seen in the participants' attempts to enact their self through the osmosis or fusion with the other, but failing, which

led to painful feelings from the incomplete presence of the other, and thus, to instability in self (*Enacting a self*). According to Mancini and Stanghellini (2020), the value of recognition is closely related to feeling instability in one's own self (Rossi Monti & D'Agostino, 2019) and to difficulties in constructing a coherent narrative about one's actions (Meares, 2012).

As Moltu and colleagues (2023, p. 9) put it, "relating to the other as a subject" is excruciating for the participants, as that means the other who can leave, disappoint, and have needs. Similarly, they found that the participants' relationship to others and to their self was deeply intertwined, making them reach outside of themselves for security and stability (to balance their relation to their self), yet leaving them afraid of losing their hold. Jørgensen and Bøye (2022) also found that most of the participants with BPD talked about an overpowering need for recognition, attention, or affirmation from others. This need for affirmation was often connected to not knowing who one is and needing others to reaffirm it. Like in the current study, this need for reassuring "an unstable and highly vulnerable self" was especially strong when they felt abandoned by significant others, leading to a destabilised self (Jørgensen & Bøye, 2022, p. 65). Similarly, the participants' sense of meaning collapsed when they felt abandoned, and they needed others to get some sense of meaning in their lives. Jørgensen and Bøye (2022) connected these experiences to disturbed sense of identity and feelings of inner emptiness, making them attempt to live up to how they imagined they should act, which is similar to this study's categories of *Sense of performativity* and *Enacting a self*.

As Mancini and Stanghellini (2020) also explained the logic behind the values of people with BPD, they glorify the present moments and over-rely on feelings that are unrestricted by social norms which undermine their intensity. When the present moment is all one has, it is easy to over-rely on fluctuating feelings. As Stanghellini and Rosfort (2013a, p. 160) explained, people with BPD experience the other as fluctuating between two opposite polarities, where they are either a "hoped-for source of selfhood through recognition" or a source "of humiliation and thus of disunion and despair." Due to these intense episodes and feelings of all-or-nothing ("black and white thinking"), interpersonal relationships can be very precarious. As was evident with P1, she could sense the slightest change in her boyfriend's behaviour or emotion, making her feel unloved and reacting with apathy and anger, which allowed her to deal with the situation in her own terms (see

previous discussion on *6.2 Emotions*). Or when P3 fluctuated between intense feelings of love and despair from fear of losing her girlfriend.

As in this study, Moltu and colleagues (2023) described their participants' need to be perfect, without necessarily having a clear ideal, stemming from feeling worthless and flawed. Thus, striving for perfection could keep these feelings further away; the sense of a "worthless self"—rising from not feeling validated by others or living up to their own high expectations—structured their relations to others (Moltu et al., 2023, p. 6). Jørgensen and Bøye (2022, p. 63) also found that participants' behaviour and self-concept were often "dictated by momentary emotions" and "efforts to please imagined expectations from others." Similarly, they found that participants played social roles or put up façades (masks) to stabilise or construct their self and hide feelings of inner chaos and vulnerability. In the current study, participants described not knowing who they are but could describe that they act accordingly to others' expectations (P1), or they set up rules for themselves to fit in and to not be judged (P3) (*Need for recognition*), finding themselves performing to others (*Sense of performativity*). These experiences are similar to Deutsch's (1965) concept of "as-if personality" that manifests in "a highly plastic readiness to pick up signals from the outer world and to mold oneself and one's behavior accordingly" (p. 265). This sense of performativity that often accompanied the participants' interactions with others made it seem as their "whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along 'as if' it were complete" (p. 263). This performativity could arise as an effort "to give content and reality to their inner emptiness and establish the validity of their existence" (p. 266), which is in line with the participants feeling emptiness (*Feelings of hollowness and emptiness*) and sense of alienation (*Sense of alienation*).

These alienating feelings were more pronounced in participants when the world around them was more unstable. As during the sampling process, when they were in unstable relationships or their future was not certain, they were struggling with feelings of overwhelm and of not knowing what to do, making them question their own self. However, a year after the sampling, once the participants learned to be more in tune with themselves and their emotions, and were out of unstable situations, they were feeling more stable not only in their emotions and their relation to others, but also in how they related to themselves. They experienced less instability in their sense of self, less feelings of fragmentation, incoherence, and hollowness. They were even unable to relate to their past

quotes and descriptions of instability. While they were now feeling relatively stable and successful in their studies and work life, these situations could always change—another unstable relationship could throw them out of this stability, as the symptoms of BPD seemed to often manifest in specific social situations. Therefore, it is important to develop and maintain a more stable sense of self—an internal anchor that could lead the way through disintegrated experiences. Identity disturbance may indeed be the underlying cause of more severe BPD expressions.

6.4 Meaning

All the different instabilities participants experienced, that were discussed before, seemed to be connected to an overwhelming sense of meaninglessness (*Sense of meaninglessness*) and an excessive need to search for authenticity and meaning (*Meaning-making*). This need was especially connected to feelings of emptiness (*Feelings of hollowness and emptiness*), which were complicated by feelings of invisibility and insignificance.

The participants often attempted to enact their authentic self (*Enacting a self*), which involved navigating the tension between sense of performativity and authenticity that could be attained from achieving an idealised state of the world (*Sense of performativity*). The process of enacting their self and failing led to participants distancing from their emotions (*Distancing from emotions*), dissociating (*Dissociation*), or to *Incomplete presence* by others. The failure to enact their desired self also led to feeling overwhelmed by intense emotions (*Feelings of overwhelm*), which further fragmented their sense of self. These moments of overwhelm or bottomless emptiness gave rise to *Existential struggles*, where participants felt isolated, alienated, and had a pervasive sense of not belonging in this world and never being understood ("*Nobody will understand me*").

In this vein, Bois and colleagues (2023) argue that identity changes are a response to the feeling of emptiness, and in order to fill the emptiness, people with BPD invest more in the present moment. The investment into the present moment manifested in participants as an incessant need for being productive or reaching for rescue from others in distracting themselves from their emotional state. As was already discussed, the emotional experience of participants was also present-focused (see *6.2 Emotions*). This is similarly suggested by a participant in Miller and colleague's (2020) study when discussing her strategies for managing emptiness: *"[I] just involve myself in everything just to keep my mind*

distracted." This quote perfectly encapsulates all three participants' incessant need to make and find meaning in their lives and to do something significant. In the study by Jørgensen and Bøye (2022, p. 57), some participants described feelings of wasting their time and doing things that "do not make any sense to them." When "who I am" and "what I want" constantly change, it undermines personal agency (Jørgensen, 2022, p. 59); it is harder to predict what will happen, leading one to not feel in control of their lives and future, which can make them feel paralysed. During the last months of sampling with participant P3, the overwhelming uncertainty of her future overshadowed her experiences, making her feel like she needs a break from the world.

Jørgensen and Bøye (2022, p. 63) also found that most participants experienced "alienating" feelings of meaninglessness and inner emptiness that coincided with feelings of being invisible or insignificant "in the eyes of others," and feelings of not belonging. They (2022, p. 55) found that almost all participants felt misplaced or left out (being "the lone rider" or "out of place") and could not feel like an integrated part of communities, which were associated with feelings of alienation and being different from everyone else in negative ways. These concerns were explicitly and implicitly present in all participants ("*Nobody will understand me*"). For example, in how P3 talked of herself when she was around people, feeling invisible—if she left, there would be no difference, as no one would notice her absence, compared to other people who seemed to have someone care for them. P1 detailed her chronic feelings of loneliness due to not having that one person who would care for her how she cares for others.

Stanghellini & Rosfort (2013a, p. 166) describe dysphoria as an oppressive and unbearable mood, that feels like a burden that cannot be rid of because it is "not external" to one's self—it is an obstacle to movement that can create feelings of restlessness, impatience and an "impulse to move away without a definite goal." Dysphoria also leads to feeling tension and uneasiness that introduce an ambiguous and frustrating "emotional vacuum in the form of doubt, hesitation, and questions" (p. 168). All these intense negative experiences that made them doubt themselves could be seen in participants over the course of a year during sampling. It was a time of intensity, overwhelm and confusion for them; perhaps this overwhelming mood of dysphoria made them feel restless and in need to create meaning in their lives or do something significant, which was a constant in their experience. As participant P1 described her strive to achieve big things:

P1: Like [what is] keeping me alive essentially or like keeps me going? I think my strive to achieve big things, achieve something, I don't know what it is yet. I always had a feeling that I have to accomplish something and that I'll be successful and I'm saying it from childhood that I'm gonna be successful. I think this comes from my childhood, cause my dad and my mom […] they don't have like higher education, and they always had very high hopes and expectations of me regarding school and anything like that and I think it stayed with me.

Coming back to participants' conflict of the ideal world and sense of performativity—not being able to enact their authentic self—is described by Mancini and Stanghellini (2020, p. 52) as over-relying on feelings due to identifying with them in the present moment and clashing with the socially shared rules and roles that are "restrictions to being oneself." Mancini and Stanghellini (2020, p. 53) conclude that the values that people with BPD hold in their interpersonal world (see *6.3 Others*) are not only hard to achieve but "in conflict with one another," which may be at the root of their *frustration* and feelings of emptiness. Stanghellini and Rosfort (2013a) explained how the type of existence in BPD is "paradoxical, destructive and creative at the same time" (p. 155). Their differing values that stem from "vigorous feelings of being alive" clash with the ethical norms and social rules that seem inauthentic, creating a feeling of "frustrated sense of inauthenticity" and worthlessness, making them live under the spell of *frustrated normativity* (Stanghellini & Rosfort, 2013a, p. 155). This type of emotionally frustrated normativity can make people with BPD experience "traumatic experiences of relational failures and solitude," which, once again, lead to feelings of emptiness, despair, and meaninglessness (Stanghellini & Rosfort, 2013a, p. 174). Similarly, Miller and colleagues (2020) who explored how chronic feelings of emptiness are experienced by people with BPD, offered that feeling numbness, purposelessness, unfulfillment and disconnection were relevant to emptiness. Westen and colleagues (1992) found that depression in people with BPD is characterised by loneliness, emptiness, desperation relating to attachment figures and negative affectivity, "centering on concerns about abandonment and rejection, a sense of emptiness and meaninglessness, and a view of the self as fundamentally evil or despicable" (Westen et al., 1992, p. 382). This internal conflict of *frustrated normativity* and disconnected loneliness was ever-present in the participants' experience.

Which is possibly why all participants liked the process of sampling, as it let them voice out their inconsistencies that were validated, in a way, by the author listening to the

recordings and reflecting on their experiences together with them. This is a process that might offer meaningful insight and guidance for people struggling with instability in their sense of self. As participant P2 described it:

> P2: I noticed that actually I enjoy to do these recordings for you, these samples, so it helps me to feel like more concentrated and to get some calm. […] I think it's because, it's like some option or possibility to share my anger, my *frustration* or something, with you and maybe it helps me, like some kind of conversation or something.

Thus, the experiential data illustrates how identity disturbance is (closely) related to other core characteristics of BPD, such as feelings of inner hollowness and emptiness, temporal fragmentation, fears of abandonment, interpersonal and emotional instability, and feelings of alienation, loneliness, and meaninglessness. The data reflects the complexity and multicausality of identity disturbance which is intimately connected to other characteristics of BPD, such as affective and relational instability.

Jørgensen and Bøye (2022, p. 54) mentioned in passing that one participant showed how identity disturbance and the "associated search for meaning and sense of intensity can lead to a life on the edge." Moments as if experienced on the edge were noticed in all the participants in the current study; while it was a subcategory that was later fused together with the subcategory *Negative urgency*, there seems to be some kind of an essential quality of feeling on the *edge* that (un)structures the experience of people with BPD. Thus, in the last part of the discussion, possible alterations on the level of minimal self and in the embodied experience of people with BPD are considered.

6.5 Embodiment

The current study's reported data illustrates how instability in identity, emotions and the interpersonal are inextricably linked. Additionally, Schmidt (2020) suggests that all these instabilities are intertwined with the bodily experience in BPD, and the disorder is also characterised by another kind of instability, namely in *embodiment*. He argues that chronic feelings of emptiness are not absence of feeling and cannot be understood as non-bodily experiences, since dysphoria entails intense diffuse bodily tension that affects the whole experiential field. And that "lack of self-feeling implied in numbness and emptiness" is felt in the body, manifesting itself as a "diminishment of bodily self-experience" (Schmidt, 2020, pp. 16-17), which was described by participants in the current study as nothingness or a hole or dent in their chest.

Similar diminishment is also experienced during intense emotions, argues Schmidt (2020, p. 17), while the high arousal is felt bodily, the "incomprehensibility and uncontrollability" of the bodily feelings heighten the sense of detachment from one's body. The similar characteristics of emotions were discussed above (*6.2 Emotions*), which all the participants experienced (see category *Unstable emotions* in *5. Results*). Not being able to regulate their emotions was experienced as a lack of control over their body, turning the body into something "other." Even though the body is felt intensely, "it seems to be an alien force to which one is subjected" (Schmidt, 2020, p. 17). As Stanghellini and Rosfort describe, the body is "felt as […] lying somewhere between self and non-self" (2013b, p. 271). The experience of the self and non-self also alternates, without the person always being able to make the decision. The person may feel like their true self is being restricted when they confirm to others' expectations and perform (*Sense of performativity*), or they may feel ashamed of their destructive bodily impulses when they identify as someone who does not want to act like that (*Desperate vitality*).

When the body feels strange or alien, and seems to not follow the intentions of participants, feelings of contradiction can appear, which seem to be part of the borderline existence. While bodily feelings may not give rise to the narrative identities, argues Schmidt (2020, p. 17), how the body feels can significantly constrain establishing a narrative identity and "a felt sense thereof." Even though the person can remember their past identities, if the body feels "estranged," it seems impossible to "embody remembered goals, plans and the narrative identity that corresponds to them" (Schmidt, 2020, p. 18).

Contradictory existence of BPD is exemplified by La monte & Englebert (2022) as they relate their participants feeling alone and abandoned to Straus' (1992) concept of space of the landscape—a type of lived space that lacks structure and any landmarks, where one would easily get lost and immersed in when they feel alone and abandoned. Leading to a sense of "*everything is everywhere,*" where everything feels the same, since nothing has a specific place (La monte & Englebert, 2022, p. 183). Or as a person with BPD said, "*I feel as if everything matters and nothing matters.*" (Stanghellini & Rosfort, 2013b, p. 168). And as participant P3 simply said "*Distressing. I want to exist,*" when being unable to handle the uncertainty of the future, while desiring a break from the world, yet still affirming her wish to exist. Or how P1 described herself feeling hollow: "I'm not filled with any purpose, I'm just existing and not knowing what to do with myself or how to keep busy, everything just feels too much or too little. Too many feelings."

Similarly, Jørgensen and Bøye (2022) found that participants with BPD had a hard time integrating contradictory representations of the self to form a coherent identity, and that their self-image fluctuated continuously. Moltu and colleagues (2023, p. 9) reported that people with BPD experience being lost in a relationship to their own self "in an intimate pre-reflective sense." Specifically, participants experienced their selves as elusive and "difficult to hold," as well as undeserving as a self, momentarily finding themselves "in relation to another person or thing," to lose themselves again. They related the experience of one's self being elusive to participants describing themselves as "free falling and disappearing" (2023, p. 9). This kind of experience was especially salient in participant P3's descriptions, where she described herself as "half-transparent, like a ghost," and often talked about not being able to hold on to the world and felt herself slipping away. Or the instability in embodiment could be connected to P2's incessant need to touch things and move around when he is upset or angry, indicating a need to reassert his reality (Jaspers, 1997).

How people with BPD relate to others also involves impairments in embodiment, as they are hypersensitive to detecting minor changes in others' emotions, and the wish for emotional fusion with the other presents "an extended form of embodiment" where the other appears to be "incorporated" (Schmidt, 2020, p. 18). As changes in the other's emotions can directly imprint on the bodily experience of people with BPD, this "fusion-like connection" with the other dissolves the "centrality" (Zandersen & Parnas, 2019, p. 111) of one's body, yet transfers "something into bodily experience that is felt," yet "not controllable by direct regulation" (Schmidt, 2020, p. 18). Schmidt (2020) argues that all these three instabilities (identity, affect and the interpersonal) are structurally intertwined, with instability in embodiment contributing to all three, since instability in embodiment and emotions indicates structural changes in experiencing oneself and others as well.

6.6 Minimal self

As was discussed in the theory, the minimal self entails existence of self as independent to and prior to self-reflection, comprising essential embodied experiences, such as first-person perspective, sense of body-ownership, and self-other boundary (Gallagher, 2013). Minimal self gives the person a pre-reflective self-awareness, so when the person has a subjective experience, they experience it *as* their own (Higgins, 2020). As can be seen from the literature review, experience of self in BPD is often explained at the narrative self level. However, this approach minimises the role of embodied experience

that may play a role in identity disturbance in BPD. Neustadter and colleagues (2021, p. 2) have hypothesised that disturbances in self and interpersonal functioning in BPD may also result in alterations in minimal embodied selfhood—in "the first-person experience of being an individuated embodied subject."

Research has identified disturbances in experiential embodiment in people with BPD, such as dissociating during stressful periods (Korzekwa et al., 2009), high amounts of body dysmorphia (Dyer et al., 2013), and alterations in bodily pain perception (Schmahl et al., 2010). As could be seen from this study's results, as well as literature, people with BPD have higher difficulties with recognising their own emotions, as compared to people with other personality disorders or without mental illnesses (New et al., 2012), which could indicate the way people with BPD experience sensations in their body is altered. Furthermore, people with BPD have impairments in differentiating boundaries between the self and other, leading to blurred boundaries (Bekrater-Bodmann et al., 2016; Löffler et al., 2018, 2020). The participants in the current study often dissociated or felt the boundaries between the self and environment blur in case of intense emotions, like in the moments of anger.

Majority of people with BPD experience negative self-assessments towards their own body (Löffler et al., 2020). Similarly, Jørgensen and Bøye (2022) found that the perception of self as defective and wrong was especially focused on the participants' body. As could be seen especially with participant P1 whose (dis)comfort in her body was related to her momentary emotional state, and she had always had an impaired relationship to her body, which alternated throughout the day.

Minimal or embodied self in BPD has been researched through interoception (Löffler et al., 2018) or pain perception (Chung et al., 2020), but research into a direct link between alterations in minimal self and BPD symptomatology remain scarce. The strongest finding is the relationship between *dissociation* and alterations of the minimal self in BPD (Bekrater-Bodmann et al., 2016; Löffler et al., 2020). Dissociation has also typically been connected to the narrative self, as Bessel Van Der Kolk (2014) explains that "traumatic memories are fundamentally different from the stories we tell about the past. They are dissociated: The different sensations that entered the brain at the time of the trauma are not properly assembled into a story, a piece of autobiography." He also emphasises that

narrative self cannot replace the moment-to-moment sense of self, which is primarily focused on physical experiences and emotions that culminate in action.

People with BPD can also experience alexithymia, which indicates failure in processing one's bodily signals (interoception) (Murphy et al., 2018) that Neustadter and colleagues (2021, p. 10) argue coexists "with a painful felt-unknowingness of inner experience." Neustadter and colleagues (2021) contend that these findings could suggest that impairments in self-experience do not manifest only at the level of narrative self but "in fundamental aspects of embodied experience" as well (p. 10). Van Duppen, Schmidt and Lowyck (2022) propose three phenomenological aspects of the background of safety that should be taken into consideration in BPD: first, people with BPD did not develop a strong background of safety in infancy; second, weakening of this background of safety can give rise to BPD symptoms; and third, these symptoms further undermine the possibility of developing a background of safety in adulthood, leading to long-term borderline condition—a "stable instability." In line with the background of safety, Bois and colleagues (2023) suggest that the self in people with BPD is formed passively—it is not consciously constructed but has emerged from various influences and experiences. These disturbances in self-formation can then affect other aspects of self that lead to instability in identity and painful feelings of incoherence. As they claim (2023, p. 191), identity disturbance in BPD primarily does not result from "minimal self-weakening" but from "self-formation fragilization" that may have an effect on the minimal layer of the self.

Despite people with BPD being oriented toward narrative, as Schmidt and Fuchs (2021) have theorised, they struggle to achieve a diachronic identity, resulting in a false self (Jørgensen, 2006) that feels inauthentic (Schmidt & Fuchs, 2021). Bois and colleagues (2023, p. 191) claim that people with BPD cannot do otherwise than to "construct or invent themselves, rather than discover themselves" (*Enacting a self*), as the weakened process of self-formation cannot provide an authentic basis for their self-narratives, which forces them to take over the goals or ideas of others, adopt a mask or perform (*Sense of performativity*) to hide their true nature, yet leaving a lingering sense of inauthenticity and guilt (Schmidt, 2020).

This hyper-identification with others can further blur one's sense of self, especially during stressful periods, which can lead to dissociation and loss of familiarity with oneself (depersonalisation) or the environment (derealisation), which Bois and colleagues (2023)

argue could implicate minimal self (mine-ness), since these experiences involve the boundary between self and reality or others. The feeling of *familiarity* seems to be "at stake" in these experiences that is "generally associated with the experience of one's own body and the world" (Bois et al., 2023, p. 191). As was discussed in theory, schizophrenia spectrum disorders are mostly considered to entail disorders of the minimal self (see *2.1.1 Minimal self disorders*). While there are clinical distinctions between BPD and schizophrenia spectrum disorders, both seem to involve disturbances of the minimal self, though the specific phenomenological distinction to which extent the minimal self is affected in both disorders is debated (Zandersen et al., 2019; Zandersen & Parnas, 2020). Therefore, BPD seems to be best understood as a multifaceted disorder of self, involving disturbances in narrative and minimal, or embodied, layers of the self.

6.7 Implications

The current thesis opens different paths for further investigations. It would be interesting to further investigate some of the themes and their relationships that emerged from the data, for example how and to what extent feelings of emptiness and meaninglessness or sense of alienation are connected in people with BPD. Additionally, it would be interesting to explore the meaning-making and self-enactment processes that seem to rise out of living amidst instability and how to cultivate them to establish a more stable sense of self. Especially interesting would be to explore the role of embodied instability in the experience of people with BPD as the current thesis could not focus on it enough. Future research could also focus on further differentiating the level of alterations in experience of self in BPD and schizophrenia spectrum disorders, especially from the perspective of phenomenological structures such as embodiment and affectivity.

The phenomenological reconfiguring of BPD symptoms associated with identity disturbances can have implications for therapy, where approaches focusing on forming and enacting one's self and identity could be encouraged. Fuchs (2007) suggests therapy that promotes long-term commitments and relationships to one's self and others. Identity disturbance and fragmentation seem to be complex and entail different levels of self-functioning that are interrelated with other main symptom expressions in BPD, thus emphasis should be put on cultivating and developing all levels of self in therapy.

In the future, it might be especially helpful for people with BPD to focus more on embodied therapies that take place on the nonverbal sense-making level, which have been

effective for people with schizophrenia (Martin et al., 2016) and autism spectrum disorder (Hildebrandt et al., 2016). These therapies may help encourage a more embodied presence that could serve as a fundamental basis for a more stable sense of identity, which could also prove beneficial for other symptoms of BPD—such as emotional and relational instability—as emotion is closely connected to bodily movements and others' bodily resonance (Fuchs, 2014). Future research could also study the effects of these therapies on people with BPD.

6.8 Limitations

Throughout research, various difficulties and limitations were encountered. All participants expressed that they had difficulties with precisely describing their experiences, specifically what emotions they were experiencing. This might be due the nature of BPD itself making it harder to understand and express one's emotional state, but lack of experience with phenomenological reporting, as well as not speaking in their mother tongue could also make it harder to access direct experience of the participants.

Furthermore, difficulties were encountered with describing the elusive experience of the self and its fluctuations, as it is often such an implicit part of experience that does not manifest itself in clear comprehensible ways. In general, sense of self, and especially unstable sense of self, is a difficult aspect of experience to address in phenomenological interviews. However, although it is challenging to research, it is not impossible, and it seems to entail fundamental aspects of impairments in BPD specifically. Researching unstable sense of self can become less difficult with more in-depth descriptions from more experienced interviewers and participants. Conducting more specific interviews and investigating single experiences more in-depth may offer more insight into the phenomenon. Additionally, the experiential data was analysed alone by the author, rather than as part of a larger team of qualitative researchers.

As all the participants had comorbid disorders, and although comorbid disorders are common, epilepsy and being transgendered are strong experiences on their own; for example, the role of body in the transgender participants' (P3) experience is possibly stronger than somebody with (only) BPD. It would be interesting to explore further how the role of body dysphoria affects self-image in people with BPD. It would also be important for further studies to compare the manifestation of identity problems in BPD with other (personality) disorders to see which manifestations are specific to people with

BPD. Nonetheless, the results showed multiple similar aspects of experience in all participants. It would be especially interesting to further explore the possible temporal fragmentation in people with attention deficit hyperactivity disorder (ADHD), as impairments in memory (Alderson et al., 2013) and similar yet different impairments in emotional dysregulation and impulsivity in both BPD and ADHD (Ditrich et al., 2021) may lead to feeling fragmented in both disorders. For example, participant P3 who suffered from both disorders seemed to experience additional impairments in executive function which may offer further insight into instability in self-image, as compounded by other disorders with certain similarities.

If the method of the current thesis would be more specified, it could be used in further studies to investigate these lived experiences more in-depth or to explore other aspects of experience in different disorders. For example, all the sampling moments were random in the current study and interviews were mostly based on the sampled experiences only, thus the sampled moments did not always provide descriptions of experience that was of interest for this study. The sampling process allowed access to the daily lived experience of participants, however, more specific probing of experience related to the phenomenon of interest may offer further insight.

The current study would also have benefited from a bigger sample size, as the long-term nature of the research allowed only for a few very motivated participants to take part. While the final interviews provided validity to the study's findings, collaborating with the participants more during the coding process would ensure a greater degree of validity for the results. To conclude, empirical investigations of unstable sense of self in any disorder, but in BPD specifically, would benefit from a more multifaceted view of self and from a greater level of interdisciplinarity. The objective for future research could be to understand the relationship between bodily experiences, and emotional and relational instability in people with BPD.

Conclusion

I'm at the Roadrunner Café
Probably runnin' away from the feelings today
In the snow-capped mountains of the desert
... Probably runnin' away, I've been meaning to say
That there's nothing to do except know that this is
How the light gets in
By cracking, the light gets in

— Lana Del Rey, *Kintsugi*

The aim of the current study was to explore how identity disturbance and affective instability manifest in people with borderline personality disorder, and how they present individually as well as co-occur with relational instability. In the theoretical part, it became clear that these two symptom expressions seem to be the core of BPD pathology and affect people with BPD in various ways. Introductory information about BPD was presented in the first chapter. The two main symptom expressions, and the ways in which they affect how people with BPD relate to themselves and others, were presented in chapter two and three. The concepts of minimal self and narrative self and how they are affected in BPD were introduced. Additionally, concepts such as temporal fragmentation and narrative incoherence were presented to describe the specific atemporal way of experience—being swept over by emotions and collapsing into the present moment without extension into past or future—that leads to instability in people with BPD. They also often suffer from long-term background feelings of dysphoria that dim one's self, and from *desperate vitality*—a desperate life force that overtakes their body during intense moments and needs to direct its surplus of energy at an object (Stanghellini & Rosfort 2013a), leading to confusion, feelings of emptiness and meaninglessness.

The present study was an inductive-deductive multi-case study exploration of unstable sense of self and emotions. The experiential data was collected through long-term repeated experience sampling and semi-structured phenomenological interviews over a one-year period. The results of the phenomenological investigation were presented in chapter five, Results. The analysis yielded 11 subcategories (with 12 further subcategories)—including *Feelings of fragmentation and incoherence*, *Enacting a self*, *Desperate vitality*, "*Nobody will understand me*", *Need for recognition* and *Meaningfulness*—which were grouped into

four high-level categories of different experiential dynamics: *Unstable sense of self*, *Unstable emotions*, *Existential struggles*, and *Unstable relationships*. All three participants experienced instability and troubles in all four categories.

The experiential data illustrated how identity disturbance is connected to other core characteristics of BPD, such as feelings of inner hollowness and emptiness, temporal fragmentation, fears of abandonment, interpersonal and emotional instability, and feelings of alienation, loneliness, and meaninglessness. The most salient concepts that emerged from the data are that of *Enacting a self*, where participants frequently attempted to enact their authentic self, as they had an imagined ideal world or a state to achieve, but often failed in the process, leading to a *Sense of performativity*, *Dissociation*, or *Distancing from emotions*. The other concept was *Meaning-making* arising from the participants' experienced instability that unstructured the world around them, leading to an overwhelming *Sense of meaninglessness* and *Sense of alienation*, which created this incessant need for creating meaning, doing something significant and finding authenticity.

In conclusion, the data reflects the complexity and multicausality of identity disturbance which is intimately connected to other characteristics of BPD, such as affective and relational instability. Furthermore, as emerged from the discussion in chapter six, BPD seems to be best understood as a multifaceted disorder of the self, involving disturbances in narrative and minimal, or embodied, layers of the self. This study can also contribute to the research and discussion on the nature of the self; by investigating the unstable sense of self, this study may offer further insight into how the self might be structured.

The presented data contributes to a more nuanced and deeper understanding of identity disturbance, which may improve psychotherapeutic treatment for people with personality disorders, and especially BPD, by focusing on cultivating the self and identity in people with severe identity problems. The findings of the study provide insight into inner lives of people with BPD, helping pave the way for more effective psychotherapeutic treatments of personality disorders. As Kierkegaard (1991) postulated "if one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there. This is the secret in the entire art of helping" (p 96). The findings of the study aid in achieving this, helping one understand how painful and disorienting it can be to have to live with identity disturbance.

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Appendix 1: The Sampling Questionnaire

Date:

1. Context of the experience (What are you doing? Where are you (at work, home, inside/outside, in a spacious room, etc.)? Are you together with someone or alone?):

2. What is at the forefront of your experience?

3. Are there other people or attitudes towards other people involved? How do you experience the others?

4. What emotions are you currently experiencing? How intense do they feel? Are they directed towards yourself or others?

5. How you experienced the social situation on a scale from 1 to 10:

Authenticity – performativity (1-10):

Comfortable-overwhelmed (1-10):

Self-agency (1-10):

6. How do you experience your thoughts/mental content?

7. How are you aware of yourself/ of the world? How are you present in the world?

8. How do you experience your body?

9. How do you experience the boundary between yourself and the world?

1. In the last 60 minutes, I called someone to reassure myself that he or she still cared about me.

2. In the last 60 minutes, I did things to avoid feeling abandoned or being abandoned, like trying to stop someone from leaving or keeping tabs on someone.

3. An interpersonal relationship of mine was unstable or intense in the last 60 minutes.

4. I thought that people close to me were worthless in the last 60 minutes, although recently I have thought they were wonderful.

5. My sense of self was unstable in the last 60 minutes.

6. In the last 60 minutes, I felt like I didn't know who I am or like I had no identity.

7. My emotions were on a roller coaster in the last 60 minutes.

8. I was extremely moody in the last 60 minutes.

9. I felt hollow inside in the last 60 minutes.

10. I had feelings of emptiness in the last 60 minutes.

11. In the last 60 minutes, I had difficulty controlling my anger.

12. I lost my temper with someone in the last 60 minutes.

13. I was thinking suspicious or paranoid thoughts in the last 60 minutes.

14. In the last 60 minutes, I felt unreal or things around me felt unreal.

15. In the last 60 minutes, I felt fragmented, inconsistent, incoherent.

16. In the last 60min, I felt like a different person.

17. In the last 60min, my view of myself or feelings about me changed rapidly.