Bortolan, A. 2020. 'Narratively Shaped Emotions: The Case of Borderline Personality Disorder'. *The Journal of Medicine and Philosophy*, https://doi.org/10.1093/jmp/jhz037. Please Cite Published Version

Abstract

In this article, I provide a phenomenological exploration of the role played by narrativity in shaping affective experience. I start by surveying and identifying different ways in which linguistic and narrative expression contribute to structure and regulate emotions, and I then expand on these insights by taking into consideration the phenomenology of borderline personality disorder. Disruptions of narrative abilities have been shown to be central to the illness, and I argue that these disruptions are at the origin of a number of alterations of affective experience. In particular, I suggest that due to the narrative "fragmentation" characteristic of the disorder, the emotions experienced by borderline patients can be less differentiated and have a predominantly bodily and unregulated character.

Introduction

The aim of this article is to explore some aspects of the relationship between affectivityand narrativity from a phenomenological perspective. Drawing on various contributions in the field of philosophy of emotion and psychology, in the first part I argue that the structure of emotions is not independent of narrative self understanding, but is rather shaped by autobiographical story-telling in various ways. I then apply these insights to the analysis of the phenomenology of borderline personality disorder (BPD).

BPD is defined by the DSM-5 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" (American Psychiatric Association [APA], 2013, 663). Within the framework provided by the DSM, the presence of at least five out of a series of nine symptoms is considered necessary in order for BPD to be diagnosed.[1]

[1] The symptoms listed by the DSM are: "1) Frantic efforts to avoid real or imagined abandonment […] 2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation. 3) Identity disturbance: markedly and persistently unstable self-image or sense of self. 4) Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating) […] 5) Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior. 6) Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days). 7) Chronic feelings of emptiness. 8) Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights). 9) Transient, stress-related paranoid ideation or severe dissociative symptoms." (APA, 2013, 663)

Despite not being included among the diagnostic criteria for the illness, disruptions of narrative abilities have been shown to be central to BPD, and to be closely connected to some of its characteristic features, such as identity disturbances (Jørgensen, 2006; Adler et al., 2012). Borderline patients struggle to develop and maintain a coherent sense of self—as exemplified, for instance, by the inconsistency that frequently marks their thoughts and feelings toward self and others, and by the volatility of some of their attitudes and commitments—and these aspects of the disorder have been interpreted as disturbances of narrative identity or selfhood (Fuchs, 2007).

Further developing these insights, in the second part of the article, I illustrate how alterations of narrative self-understanding may be at the origin of a number of disruptions of affective experience undergone by borderline patients. I start by showing that in BPD emotions may be less differentiated than in nonpathological conditions, and bodily feelings and manifestations play a predominant role in their experience and expression. I then identify various ways in which the disruptions of narrativity interfere with the patients' ability to regulate their emotions, focusing in particular on how these disruptions impact on the patients' sense of being in control of their experience and generate affective instability.

Such an analysis adds to our understanding of the phenomenology of BPD by providing an account of the multiple ways in which affective experience in the syndrome is shaped by modifications of narrative understanding. In addition, as affects and narratives can also be significantly involved in therapeutic processes—both in BPD and more broadly—the account here presented also enhances our comprehension of the dynamics involved in the recovery from the illness. In particular, the article provides support to the idea that by modifying in specific ways the form and contents of her self-narratives, the borderline patient may come to experience emotions that are more neatly differentiated, meaningful, and controllable, thus resulting also in greater affective stability and enhanced emotion regulation capacities.

The Impact of Narrativity on the Structure of Emotions

Affective Experience and Language

We talk about our emotions, and this is a very significant part of all the story-telling in which we engage. Language is indeed frequently used to communicate how we feel. However, often, by naming or describing our feelings, we do not just report what we are experiencing, but we rather contribute to shaping the experience itself (Colombetti, 2009).

The idea that language can play such a structuring role is defended, for example, by Maurice Merleau-Ponty in the Phenomenology of Perception (2002). Merleau-Ponty argues that speech and thought should not be considered as independent from one another, as if the former simply transmitted or signaled the presence of the latter like "smoke betrays fire" (2002, 211). On the contrary, he claims that speech is that through which thought is accomplished: language, from this perspective, can be said to constitute, rather than simply manifest, meaning. In this context, Merleau-Ponty likens the relationship between linguistic expression and meaning to the one which exists between an angry or threatening gesture and the corresponding feeling, as, in his opinion, the gesture is not distinct from the feeling, but is rather integral to the feeling itself (2002, 214). The role played by language in the constitution of affectivity is not explicitly discussed by Merleau-Ponty; however, his insights can be extended to suggest that the linguistic "gestures" that are associated with certain emotions do not simply manifest, but rather constitute the emotions themselves.

A position that is congruent with this view and has an explicit focus on emotions is advanced by Susan Campbell in Interpreting the Personal (1997). Central to this work is the rejection of the idea that feelings are completely individuated before they are expressed. Expression, in Campbell's view, rather than simply manifesting a feeling that was fully formed before its manifestation, is fundamental to the constitution of the feeling itself. As such, expression is central to the very articulation of affective experience and to our ability to entertain a variety of sometimes highly distinctive feelings. In Campbell's words: "[t]he richer and more discriminating our ways of expression, the richer and more nuanced our affective lives" (1997, 50).

In line with these accounts, Giovanna Colombetti (2009) maintains that there are a number of dynamics through which language, rather than merely describing emotions, can have the effect of modifying their features. For instance, she suggests that by being verbalized, affective experience can become more precise. According to her, what prior to linguistic expression is a pre-reflective and rather vague bodily feeling, through verbalization can become a more definite experience and acquire a "sense of fulfilment" (Colombetti, 2009, 10). This dynamic seems to be exemplified by the case of romantic love described by Robert Solomon as follows:

> "Our sense of romantic love is a thoroughly reflective emotion […] (It is wellknown that men and women sometimes "discover" that they are in love, but the critical point is that their love is fully realized only once they recognize that they are in love.) The notion of a purely prereflective love would yield little more than animal attraction and some sense of affectionate attachment. Important, yes, perhaps even "basic," but hardly the stuff of romance, poetry, and song." (2007, 227)

Colombetti also maintains that, due to the increased emotional awareness we can reach through linguistic expression, we might allow ourselves to experience the emotion fully and to "indulge" in it, thus suggesting that language can have not only a "clarifying" but also an "enhancing" effect on affectivity. In this regard, she claims that language can enhance affectivity also by inducing new and unexpected affective experiences, as it is the case, in her opinion, with the various techniques involving the association of words adopted by Surrealist writers (Colombetti, 2009, 11–13).

It could seem that the various aspects of the relationship between language and emotions described by Campbell and Colombetti do not necessarily require the presence of a narrative. The form of linguistic expression at issue in these cases can indeed be as simple as the formulation of a statement through which we name the emotion; no implicit or explicit story-telling seems to be needed to do so. However, it must be noted that often we express and communicate emotions by positioning them within broader life stories and, from this perspective, narrativity is certainly involved in the processes through which language molds affective experience. In addition, narrativity plays a central role also in the processes through which we learn to identify and distinguish various emotions.[2]

Culture and interpersonal relationships play a fundamental role in determining our understanding of emotions. Social interactions, especially the ones that take place early in our life, inevitably shape, through the examples, evaluations, rules, and information they provide, our affective experience. Ronald de Sousa, for instance, emphasizing the role of education in the constitution of our emotional repertoire, draws attention to how family and the broader social and cultural domain provide children with an understanding of the type of circumstances and responses—which he calls "paradigm scenarios" (1987, 181–184)—with which the experience of a certain emotion is to be associated. These are examples of what an emotion of a certain kind would typically look like, examples in light of which the child will interpret and organize his own experience. From a developmental perspective, a cardinal role in this process is played by the conversations children have with their parents and caregivers (e.g., Fivush, 1994), and story-telling is a very important way in which this affective vocabulary is constituted. It is by listening to narratives regarding how certain emotions are triggered in others, what kind of experiences they entail, and what kind of consequences they bring about, that we become able to name emotions and to conceive of them as involving certain characteristic elements. As such, narrativity is at the core of the processes through which we gradually become able to identify emotions on the basis of how they are conceived in our social and cultural environment. In addition, emotion categorizations are also disseminated through various mediums such as literary works, music, and films,

[2] In her analysis, Colombetti draws attention also to the role played by language in the categorization of affective experience, suggesting that the diffusion of emotion "labels" and related "descriptions" can shape people's self-experience and behavior, a dynamic that in turn can modify the labels and descriptions themselves (2009, 13).

and this further proves the centrality of narrativity to the dynamics at the origin of our ability to conceive of and talk about affective experience.

Narratives and the Process Structure of Emotions

The accounts of the relationship between emotions and language discussed in the previous section contribute to highlight the importance of narrativity for the structuring of affective experience. Our emotions are often better individuated and shaped in various ways through linguistic and narrative expression, so that their very structure would be different if they were not put into words.

Story-telling, however, influences affectivity also in other ways, and of particular significance is the role it plays in conferring on emotions a temporally extended and meaningful structure.

We frequently narrate our emotions, but these are rarely isolated accounts: on the contrary, emotions are often positioned within broader life stories, and, as remarked by Peter Goldie, it is within these larger narratives that we can make full sense of affective experience (2002, 36). This is the case because through autobiographical story-telling we can establish a series of "explanatory relations" (Schechtman, 2007, 160) between emotions and other events in our life. For example, we can highlight the antecedents of the affective experience, the more or less complex situations that triggered it, as well as the effects it had on the rest of our experience. In other terms, through autobiographical story-telling we position emotions within chains of events that form a "causal network" (Herman, 2013, 237) and that can span periods of time of different length. Viewing emotions as causally connected to various aspects of our life makes it possible to explain them and, in turn, to make the events to which they are related better understandable. However, while acknowledging the role of causal explanations in narrative accounts, some scholars have suggested that narrativity conveys a distinct form of understanding (e.g., Velleman, 2003; Goldie, 2012). From this perspective, it has been emphasized that narrative explanations allow us to see the events in a story as intelligibly related, even if they are not bound to one another by causal relationships. To clarify these claims, we can consider an example of a narrative of grief discussed by Goldie (2011, 136). The passage is taken from C. S. Lewis' A Grief Observed and describes some aspects of the experience of grief undergone by the narrator following the death of "H"[3]:

> "It's not true that I'm always thinking of H. Work and conversation make that impossible. But the times when I'm not are perhaps my worst. For then, though I have forgotten the reason, there is spread over everything a vague sense of wrongness, of something amiss.

[3] As highlighted by Goldie (2012), the book recounts the author's own experiences of grieving following the death of his wife.

> Like in those dreams where nothing terrible occurs—nothing that would sound even remarkable if you told it at breakfasttime— but the atmosphere, the taste, of the whole thing is deadly. So with this. I see the rowan berries reddening and don't know for a moment why they, of all things, should be depressing. I hear a clock strike and some quality it always had before has gone out of the sound. What's wrong with the world to make it so flat, shabby, worn-out looking? Then I remember." (Lewis, 1961, 31, cited in Goldie, 2011, 136)

What does this narrative tell us about the narrator's experience? In the first place, the text characterizes grieving not as a single mental state or event, but rather as a process, something that takes place over a period of time, and involves various mental states and actions (a feature that, according to Goldie [2002, 2011], is common to emotions in general). Second, in this passage a number of different experiences are reported: the rowan berries are seen as depressing, the clock's sound has lost its usual quality and the world, more generally, has acquired a deadly look. Goldie suggests that these experiences are understood to be meaningfully related, but this relationship does not have merely a causal character (2011, 137). We can indeed observe that there is no connection in terms of cause and effect between the way the narrator perceives the berries and the strange way in which the clock sounds to him. Rather, a meaningful relation is established by virtue of both events being depicted as parts of the process of grieving. They are all aspects of the story of the particular loss experienced by the narrator, they are all characterized as connected to his current situation as one in which something valuable is forever missing. In so doing, the narrative ties together the events in the emotional process, so that they no longer appear as isolated, but rather as aspects of a unitary affective experience.

According to Goldie's (2011) account, the narrative is what connects the different elements in a "coherent whole." As such, it is made clear that it is by virtue of their being part of an implicit or explicit narrative that the various aspects of an affective experience are connected to one another and experienced as a unitary phenomenon. In other terms, grief is not an emotion that is first undergone and then reported, but is rather fully constituted through narration. An implication of this view is that if there was no narrative, there would be no emotion as a temporally extended process, but just episodic mental states and events. If there was not a narrative, it would not be possible to grieve in a certain way or, more precisely, to experience the various elements associated with grieving as belonging together, as making up an intelligible whole. As such, narrativity is constitutive of at least certain emotions in the sense that it is what confers on them their temporal structure and allows us to experience them as meaningful phenomena.

Narrativity and the Regulation of Emotions

Narratives are involved in the regulation of affective experience in various ways.[4] In the first place, narrativity can enhance our ability to regulate emotions by virtue of the role it plays in the communication of experience. Story-telling is a fundamental form of emotional expression, and it is key to making our experience accessible to others, thus making it possible for people to benefit from interpersonal support when they are feeling distressing emotions (Greenberg and Angus, 2004).

Story-telling can contribute to emotional regulation also because it allows us to see emotions not as isolated experiences, but rather as part of a broader life story. Positioning emotions within our autobiographical narratives indeed enhances our ability to control them. But why is this possible? Why would an isolated emotion be more difficult to manage than an emotion that is conceived as part of a particular life story?

In the first place, positioning emotions within a particular self-narrative enables us to reflect on the circumstances in which they have arisen, the events that have preceded and followed them, and their connections with other aspects of our life. Describing when and where an emotion appeared may help us to understand why it arose, highlighting its personal meaningfulness and relevance, and in so doing can also enable us to see it as more tolerable and manageable (Angus and Greenberg, 2011, 71).

James W. Pennebaker and Janel D. Seagal, investigating the relationship between writing and improvements in physical and mental health, describe this dynamic in the following terms:

> "[…] once an experience has structure and meaning, it would follow that the emotional effects of that experience are more manageable. Constructing stories facilitates a sense of resolution, which results in less rumination and eventually allows disturbing experiences to subside gradually from conscious thought." (1999, 1243)

Narrating life experiences can enhance emotion regulation abilities because it fosters the capacity to make sense of what happens to us. Engaging in story-telling enables us to establish causal and meaningful connections between various events of our life, thus contributing to the development of a distinct kind of self-understanding. As such, certain forms of story-telling make it possible to better integrate painful experiences into our self-conception and, as suggested by Pennebaker and Seagal (1999) in the passage cited above, in the long run, such an increased awareness and comprehension helps to reduce the pain itself.[5]

[4] A phenomenological discussion of this question is also developed in Bortolan (2019).

[5] The dynamics at the core of this phenomenon have been identified also through a series of empirical studies aimed at examining the contents of specific narratives (Pennebaker and Seagal, 1999). For example, it was shown that writing about traumatic events undergone in one's life often has positive effects from both a physical and a

In addition, by thinking or telling a story about our emotions, we take a reflective stance toward our experience, and this enables us to exert an influence on its development. As noted by De Monticelli (2003, 2006), we can take a position with regard to the emotions we undergo, which can have an impact on the way in which such emotions develop. For example, emotions we are happy about or that we approve of are more likely to be indulged in, while those of which we disapprove can be contrasted or mitigated in a number of ways. Affective story-telling can play a significant role in these dynamics, as through the construction of a narrative not only can I acknowledge my experiencing a particular emotion, but I can also evaluate that experience as good, bad, appropriate, inappropriate, well timed, etc. These evaluations can then be grounds to a plurality of actions that are potentially relevant to affective regulation. For instance, by considering a particular emotion as exaggerated or unwarranted, I can dispose myself to take measures to mitigate and control that emotion.

Story-telling of a certain kind can thus have a positive influence on our ability to regulate emotional processes; this is the case also because it enhances our sense of being able to shape our experience. Emotions are often felt and described as something whose onset and development it is not in our power to control (Bortolan, 2019). They often appear to overwhelm us and to be resistant to our attempts to change them. Due to these features, it is arguable that emotions that are particularly intense or distressing may erode our sense of "self-efficacy," namely, the conviction that we can exert a degree of control over our functioning and circumstances (Bandura, 1993, 118). The experiences associated with engaging in autobiographical story-telling, however, due to their active character, can contribute to counteract these feelings of powerlessness. Constructing a story is indeed an intentional activity, and by performing such an activity, our sense of being able to influence events and impact our situation can be reconstituted and strengthened.

Narrativity and Affectivity in Borderline Personality Disorder

Disturbances of Narrative Self-understanding

So far, I have described different ways in which narrativity can shape the experiential structure of affectivity. I have highlighted how, by being included in particular autobiographical narratives, emotions not only can acquire a more definite character, but can also be experienced as complex and

psychological perspective. In addition, Pennebaker and colleagues found that narratives that led to positive outcomes such as health improvements were the ones in which an increasing number of causal and insight words were used over time (Pennebaker and Seagal, 1999, 1248), thus suggesting that it is the act of gaining understanding into the narrated events that grounds the physical and mental improvements associated with writing about one's own experience.

temporally extended processes whose components are meaningfully connected. In addition, I have argued that story-telling is central to the regulation of emotions. Since narrativity plays such a fundamental role in shaping various dimensions of affectivity, it can then be expected that when disruptions of narrative understanding occur, affective processes will also be negatively affected. I show in the following that these dynamics are prominent in BPD, suggesting that the disturbances of narrativity typical of the illness can determine various alterations in the structure of patients' emotions and in their ability to regulate their affective experience.

The centrality to the disorder of disturbances of narrative self-understanding has been stressed by various scholars. For example, it has been claimed that people affected by BPD have difficulties constructing coherent personal narratives (Jørgensen, 2006; Adler et al., 2012). The notion of coherence relevant in this context is defined by Adler et al. as comprising four dimensions: orientation, structure, affect, and integration (2012, 506). These are characterized as follows:

> "*Orientation* assesses the degree to which the narrative provides the reader with sufficient background information to understand the context of the story. *Structure* assesses the extent to which the narrative flows logically from one point to the next. *Affect* assesses the extent to which the narrative uses emotion language to make an evaluative point. *Integration* assesses the extent to which the narrator relates the episode being described to his or her larger sense of self or expresses why this story has been told." (Adler et al., 2012, 506)

Having assessed the patients' stories along these four dimensions, Adler et al. found that borderline patients show disruptions of overall narrative coherence, a feature that, alongside specific alterations in the contents of the narratives, may be connected with the identity disturbances identified as typical of the illness. The ability to construct coherent narratives is associated by various scholars in psychology and philosophy with a particular form of selfhood—the "narrative self"—and, as such, severe disruptions of narrativity can threaten the integrity of a particular dimension of personal identity.

This idea is at the core also of the account of the disorder provided by Thomas Fuchs (2007). In his opinion, central to BPD is a disruption of the capacity to integrate different and sometimes contradictory aspects of one's personality and experience in a unique and coherent view, and the disorder is to be conceived as a "fragmentation" of narrative selfhood (Fuchs, 2007, 381). Endorsing Ricoeur's (1994) account of selfhood and Frankfurt's (1971) conception of the person as an individual who is capable of holding second-order desires that have first-order volitions as their object, Fuchs considers the ability to reflect on one's own mental states and to take a position toward them as a fundamental feature of the narrative self. According to him, borderline people have an impaired capacity to represent and evaluate their mental states, and this is what leads to the disruption of narrative selfhood characteristic of the

disorder. These disturbances affect the structure of affective experience in multiple ways, and in the following I highlight the influence they may have on the bodily aspect of emotions and on their regulation.

Affectivity and Bodily Experience

By drawing on Colombetti's (2009) work, I previously drew attention to how language can confer on affective experience a more precise character. By virtue of being labelled or described, emotions can acquire a higher degree of distinctiveness and, thus, be more clearly differentiated from other affects and bodily feelings. The disruptions of narrative abilities experienced by borderline patients may hinder these processes, so that affective states in the disorder tend to be less clearly individuated. To best highlight this point, it is helpful to take into consideration how the body might be experienced in the disorder.

In BPD, the experience of the body is altered in various respects. As observed by Stanghellini and Rosfort (2013), for instance, borderline patients may experience various anomalous physical sensations, such as unpleasant feelings of excitement, energy, or arousal. An example of this predicament is provided by the following firstperson report: "I had this energy in all my body, not a pleasant energy, rather an uncomfortable feeling of excess. A sort of sexual excitement, but not exactly so. Something electric moving in my flesh. A current or heat!" (Stanghellini and Rosfort, 2013, 155). Stanghellini and Rosfort (2013) emphasize the centrality of these feelings to the experience of people affected by BPD. More specifically, they claim that the affectivity of the borderline person is dominated by the presence of a bodily "vitality" or "force," namely, a set of feelings with no intentional content and irreducible to discrete emotions that the subject is unable to control. In this regard, from a psychological perspective, attention has been drawn to the notion of tension, characterized as the "subjective perception of aversive, high arousal" (Stiglmayr et al., 2001, 111) not associated by the patient with the experience of any specific emotion. According to Stiglmayr et al., borderline patients experience states of aversive tension more intensely and for longer periods than people without the disorder.

It is arguable that these generic experiences of excitement or tension are related to the difficulty to identify emotions that characterizes the disorder. Levine, Marziali, and Hood (1997), for instance, showed that compared with controls, borderline patients have lower levels of emotional awareness and are less accurate in the identification of facial expressions of emotions. This feature seems to be closely connected to the disturbances of narrative abilities that mark the disorder. As previously mentioned, labeling or describing emotions has the effect of clarifying our experience, conferring on it a higher degree of distinctiveness. As the ability to narrate emotions may be impaired in BPD, the patients'

feelings can be blurred and their experience can involve an indefinite sense of arousal rather than of distinct emotional states.

These dynamics are related also to another feature of affective experience in BPD, namely, the fact that the expression of emotions may have primarily a bodily character. Since, due to the disturbances of narrative self-understanding, the verbalization of emotions is often problematic for borderline patients, the body becomes a very powerful tool of affective expression. Fonagy et al. (2002) draw attention to this aspect in their discussion of the case of Emma, a young patient Fonagy supervised during a six-year period of psychoanalytic treatment. Emma suffered from diabetes, but admittedly often manipulated her dose of insulin to keep her weight under control, to the point that, during the year before the beginning of her treatment with Fonagy, she was hospitalized eight times due to keto-acidosis. Based on experience interacting with the patient throughout the therapeutic process, Fonagy et al. suggest that, while Emma's ability to identify and discuss her mental states was disrupted, her bodily conditions played a significant role in the manifestation of her affective experience. As they explain:

> "Emma would communicate anxiety by becoming ketotic. Her bodily states of "highs" and "lows" conveyed her mood far better than did her verbalizations […] She enacted with her body in the session, created real anxiety, real anger, and real confusion, rather than being able to describe these as current internal states […] Many of the feelings and ideas that Emma was unable to represent as thoughts and feelings were experienced in relation to her body." (Fonagy et al., 2002, 404)

Closely related to these observations is the idea that in BPD emotions are often "actedout," that is, they are impulsively expressed through behaviors and actions. To exemplify this aspect, it is helpful to consider the structure of anger in the disorder (cf. e.g. Pazzagli and Rossi Monti, 2000). The angry reactions of borderline patients can take the form of intense outbursts that are difficult to predict and can develop very quickly without a real or serious enough reason to justify them (e.g., Kreisman and Straus, 2010). In the disorder, anger frequently takes the form of sudden explosions followed by extreme gestures and actions, and arguably, this is the case also because, rather than being experienced as a process that involves a plurality of affective, cognitive, and volitional components, anger in BPD may involve primarily a series of bodily feelings and action tendencies. Although particularly visible in the case of anger, this is not a characteristic of this emotion alone, but rather a more widespread feature of affective experience in the disorder.

Another aspect of the particular role played by the body in the affectivity of the borderline patient regards the centrality of self-harm to the syndrome. It has been maintained that the majority of people

affected by BPD engage in self-injurious behaviors (Gunderson and Links, 2008, 24); when the reasons for self-harm are investigated, it appears that often these behaviors are undertaken to express feelings that the subject perceives he does not have other resources to communicate. The expressive role of self-injurious behaviors is highlighted for instance in the following first-person reports:

> "I want to cut. I want to see pain, for it is the most physical thing to show. You cannot show pain inside. I want to cut, cut, show, show. Get it out. What out? Just pain." (Gunderson and Links, 2008, 25)

> "When I cut, I don't have to try to explain how bad I am feeling. I can show it." (Mason and Kreger, 2010, 35)

Kreisman and Straus observe that, although over time self-harm can become a planned procedure, in the beginning it often has the form of an impulsive action (2010, 46). As such, at least initially, self-mutilative behaviors could be the effect of the action tendencies generated by specific negative emotions such as anger, or shame.[6] However, borderline patients may also engage in self-harm intentionally and for a variety of reasons. Self-harm can be not only a way to communicate emotions, but also to generate them and, thus, overcome the sense of emptiness (APA, 2013, 663) that often characterizes the illness. In addition, self-injurious behaviors can be undertaken in the attempt to regulate one's affective experience. A study conducted by Kleindienst et al. (2008), for instance, showed that 95% of patients in their study experienced a decrease in aversive tension following nonsuicidal forms of self-injury; feelings of relief and even "calm euphoria" are sometimes reported after these episodes (Kreisman and Straus, 2010, 48–49). As such, self-injurious behaviors are activities in which the individual may voluntarily engage to manage or generate certain feelings.

The central role of the body in the experience and expression of emotions in BPD can be related to the breakdown of narrativity in multiple ways. As observed above, emotions that are not named or described tend to be experienced as rather vague bodily feelings, and these are difficult for the patient to contain and modulate. In addition, the disruptions of narrativity are detrimental to the person's ability to construct emotions as meaningful and temporally extended processes. As I showed in section II by drawing on Goldie's (2011) account, life stories enable us to createintelligible connections between emotions and other mental states and events, and through this process, emotions themselves can develop over time as meaningful wholes. As such, when these dynamics are hindered, it is not possible to experience emotions as comprising a plurality of different elements that unfold diachronically, and bodily manifestations are what remains prominent in affective experience.

[6] For an exploration of the role of shame in BPD see, e.g., Crowe (2004).

Affective Regulation

The difficulty in regulating emotions is a central aspect of BPD, and the disturbances of narrativity are cardinal to its generation. One reason why this is the case has to do with the role played by story-telling in the ability to control one's affects. I previously highlighted that by narrating emotions we can contextualize them and identify how they are connected to events and aspects of our life. As a result, the affects that are narrated are experienced as more manageable, and the act of narrating itself enhances the person's sense of being able to control her own experience. The disruptions of narrativity typical of BPD can thus significantly hinder the person's sense of empowerment and capacity to manage distressing experiences.

The disruption of regulation abilities in the disorder also depends on other factors and, in particular, on the lack of coherence that marks the borderline person's storytelling. As discussed above, it is difficult for borderline patients to connect in a coherent narrative their past and present experiences, and a clear example of this aspect of the disorder is provided by the examination of the particular way in which self and others are evaluated. As far as their interpersonal relationships are concerned, borderline patients tend to oscillate between idealization and devaluation of the people with whom they interact (APA, 2013, 663). Typical of the disorder is the tendency to perceive others as totally "good" or "bad" and to shift between these two views (Fuchs, 2007, 382). To adequately describe this feature, often referred to as "splitting" (e.g., Kernberg, 2015), it is important to consider the recurrent nature of this experience for people affected by the disorder. Indeed, this is not simply a matter of having an overly optimistic view of another person that is subsequently discovered to be very different from reality—as might be the case in a number of our ordinary interpersonal interactions. The dynamic present in BPD is different for two reasons.

In the first place, borderline patients exaggerate not only the positive but also the negative characteristics of the people with whom they interact: they see others as completely good or bad, "as either a wicked witch or fairy grandmother, a saint or a demon" (Mason and Kreger, 2010, 26–27). Second, they shift back and forth between these two extremes within the same relationship, potentially generating puzzlement and distress in the people who interact with them. Common in BPD is then a "black and white" attitude in the evaluation of other people and the inability to integrate in one view their positive and negative features. In this regard, it has been observed that it is as if the borderline person had no memory of the traits of others as experienced through previous encounters (Kreisman and Straus, 2010). On the contrary, others seem to be evaluated only on the basis of the latest interaction the borderline person has had with them, so that, as observed by Kreisman and Straus, they are responded to as if they were "someone new on each occasion" (2010, 38).

A high level of instability, which often takes the form of a polarization between two extremes, is typical also of the evaluative attitude the borderline person has toward herself (Fuchs, 2007, 382). Her self-image can change very quickly over time and be highly dependent on the present moment, so that if she has done something good, a very positive self-image is elaborated, but as soon as something considered less positive happens, the self-evaluative attitude is reversed and the borderline person's conception of herself shifts to the negative extreme. BPD is thus characterized by the lack of a stable view of self and others as multifaceted individuals who possess both good and bad traits. It is as if the borderline person continuously had to prove her value and to test other people's, and any mistake or failure automatically canceled the awareness of previous successes (Kreisman and Straus, 2010, 40–41).

As such, in the disorder there seems to be an almost exclusive focus on the "here" and "now," as if the person lived each moment in isolation from what preceded it. consequently, when undergoing a particular emotion, it can be difficult for the borderline patient to understand and even recall that he might have felt different, and sometimes opposite emotions at different times. This is exemplified by the description provided by Rachel Reiland in her memoir of the feelings she experienced for her therapist:

> "I loved him so much at that moment I couldn't believe how I could have harboured the hateful thoughts that had prompted the note. At times like this I could not imagine how I could have hated him—ever. In times of hatred I sometimes wished I could summon these warm feelings of love. But they always seemed to elude me." (2004, 135)

Affectivity in BPD is thus present-focused and seemingly impermeable to the influence of past events, beliefs, desires, and emotions. Due to their being so isolated, emotions lose their boundaries and are experienced as if they were never-ending. This feature is apparent in another passage from Reiland's account:

> "Every strong feeling was not only absolute, but eternal. It didn't matter if a person close to me had occupied the pedestal ten minutes ago and been the object of my abundant love. When the emotions changed, it was as if that love had never existed and the hatred I felt today would be the way I felt forever." (2004, 88–89)

An important aspect of emotional dysregulation is affective instability, and this is strongly related to the narrative impairments previously discussed. To best explain this point, it is helpful to distinguish between various facets of the notion of affective instability itself. On the one hand, this concept refers to the frequency with which affective states change. On the other hand, the concept is also related to

the “amplitude” of the changes experienced, namely, whether these changes involve large or small valence variations (Larsen, 1987; Ebner-Priemer et al., 2007a). BPD is characterized by alterations along these dimensions, with people reporting both more frequent and larger changes in affective experience. As far as frequency is concerned, in the disorder there is a higher variability of both positive and negative moods (Nica and Links, 2009), and borderline patients overall report more emotions than controls (Ebner-Priemer et al., 2007b), thus suggesting that in the disorder affective states alternate more often than is the case with people who are not affected by BPD. With reference to the amplitude of affective changes, the disorder is characterized by large oscillations—for example, sudden large decreases in positive moods (Ebner-Priemer et al., 2007a)—and negative moods are usually more intense than in controls (Nica and Links, 2009).

The account of the relationship between affectivity and narrativity I have been developing provides a theoretical framework that can also shed light on the aspects of affective instability just outlined. The frequent and large changes of moods and emotions can be accounted for by referring to the fact that affective states in the syndrome are not embedded in an unfolding autobiographical story. Due to not being narrativized, the affects experienced by the borderline patient cannot be contextualized and interpreted through the identification of meaningful connections between them and other aspects of the person’s life. As a result, affects appear less understandable and manageable, and both their intensity and volatility is exacerbated. As discussed previously, emotions experienced in the “here” and “now” are perceived as absolute and eternal, but they can also be swept away very easily when the perceptions, thoughts or impressions that sustain them change, as there is no developing narrative within which they can be anchored.

In addition, as also highlighted by Fuchs (2007), reflective and position-taking abilities are central to narrative self-understanding, and the disruption of these abilities significantly contributes to the affective instability characteristic of the syndrome. Borderline patients have difficulties to take an observational and evaluative stance toward their own mental states; as such, it is problematic for them to orientate and control the course of their affective experience. As a result, the motivation and commitment of borderline patients’ may be very volatile. This is demonstrated, for example, by the frequency with which they may change jobs, ideas, and friends, and by their tendency to show different characteristics according to the person with whom they interact, as well as to rely excessively on the social context in defining their identity (Jørgensen, 2006).

Conclusion

This study has shown that narrativity has a radical impact on affectivity because narratives have the power to shape the experiential structure of emotions in multiple ways. In the first place, describing

emotions and including them in our life stories contribute to them acquiring a more specific character and to their differentiation from other bodily feelings. Second, autobiographical story-telling makes it possible to confer on affective experience a temporally extended and meaningful structure. Finally, narratives can contribute to the regulation of emotions by enhancing the ability to control them through different mechanisms.

When narrative capacities are compromised, as is the case in BPD, a plurality of disturbances of affectivity are then likely to ensue. An example of this dynamic has been provided in the second part of the article, where it has been shown that the emotions experienced by borderline patients are altered in several respects. In particular, emotions in BPD can be less differentiated and expressed primarily through the body; they may not unfold meaningfully over time and may be severely dysregulated.

On this account, it must be concluded that narrativity is very intimately connected to affective experience, and the numerous processes that constitute this relationship need to be adequately taken into consideration in the exploration of psychopathology and, in particular, in therapeutic contexts. Both narrative therapy (Angus and McLeod, 2004) and other therapeutic approaches have highlighted the centrality of life stories to the recovery process, and the present study supports the idea that by restoring, developing, and modifying one's self-narratives, significant affective changes can be triggered.

Due to the specific disturbances experienced by borderline patients, the analysis developed here highlights three main aspects of narrative self-understanding the strengthening of which may be particularly fruitful in a therapeutic context. In the first place, enhancing the patients' ability to construct self-narratives in which different emotions are named, and their unfolding over time described and neatly delimited would have a positive effect on the person's capacity to experience a wider variety of clearly differentiated emotions. Second, by establishing connections between the causes, manifestations, and effects of various emotional episodes, the patient would increase her capacity to see her affective life as having a meaningful and complex structure. In so doing, the relationships between past events, present experiences, and expectations regarding the future would become more visible, enabling the person not to be entirely focused on the "here and now" and, thus, fostering affective stability. Finally, strengthening the capacity to construct narratives in which one's emotions are evaluated may also contribute to the stability and regulation of the person's experience, by increasing her capacity to shape the unfolding of her affective states over time.

Acknowledgments

This article was completed during my appointment as a Government of Ireland Postdoctoral Fellow (project "The Phenomenology of Self-Esteem"—GOIPD/2016/555), and I thank the Irish Research

Council for their support at the time. This article originated in the research I carried out as a PhD student at Durham University, and I thank Matthew Ratcliffe, my PhD Supervisor, and the postgraduate community in the Department of Philosophy for helpful conversations during this period. A previous version of the paper was presented at "Emotions, Normativity, and Social Life"—the San Raffaele Spring School of Philosophy held in Milan in June 2016—and I am grateful to the audience at the event for their feedback. Many thanks also to the anonymous reviewers for their comments.

References

Adler, J. M., E. D. Chin, A. P. Kolisetty, and T. F. Oltmanns. 2012. The distinguishing characteristics of narrative identity in adults with features of borderline personality disorder: An empirical investigation. Journal of Personality Disorders 26(4):498–512.

American Psychiatric Association (APA). 2013. Diagnostic and Statistical Manual of Mental Disorders. DSM-5. 5th ed. Washington, DC: American Psychiatric Association.

Angus, L. E., and L. S. Greenberg. 2011. Working with Narrative in Emotion-Focused Therapy. Changing Stories, Healing Lives. Washington, DC: American Psychological Association.

Angus, L. E., and J. McLeod, eds. 2004. The Handbook of Narrative and Psychotherapy. Practice, Theory and Research. Thousand Oaks, CA: SAGE Publications.

Bandura, A. 1993. Perceived self-efficacy in cognitive development and functioning. Educational Psychologist 28(2):117–48.

Bortolan, A. 2019. Phenomenological psychopathology and autobiography. In The Oxford Handbook of Phenomenological Psychopathology, eds. G. Stanghellini, M. Broome, A. Fernandez, P. Fusar-Poli, A. Raballo, and R. Rosfort, 1053–1064. Oxford, United Kingdom: Oxford University Press.

Campbell, S. 1997. Interpreting the Personal. Expression and the Formation of Feelings. Ithaca, NY: Cornell University Press.

Colombetti, G. 2009. What language does to feelings. Journal of Consciousness Studies 16(9):4–26.

Crowe, M. 2004. Never good enough - Part 1: Shame or borderline personality disorder? Journal of Psychiatric and Mental Health Nursing 11(3):327–334.

De Monticelli, R. 2003. L'Ordine del Cuore. Milano, Italy: Garzanti.

De Monticelli, R. 2006. The feeling of values. For a phenomenological theory of affectivity. In Theories and Practice in Interaction Design, eds. S. Bagnara and G. Crampton Smith, 57–76. Mahwah, NJ: Lawrence Erlbaum Associates.

de Sousa, R. 1987. The Rationality of Emotion. Cambridge, MA: MIT Press.

Ebner-Priemer, U. W., J. Kuo, N. Kleindienst, S. S. Welch, T. Reisch, I. Reinhard, K. Lieb, M. M. Linehan, and M. Bohus. 2007a. State affective instability in borderline personality disorder assessed by ambulatory monitoring. Psychological Medicine 37(7):961–70.

Ebner-Priemer, U. W., S. S. Welch, P. Grossman, T. Reisch, M. M. Linehan, and M. Bohus. 2007b. Psychophysiological ambulatory assessment of affective dysregulation in borderline personality disorder. Psychiatry Research 150(3):265–75.

Fivush, R. 1994. Constructing narrative, emotion, and self in parent-child conversations about the past. In The Remembering Self. Construction and Accuracy in the Self-Narrative, eds. U. Neisser and R. Fivush, 136–57. Cambridge, United Kingdom: Cambridge University Press.

Fonagy, P., G. Gergely, E. L. Jurist, and M. Target. 2002. Affect Regulation, Mentalization, and the Development of the Self. New York: Other Press.

Frankfurt, H. G. 1971. Freedom of the will and the concept of a person. Journal of Philosophy 68(1):5–20.

Fuchs, T. 2007. Fragmented selves: Temporality and identity in borderline personality disorder. Psychopathology 40(6):379–87.

Goldie, P. 2002. The Emotions: A Philosophical Exploration. Oxford, United Kingdom: Oxford University Press.

Goldie, P. 2011. Grief: A narrative account. Ratio 24(2):119–37.

Goldie, P. 2012. The Mess Inside. Narrative, Emotion, & the Mind. Oxford, United Kingdom: Oxford University Press.

Greenberg, L. S., and L. E. Angus. 2004. The contribution of emotion processes to narrative change. A dialectical constructivist approach. In The Handbook of Narrative and Psychotherapy. Practice, Theory, and Research, eds. L. E. Angus and J. McLeod, 331–50.Thousand Oaks, CA: Sage Publications.

Gunderson, J. G., and P. S. Links, 2008. Borderline Personality Disorder. A Clinical Guide.2nd ed. Washington, DC: American Psychiatric Publishing.

Herman, D. 2013. Storytelling and the Sciences of Mind. Cambridge, MA: MIT Press.

Jørgensen, C. R. 2006. Disturbed sense of identity in borderline personality disorder. Journal of Personality Disorders 20(6):618–44.

Kernberg, O. F. 2015. Borderline (patient) personality. In International Encyclopedia of the Social & Behavioral Sciences, ed. J. Wright, 2nd ed., vol. 2, 755–759. Amsterdam, The Netherlands: Elsevier.

Kleindienst, N., M. Bohus, P. Ludäscher, M. F. Limberger, K. Kuenkele, U. W. Ebner-Priemer, A. L. Chapman, M. Reicherzer, R. D. Stieglitz, and C. Schmahl. 2008. Motives for nonsuicidal self-injury among women with borderline personality disorder. The Journal of Nervous and Mental Disease 196(3):230–6.

Kreisman, J. J., and H. Straus. 2010. I Hate You – Don't Leave Me. Understanding the Borderline Personality. New York: Perigee.

Larsen, R. 1987. The stability of mood variability: A spectral analytic approach to daily mood assessments. Journal of Personality and Social Psychology 52(6):1195–204.

Levine, D., E. Marziali, and J. Hood. 1997. Emotion processing in borderline personality disorders. The Journal of Nervous and Mental Disease 185(4):240–6.

Lewis, C. S. 1961. A Grief Observed. London, United Kingdom: Faber and Faber.

Mason, P. T., and R. Kreger. 2010. Stop Walking on Eggshells. Taking Your Life Back When Someone You Care about Has Borderline Personality Disorder, 2nd ed. Oakland, CA: New Harbinger Publications.

Merleau-Ponty, M. 2002. Phenomenology of Perception. Trans. C. Smith. London, United Kingdom: Routledge and Kegan Paul.

Nica, E. I., and P. S. Links. 2009. Affective instability in borderline personality disorder: Experience sampling findings. Current Psychiatry Reports 11(1):74–81.

Pazzagli, A., and M. Rossi Monti. 2000. Dysphoria and aloneness in borderline personality disorder. Psychopathology 33:220–6.

Pennebaker, J. W., and J. D. Seagal. 1999. Forming a story: The health benefits of narrative. Journal of Clinical Psychology 55(10):1243–54.

Reiland, R. 2004. Get Me Out of Here. My Recovery from Borderline Personality Disorder. Center City, MN: Hazelden.

Ricoeur, P. 1992. Oneself as Another. Trans. K. Blamey. Chicago: The University of Chicago Press.

Schechtman, M. 2007. Stories, lives, and basic survival: A refinement and defense of the narrative view. Royal Institute of Philosophy Supplement 60:155–78.

Solomon, R. C. 2007. True to Our Feelings. What Our Emotions Are Really Telling Us. Oxford, United Kingdom: Oxford University Press.

Stanghellini, G., and R. Rosfort. 2013. Borderline depression. A desperate vitality. Journal of Consciousness Studies 20(7–8):153–177.

Stiglmayr, C. E., D. A. Shapiro, R. D. Stieglitz, M. F. Limberger, and M. Bohus. 2001. Experience of aversive tension and dissociation in female patients with borderline personality disorder – A controlled study. Journal of Psychiatric Research 35(2):111–8.

Velleman, J. D. 2003. Narrative explanation. The Philosophical Review 112(1):1–25.