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Q8	Please provide the page range in references: Mckenzie and Harpham (2006), Murray and Sools (2014). 



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The loneliness of personality disorder: a phenomenological study

Olivia Sagan

Abstract

Purpose – *The purpose of this paper is to investigate the experience of loneliness amongst people who have been diagnosed with borderline personality disorder.*

Design/methodology/approach – *The research used a narrative phenomenological approach.*

Findings – *The study found that the loneliness experienced amongst this group of participants was perceived to have taken root in childhood and was not a transient state. Its endurance, however, had led participants to develop a number of strategies as means by which to manage what was felt to be a deep seated painful sense of emptiness; some of these strategies were, however, risky or harmful.*

Research limitations/implications – *Limitations of the study include the absence of longitudinal data which would have offered the opportunity for the close study of how people manage the experience over time.*

Practical implications – *The study has practical implications for mental health professionals wishing to better understand the difficulties faced by individuals with the characteristics described, but it also highlights the resilience of sufferers who, while living with acute loneliness continue to explore ways of managing it.*

Social implications – *The study brings to the attention that the connectivity and sociability required and expected in today's society emphasise the lack of lonely individuals, further stigmatising loneliness as deficit and taboo.*

Originality/value – *The paper offers a welcome addition to loneliness studies in its adherence to the phenomenological experience and offers a small corrective to the bulk of existing loneliness studies which, while valuable have been more attentive to exploring the constituent elements of loneliness than the lived experience of it.*

Keywords Narrative, Borderline personality disorder, Loneliness, Phenomenology

Paper type Research paper

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Introduction

Until Fromm-Reichman's seminal paper in 1959, there had been a neglect in psychology of the experience of loneliness one that represented no less than a "glaring deficiency" Mijuskovic (2012, p. 128). However, loneliness is now most certainly under scrutiny, unsurprisingly given a perceived increase in loneliness in post-democratic (Crouch, 2004) society, with its default towards considering the metrics of human conditions such as loneliness in terms of economic cost. This increase has to suggestions that we are entering "a post-social condition" (Monbiot, 2014) with the hold of loneliness on citizens of neoliberal economies (Verhaeghe, 2014) part of a pervasive emphasis on individuality (Sønderby, 2013) that is now of great interest.

Within psychology, literature (Heinrich and Gullone, 2006) presents compelling evidence of a correlation between loneliness and poor health that lent support to policy moves begun in the 1990s towards building and strengthening social capital and to later neoliberal approaches to health and social care (Ferragina and Arrigini, 2016). There are warnings of cognitive decline as a result of loneliness (Gow *et al.*, 2007; McKenzie and Harpham, 2006; Morgan and Swann, 2004); of increased mortality (Holt-Lunstad *et al.*, 2010; Holt-Lunstad *et al.*, 2015); of elevated vascular resistance and blood pressure (Hawkey *et al.*, 2010); increased depressive symptomatology (Cacioppo, Hawkey and Thisted, 2010); and faster mental decline in older

adults (Wilson *et al.*, 2007). Attention has also been turned to evolutionary mechanisms (Cacioppo, Cacioppo and Boomsma, 2014) and the application of neuroscience to further explore loneliness (Powers *et al.*, 2013; Cacioppo, Capitanio and Cacioppo, 2014).

The phenomenology of loneliness

In order to quantify the phenomenon of loneliness much of the extant research has employed loneliness scales which have side-lined the phenomenological experience of loneliness and also fallen short of critiquing the dominant discourse of loneliness. Phenomenology and psychoanalytic psychology, in offering useful correctives to the positivist paradigm have been more attentive to exploring the constituent elements of loneliness and the lived experience of it. Phenomenological and psychoanalytic thought have also been key in proposing views of loneliness less saturated in the language of deficit and more attuned to the possibility of loneliness as potentially restorative and creative (Moustakas, 1961; Mijuskovic, 2012; Willock *et al.*, 2012; Richards *et al.*, 2013; Rosenbaum, 2013). For phenomenology and psychoanalysis, loneliness is seen as part of the human condition, less pathologised and far more complex.

Through the lens of phenomenology, the links between loneliness and political context have been scrutinised (Fromm, 1941; Arendt, 1962). For Heidegger, solitude was a prerequisite for thought, with aloneness no less than an ontological necessity at the moment of confrontation with our mortality. Contemporary phenomenologists (e.g. Frie, 2012) draw on, amongst others, Binswanger (1975) who asserted the primacy of the individual's world-relatedness and stressed the importance of examining the betweenness that substantiates human experience.

In the psychoanalytic literature loneliness appears as a watermark of the canon with loneliness and longing constituting core components of its key constructs (Willock, 2012). Winnicott (1958) is enduringly a touchstone; his thoughts on the capacity to be alone suggesting both a developmental achievement and an existential necessity. Developmentally, the prerequisite for managing loneliness is the formation of functional holding introjects: when the real object is not present, one must make do with the internal felt presence. Chronic aloneness marks a state where this capacity is absent (Adler and Buie, 1979). Kernberg (1975) suggested that the desire for the return of the lost object is the crucial distinction between the person who is lonely and the one who is empty, the latter experiencing resignation about the state of loss. From the social needs perspective, loneliness originates from a lack in our primary relationship with theoretical origins in John Bowlby's work. A more contemporary understanding of the social needs approach is seen in the work of Hojat (1989, 1998) who suggests that loneliness as a pathological state is due to a breakdown of social needs in early childhood and ensuing intrapsychic conflicts.

Melanie Klein offers poignant exploration of loneliness and towards the end of her life was preparing a book on the topic, of which her 1963 paper "On the sense of Loneliness" was but a kernel. Her work is important in its depiction of loneliness as a state latent in us all. She argued, however, that because of its genesis in our earliest experiences, it is most likely to be a feature amongst people with chronic forms of mental illness. Klein presents a useful synthesis of the psychoanalytic and the phenomenological. For while she is concerned with the impact of a fraught beginning to one's life she also addresses how the drive towards integration undertaken by an individual concerns a deliberative, iterative addressing and readdressing of one's own internal and external world in an attempt to make sense of the human experience.

Loneliness and borderline personality disorder (BPD)

In recent years, a number of researchers have explored the experience of loneliness amongst individuals diagnosed with BPD, (*inter alia* Renneberg *et al.*, 2011), a condition estimated to be prevalent in 1-3 per cent of the general population (Leichsenring *et al.*, 2011). BPD is a controversial diagnosis (Miller *et al.*, 2008) and is often termed a "wastebasket diagnosis" because of tendencies in clinical practice to apply the diagnosis when ambiguous symptomatology is presented. One study found that psychiatrists mentioned the diagnosis of BPD up to four times more often than any other diagnosis when asked about the characteristics of "difficult patients" (Koekkoek *et al.*, 2006, p. 797). Treatment with adults thus diagnosed

Q1

identifies difficulties including “an inner sense of emptiness” (Pazzagli and Monti, 2000, p. 220); indeed BPD has been described by one sufferer[1] as the most “lonely existence imaginable” and the study in this paper set out to explore this loneliness, in the words of those who claim it as theirs.

Methodology

A narrative phenomenological approach was used in this study as a means by which personal experience can be investigated in a manner that maintains the notion of human agency and subjectivity while avoiding the risk of reducing experiences to language practices. Within health psychology researchers have long emphasised the value of narrative research as a means of making sense of the disruption of illness (Crossley, 2000; Murray and Sools, 2014) with illness narratives offering rich depictions of the experience of illness. The philosophical underpinning of the present study lies in a critical constructivist perspective on narrative (Richert, 2010), an approach that subscribes to ontological realism combined with epistemological constructivism; i.e. our knowledge remains subjective and incomplete. Data was analysed by coding dominant categories which were then reanalysed to identify the sub-themes contained therein. The thematic analysis (Braun and Clarke, 2006) brought to bear interpretation in the quest for a meaning imbued understanding of experience (Frosh and Saville Young, 2008).

Participants

Calls were made through mental health online networks for adults with a diagnosis of mental ill-health willing to talk about experiences of loneliness. This chapter focusses on the findings from the seven participants with a diagnosis of BPD. These participants were aged in between 25 and 61 with ethnicities including White British; Asian; British Asian and European. The ethical process of the host university was adhered to as were the guidelines for undertaking survivor research (Faulkner, 2004).

Interviews

Interviews took place in person or by Skype and were arranged at a time and place most convenient to the participant. The interview aimed to be literally an “inter-view, an interchange of views between two persons conversing about a theme of mutual interest” (Kvale, 1999, p. 101). Some participants reported on it having been a positive process for them, with the free-associative element being useful (Hollway and Jefferson, 2000).

Individual ways of thinking of and managing the experience of loneliness

For this chapter only one of the emergent themes will be presented, that of individual ways of thinking of and managing the experience of loneliness. Readers familiar with individuals diagnosed with BPD will not be surprised to read that each participant, unbidden, disclosed difficult or traumatic early years experiences (Cicchetti and Crick, 2009). Experiences included emotional, physical and sexual abuse, neglect or abandonment. Each participant spoke of characteristics known to those identifying with BPD (Sulzer, 2015): a pattern of unstable and intense interpersonal relationships; identity disturbance; impulsivity in areas that are potentially self-damaging; recurrent suicidal behaviour and last but certainly not least, chronic feelings of emptiness. What was striking in speaking with each person is that these behaviours, while self-destructive, were nevertheless means of coping with unbearable emotions. At the heart of those unbearable emotions lay the extreme loneliness of the BPD sufferer.

For Cordelia, self-harm was a way to deal with overwhelming feelings of loneliness:

I just felt different from everybody else [...] it was just that I had an incredible empty space inside me that didn't seem to be filled with anything that I did. I began to feel more and more different and more lonely [...] I used to self-harm because that made me feel real in that moment. So I'd have lots of bruises because I used to hit myself with [...] from about eight upwards I used to beat my legs; we had a hard bath brush. It was rigid plastic the handle and I used to put a flannel over my leg and just beat

myself with it because in that moment I was there and of course by hurting yourself you trigger off the endorphins, you hurt yourself badly enough so you have a bit of a reprieve from the emotions that you are feeling. I couldn't have named them at that time.

Cordelia, now a grandmother, tells her story of a life filled with self-harm; sexual confusion; hospital admissions; therapies and dramatic peaks and troughs of coping. She recounts how even now:

I'm married and have two boys and a granddaughter, who is beautiful [...] but a lot of the time, most of the time [...] I don't feel the connection. I'm alone and lonely and I would do anything not to be like this. I don't know how to feel real – although I pretend to be real and maybe if I pretend long enough perhaps I'll be real. But it doesn't work like that [...] sometimes the loneliness gets so bad [...] that you think – I think I'm already dead. As if I'm already empty, will I be like this when I'm dead?

Pip, a 61-year old man who told me his story filled with strained jokes and busy detail about his involved life – explained how drugs had been used throughout it as a way of coping with always feeling an outsider:

I just never felt like I fitted in anywhere. It was that sort of thing that you were there but you were watching from the outside all the time. I was always, always out, going to parties, going to clubs, going to live music and doing all these things but I always felt uncomfortable. I always felt uncomfortable. It is not that I sit on my own all the time but I do feel this huge emptiness and that's another part that's always gone on in my life. This huge emptiness and I don't know [...] Also I feel invisible and I think that is one of the other things that I am really [...] you know, I can be walking [...] I mean where I live is very busy. There are all the coffee bars and stuff like that but it is like I can't be seen. It's a weird thing isn't it? I can be walking down yet I can see all these activities going on but it's like I'm not there and nobody can see me. I get very lonely.

So I think I've taken myself away from a lot of life because I feel, you know, diseased if you like, and that kind of stigma [...] you are unclean, sort of tainted.

Early experiences of abuse and rape led, for Mia, to an enduring fear of any relationship and an inability to trust. A resultant lack of connection led to an extreme loneliness and withdrawal:

I very much keep people at arm's length. So then people stop trying to engage with me. So some of it is self-imposed but I don't necessarily do it on a conscious level. It's a form of protection I guess. [...] when times are tough I go inside myself and I retreat from the world and I hide in my house and this is where the loneliness comes in I suppose. There's [...] like this sense of emptiness. Wanting to do things differently but not feeling able to [...] it's just that emptiness and that [...] it's almost the desperation of wanting to allow people in but not being able to. I just think I've been lonely all my life. Even though there were times when there were people around me if you like, who I thought were my friends, I don't think I ever really, I've ever felt part of anything.

Interviewer: "Do you think that is always going to be the case?"

"Yes."

Sue, a 30-year old who spoke of years of drinking heavily, said she had been trying to:

[...] numb the empty feeling; yeah, it was – well it was to feel something basically, yeah, to feel that rush at the time and otherwise I'd just feel completely empty [...] coping I think and also it gave me an identity as well. Constant loneliness; even in a crowded room; always – I've always felt completely detached from everybody – everything and everybody [...] there's always that part of me that doesn't feel I belong and that makes me feel lonely.

Eventually Sue began to give up drinking, but an eating disorder developed:

And I started to lose weight and then somehow the purging came in as well and I've now realised that it's a great coping mechanism instead of drinking.

For me loneliness is not feeling [...] is feeling I'm not part of anything. I'm not part of the world. I just feel like I'm completely shut off and that nobody, nobody notices, nobody cares, nobody – I'm not good enough.

A sense of "deserving" no better and of being dirty, soiled goods (Goffman, 1963), needing to be punished – was also present in the narratives of loneliness. As Hazel put it:

[...] it's fearful, overwhelming loneliness [...] like I'm a freak of nature that should never have been born and therefore this is kind of the – this is just – what my life is, what's, what I was destined for. You know, this is almost my punishment for surviving the rest of it.

Sue was a participant who alluded to the additional fear of transgenerational loneliness, saying “I think it’s a genetic thing because I know my Mum has struggled with loneliness.” This now added to her fears; as a mother she is worried about her son, and constantly vigilant, looking for “the signs”:

I worry about my son’s loneliness actually because he is very – he is ten now and he is very [...] he doesn’t socialise. I worry about he is going to have the same, the same sort of distance, like deliberately distancing himself from people as well. I worry he’s going to be lonely.

Twenty-five year old Tobias, repeatedly sexually abused as a child, already has a long history of hospitalisation and periods of intense withdrawal during which he immerses himself in the world of online gaming:

I would have been fifteen, just turned fifteen, and eventually I just stopped going to school and became so fixated on this game as escapism from what, from everything; the hallucinations and everything. It did – it did and it didn’t help because I played that game for two years pretty much non-stop. That’s all I would do [...] It was to block out the world, completely block out the world. I think it was because I felt so disconnected from the world; the world didn’t feel particularly real.

Feeling alone is when you know there are some people around you but you feel so paralysed that you can’t talk to them or you shouldn’t talk to them because you are always second-guessing what to say. Should I say this? Should I say that?

Loneliness [...] it feels like you have lost part of yourself. Being alone [...] loneliness is soul destroying. I’ve learned to cut off my emotion quite entirely – at the end of the day I don’t want to be alone but I feel I always will be and that is something I am going to have to come to terms with [...].

Discussion

From the broader sample of adults with a range of mental health difficulties a striking point to emerge was that while all participants spoke in depth of loneliness, those with a diagnosis of BPD spoke of it as not being episodic but an inherent part of themselves, that is, a trait not a state (Jones, 1987).

Q2

The words used to describe the feeling of loneliness, its “haunting alienation” (Miriam) and not fitting in anywhere, point to *unheimlichkeit*, in Heidegger (1998) terms, an inability to find or to feel at home in the world, an ontological un-relatedness of the individual. This inability, an impossibility to “connect, like other people do” (Sarah) was spoken of repeatedly. Added to this, the parallel processes of stigma led these individuals to a further sense of being on the outside – a marginalisation which “brings about a sense of disconnection, dissociation from society at large, and a sense of aloneness and loneliness” (Rokach, 2014, p. 147).

To probe into the intractability of this way of being (or not being, to echo the narratives in this research) it is worth considering that for Heidegger *dasein* is neither autonomous nor self-contained, but always already situated in the world. Thus, *dasein* exists as being-in-the-world – a central concept of Heidegger being *mitsein*, of being with others. In its most practical manifestation, the person living with BPD is encountering the extreme pressures of alienation from something that is impossible to apprehend: others. This *unheimlichkeit* has a circular effect; ontological anxiety and fear furthering mental distress. Participants described efforts made to find anchor points, such as work, volunteering, arts activities and religion to provide some sense of connection. Accounts told too of the short-lived relief of these and the exhaustion that followed. A cessation of such activities threw the individual once again into a liminality; a painful threshold between life and death, Heideggerian being towards death. Faced with this, there was the return to one or more of the destructive behaviours that afforded some temporary relief from the feeling of emptiness and loneliness.

The existential psychologist Ludwig Binswanger supplemented Heidegger’s project with a theory of reciprocal love, offering an inter-relational approach in psychotherapy. Binswanger recognised three simultaneous modes of being-in-the-world: the *Umwelt*, constituting the environment within which a person exists; the *Mitwelt*, or world of social relations and the *Eigenwelt*, the private world of self. According to Binswanger, the three modes together constitute a person’s world-design, the general context of meaning within which a person exists. The participants in this study can be

seen to be alienated and stigmatised in the first; barred access to the second and dangerously immersed in the latter, the only actual mode of being-in-the-world. Binswanger relates his discussion of individualised existence to the experience of severe loneliness, which is sometimes characterised by a state of utter hopelessness, again, exemplified in these narratives. This type of loneliness carries the threat of being entirely incommunicable, indeed of not existing.

In the object-relations school of psychoanalysis the self can only materialise by being mirrored by the psyche of the primary object. Another person is needed to experience our own self. Shared reality comes to be established by means of a subtle intertwining of both intrapsychic and interpersonal processes, and this allows for belonging, for familiarity. Klein (1963) states that “we long to develop a mind that is understood and recognised, both by others and by ourselves” (Likierman, 2001, p. 192) but this achievement should not be underestimated. Benjamin (1998, 2004) defines intersubjectivity as a relationship determined by mutual recognition. Yet this need for recognition from other at the very least gives rise to a contradiction, because, Benjamin (1988) suggests, “such recognition can only come from another whom we, in turn, recognise as a person in his or her own right”. (p. 12). And herein, perhaps lies the crux of the loneliness of the BPD sufferer, who, unrecognised, cannot in turn recognise other. Prompted by first and then repeated instances of trauma, a disassociation has been marshalled to manage the overwhelming affect and this continues to be the modus operandi at times of stress. This dissociation is so complete that the other fails to exist, if indeed it had ever taken root internally, as object or Kleinian part-object. Adler and Buie (1979) attest to this paucity of inner objects, the lack of an internal representation of a “real” person. Because of this lack, one cannot apprehend other in any way than as a threat to one’s being-in-the-world, tenuous as it is, and the extent of this loneliness can barely be imagined. Pazzagli and Monti (2000, p. 223) describe what they call the solitude of the borderline personality as a “[...] solitude dominated by emptiness”.

Q3

The experience of trauma was imprinted on the narratives in this study and both psychoanalysis and phenomenology can offer insight into how trauma and un-relatedness lie at the core of the loneliness experienced by people in this study. For Stolorow (2013, p. 211) Heidegger’s phenomenological analysis of angst give us tools for understanding the impact of trauma and he brings our attention back to the Heideggerian formulation of anxiety and its “indefiniteness”, with the world collapsing into itself, lacking any meaning or significance, *unheimlichkeit*. The loneliness of the traumatised BPD sufferer, rendered acute, can thus be better be grasped, through a view that accommodates both psychoanalytic and phenomenological vision.

Implications

This study has implications for a range of mental health practitioners who seek to understand the struggle of people with this still little understood diagnosis. This struggle is one that is not easily ameliorated by current popular initiatives embedded in the neoliberal project with its “responsibilising” of individuals (Cradock, 2007). Initiatives that encourage people with mental health difficulties to connect and interact are, to say the least simplistic – because we do not grasp the tallness of that order. The study also speaks to the growing body of “loneliness research” in psychology and highlights the complexity and specificity of loneliness when interfaced with particular conditions.

The most prominent treatments for BPD stress that at the heart of the condition lies acute difficulty with the interpersonal and this study would support such claims. Mentalization-based therapy is demonstrating promising results (Bateman and Fonagy, 2008, 2009) and there is also emerging evidence to suggest that there is a role for art making in this process (Springham *et al.*, 2012; Eastwood, 2012). Some studies (*inter alia* Sagan and Sochos, 2016) suggest the iterative process of being seen through one’s art and the oscillation between art making and art sharing (Johns and Karterud, 2004) may facilitate mentalization within a safe environment.

Finally, exploring the loneliness of the person living with BPD offers insight into the complex ways in which we all are, or are not, connected as a species to one another. Such explorations help us question the very ways we each interface with others as we negotiate what Szasz (1961) saw as the problems of living – one of which must surely be profound loneliness.

Note

1. <https://bbrfoundation.org/bpd> (Brain & Behavior Research Foundation, accessed February 2017)

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