Studies on Phenomenological Mind

Phenomenological-Hermeneutical Approach to Borderline Personality Disorder

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Pablo Fossa

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Series Editor: Pablo Fossa

The focus of this book series, Studies on Phenomenological Mind, is the publication of books related to phenomenological research on human consciousness. This series seeks to establish a dialog between psychology and phenomenology to explore the mysteries of consciousness. This series publishes theoretical and empirical contributions coming mainly from philosophy and psychology, integrating research from the philosophy of mind, phenomenology, and theoretical psychology. The purpose of this new series is the publication of contributions of frontier works between psychology and philosophy, with a theoretical and empirical orientation, that account for the contribution of phenomenology to psychological research on consciousness. This new series seeks to fill the gap in the links between phenomenological philosophy and psychology, in relation to the problems of human consciousness. In this sense, this series is positioned in the border zone between phenomenology, philosophy of mind and theoretical psychology, to deepen the understanding of the human psyche and to challenge and question the empirical methodologies to investigate it. In short, this publication space seeks to provide interdisciplinary theoretical and empirical contributions through a dialog about the human mind between phenomenologists and psychologists.

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Pablo Fossa is a professor and researcher at the Faculty of Psychology of the Universidad del Desarrollo, Chile. He received a PhD degree in Psychology from the Pontifical Catholic University of Chile. His doctoral thesis dealt with the expressive dimension of inner speech in human experience from a microgenetic perspective. He did a postdoctoral fellowship financed by the National Commission for Scientific and Technological Research (CONICYT) of Chile, with a research project on trajectories of thought from a microgenetic orientation. His lines of research are related to Cognition, Cultural Psychology and Phenomenology. Specifically, his interest has been in exploring human consciousness by focusing theoretically and empirically on the border between psychology and phenomenology. He is an active member of the Society for Historical Cultural Activity Research (ISCAR), the International Society for Dialogical Self (ISDS), and the International Society for Theoretical Psychology (ISTP). He is the author of several academic articles published in important international journals, such as

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CHAPTER 1

INTRODUCTION

Borderline Personality Disorder (BPD) is a severe psychiatric condition that profoundly affects both individuals and their close social environment (APA, 2013). With a prevalence rate fluctuating between 10% and 13% of the population, BPD can occur either as an isolated condition or comorbidly with other mental disorders (Mosquera, 2004). The complexity of its nosology and resistance to treatment poses significant challenges, with improvements in prognosis often remaining elusive (Skodol et al., 2002). This difficulty underscores the high research interest in BPD, especially in developing more effective treatment approaches.

BPD is typically characterized by a pervasive pattern of instability in interpersonal relationships, self-image, affect, and marked impulsivity (APA, 2013). Common symptoms include chronic feelings of emptiness, impulsive behaviors in at least two areas, frantic efforts to avoid real or imagined abandonment, and unstable interpersonal relationships that oscillate between extremes of idealization and devaluation (APA, 2013).

In terms of clinical treatment, a combination of pharmacological and psychotherapeutic approaches has traditionally been employed to achieve the best possible outcomes (Álvarez, 2001). Pharmacologically, antidepressants, anticonvulsants, antipsychotics, and benzodiazepines are commonly used to manage emotional and behavioral disturbances (Chávez-León et al., 2006).

On the psychotherapeutic front, four primary models have emerged: two rooted in Psychodynamic theory and two in Cognitive-Behavioral theory (Zanarini, 2009). The Psychodynamic models include Mentalization-Based Therapy by Bateman and Fonagy (2006) and Transference-Focused

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Therapy by Otto Kernberg (Clarkin et al., 2006). On the Cognitive-Behavioral side, Dialectical Behavioral Therapy by Linehan (1993) and Schema Therapy by Jeffrey Young (Young et al., 2003) are widely applied.

While BPD has been well-documented regarding its symptoms, treatments, and prognosis, experiential aspects of the disorder—particularly from a comprehensive, phenomenological perspective—remain underexplored. This highlights the need for a deeper understanding of the lived experience of individuals with BPD, which could inform more empathetic and effective intervention strategies.

Karl Jaspers, a key figure in psychopathology, emphasized the importance of understanding mental phenomena comprehensively, advocating for an unprejudiced immersion into the facts of psychic life without rushing to conclusions (Jaspers, 1965). According to Jaspers, the clinical approach should balance explanation, akin to how a physicist studies matter, with understanding, which allows access to the inner world of meaning rather than relying solely on quantitative analysis (Jaspers, 1959).

In recent years, there has been growing interest in considering hermeneutic and phenomenological traditions as alternatives to the natural-science-driven models that dominate current psychotherapy and diagnostic approaches (Mook, 2010). These approaches emphasize understanding individuals within the context of their language, history, and culture. Philosophers such as Heidegger (2020), Gadamer (1982), Merleau-Ponty (1945), and Ricoeur (1981) have laid the groundwork for this interpretative focus, where "interpreting" the lived experience takes precedence over merely "explaining" it.

A phenomenological approach to understanding BPD could yield new insights into the subjective experiences of those diagnosed with the disorder. The field of phenomenological psychiatry, as pioneered by figures such as Stanghellini and Lysaker (2007), has already demonstrated the value of exploring first-person experiences in conditions such as schizophrenia (Irarrázaval, 2015) and bipolar disorder (Doerr-Zegers, 2011).

At an international level, institutions such as the Center for Subjectivity Studies at the University of Copenhagen have contributed significantly to understanding subjective psychiatric experiences through phenomenological lenses. Their research includes studies like "The Ontology and Epistemology of Symptoms" (Parnas & Urfer-Parnas, 2017) and "Empathy in the Phenomenological Tradition" (Jardine & Szanto, 2017). One particularly notable contribution is the Examination of Anomalous Self-Experience, developed by Parnas et al. (2013), which offers a structured approach to examining the lived experience of psychiatric disorders.

However, despite some promising research, clear methodological guidelines for applying hermeneutic phenomenology to BPD remains scarce. For example, Camille Abettan (2015) has reflected on the limitations of

phenomenological psychiatry in diagnosing BPD, suggesting that the role of phenomenology is not to determine who is ill but rather to explore the existential threats revealed in an "uncovered existence."

Other studies, such as those by Paul Cammell (2016) and Houben et al. (2015), have explored emotional instability and self-destructive behaviors in individuals with BPD, while Marlene Dor's (2015) doctoral thesis offers a phenomenological analysis of the lived experience of BPD patients in New Zealand. Yet, many of these studies, while insightful, lack clear phenomenological and hermeneutic methodologies, making it difficult to replicate their findings or apply their insights more broadly.

In summary, while the theoretical groundwork for a hermeneutic phenomenological approach to BPD has been laid, there remains a critical need for methodological clarity and consistency. Such an approach would not only deepen our understanding of the subjective experiences of individuals with BPD but also challenge the stigmatizing assumptions often made by both the general public and mental health professionals.

The aim of this study is to develop a structured hermeneutic phenomenological methodology for understanding the lived experiences of people with BPD. This approach will focus on narratives related to emotional, relational, cognitive, and self-image experiences, contributing to a holistic understanding of the disorder. The anticipated outcomes will offer valuable insights for psychotherapists and mental health professionals, fostering more empathetic, individualized care.

The research objectives are as follows:

- To develop a structured methodology for exploring the lived experience of individuals with BPD from a hermeneutic phenomenological perspective.
- To identify and analyze the experiential narratives of individuals with BPD, focusing on emotional, relational, cognitive, and self-image dimensions.
- To evaluate the effectiveness of a hermeneutic phenomenological approach in capturing the depth of BPD's subjective experience.

This study aims to generate a significant scientific contribution by offering a comprehensive framework that can be applied not only to BPD but also to other mental health conditions. Through this framework, clinicians will gain a clearer understanding of which experiential elements are essential in therapeutic work and which should be carefully considered to ensure holistic patient care.

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CHAPTER 2

INSTABILITY AS A PRINCIPLE—DIVING INTO BORDERLINE PERSONALITY DISORDER

Borderline Personality Disorder (BPD) is a complex mental health condition that deeply affects the lives of those who suffer from it. Its prevalence is estimated at 1–2% of the general population (Grant et al., 2008). BPD is characterized by a wide array of symptoms that impact emotional regulation, interpersonal relationships, and cognitive functioning (APA, 2013; Gunderson & Links, 2008; Paris, 2019).

The diagnosis and management of BPD present significant challenges for mental health professionals due to the variability in symptom presentation and the complexity of the disorder (Paris, 2019). Furthermore, societal stigma and misunderstandings about BPD often prevent affected individuals from receiving proper treatment and support (Sansone & Sansone, 2015).

According to the American Psychiatric Association (2013), the key symptoms associated with BPD include:

- Intense efforts to avoid real or imagined abandonment.
- Unstable and intense personal relationships, characterized by alternating between idealization and devaluation.
- Emotional instability due to heightened reactivity to mood states.
- Chronic feelings of emptiness.

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- Intense and inappropriate anger, with difficulty controlling it.
- Transient stress-related paranoid ideation or severe dissociative symptoms.

The etiology of BPD is multifactorial, involving genetic, biological, and environmental factors (Ruocco et al., 2019). Recent research has focused on brain function abnormalities, particularly in regions related to emotional processing (Cremers et al., 2021). Childhood trauma, including emotional or physical abuse, has also been identified as a significant factor that may increase vulnerability to developing BPD (Zanarini et al., 2002).

Treatment for BPD requires a comprehensive approach that addresses the disorder's various dimensions. Dialectical Behavioral Therapy and Cognitive Behavioral Therapy are widely regarded as effective therapeutic approaches for treating BPD (Bateman & Fonagy, 2009; Cristea et al., 2017; Linehan, 2018). These therapies focus on helping individuals manage intense emotions, regulate mood, improve interpersonal relationships, and challenge dysfunctional thought patterns.

Dialectical Behavioral Therapy, developed by Marsha Linehan (1993), has proven effective in reducing self-injurious behaviors, suicidality, and other symptoms of BPD. Cognitive Behavioral Therapy, on the other hand, helps individuals identify and change dysfunctional thoughts and behaviors associated with BPD, thereby improving overall functioning and quality of life (Young et al., 2006).

In addition to therapy, medication is sometimes recommended to control symptoms. Antidepressants, particularly selective serotonin reuptake inhibitors, can be helpful for managing depression and anxiety, while mood stabilizers, such as lithium or valproic acid, can help control impulsivity and mood swings (APA, 2013; Paris, 2019; Stoffers et al., 2012).

This integrated approach, combining therapy and medication, is tailored to the unique needs of each individual, offering a solid foundation for managing BPD and improving the quality of life for those affected.

BPD can significantly impact the social, occupational, and emotional functioning of individuals. Emotional instability, impulsivity, and difficulties in emotional self-regulation often make it challenging for those with BPD to maintain stable, satisfying relationships (APA, 2013). Social stigma, discrimination, and isolation are common experiences for individuals with BPD, further exacerbating the challenges they face (Gunderson & Links, 2008; Sansone & Sansone, 2012).

Stigma surrounding BPD can hinder access to appropriate care. Negative stereotypes and a lack of understanding about the disorder often lead to discrimination, making it difficult for individuals to seek help (Sheppard et al., 2023). This isolation can worsen BPD symptoms, making everyday functioning even more difficult (Borschmann et al., 2012).

Continued research into BPD is essential for improving our understanding of its underlying causes and treatment options (Choi-Kain et al., 2017). BPD is a complex disorder involving a dynamic interaction between biological, psychological, and environmental factors (Gunderson & Links, 2008). Current research is focusing on potential biomarkers, neurobiological abnormalities, and genetic factors that contribute to the development and persistence of BPD (Ruocco et al., 2012). Additionally, new therapeutic approaches, such as Acceptance and Commitment Therapy and Mentalization-Based Therapy, are showing promise in managing BPD symptoms (Bateman & Fonagy, 2009; Stoffers et al., 2012).

Public awareness and education about BPD are crucial for reducing stigma and promoting empathy and understanding. Individuals with BPD often face discrimination due to a lack of awareness about the nature of the disorder and the stereotypes associated with it (Bonnington & Rose, 2014). Educating the public can help dismantle these harmful stereotypes and foster greater understanding and support for those affected by BPD.

This research aims to contribute to the destigmatization and deeper understanding of BPD by focusing on the subjective experience of individuals with the disorder. By exploring BPD from a first-person perspective, this study hopes to promote a more holistic understanding of the condition. In doing so, it seeks to inform psychotherapeutic strategies that address the core issues faced by individuals with BPD, ultimately improving their quality of life.

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