

Fragmented Selves: Temporality and Identity in Borderline Personality Disorder

Thomas Fuchs

Psychiatric Department, University of Heidelberg, Heidelberg, Germany

Key Words

Borderline personality disorder · Temporality · Narrative identity · Self-coherence · Self-fragmentation

Abstract

The concept of narrative identity implies a continuity of the personal past, present and future. This concept is essentially based on the capacity of persons to integrate contradictory aspects and tendencies into a coherent, overarching sense and view of themselves. In 'mature' neurotic disorders, this is only possible at the price of repression of important wishes and possibilities for personal development. Patients with borderline personality disorder lack the capacity to establish a coherent self-concept. Instead, they adopt what could be called a 'post-modernist' stance towards their life, switching from one present to the next and being totally identified with their present state of affect. Instead of repression, their means of defence consists in a temporal splitting of the self that excludes past and future as dimensions of object constancy, bonding, commitment, responsibility and guilt. The temporal fragmentation of the self avoids the necessity of tolerating the threatening ambiguity and uncertainty of interpersonal relationships. The price, however, consists in a chronic feeling of inner emptiness caused by the inability to integrate past and future into the present and thus to establish a coherent sense of identity. The paper outlines the concept of narrative identity and explores its disturbances in

borderline personality disorder. Finally, the increasing prevalence of these disorders is linked to the development of a mainly externally driven, fragmented character in post-modern society.

Copyright © 2007 S. Karger AG, Basel

Introduction: Narrative Identity

'Man is the animal which is able to make promises', wrote Nietzsche [1] in his *Genealogy of Morals*. This means that man has an efficient memory which does not forget what he once said and did, and which enables him to project his wishes and purposes into the future. It also means that he has an inner censor commonly called conscience that keeps a close watch on his promises and obligations lest they should be violated. On the other hand, Nietzsche was worried about the question of whether this kind of historical memory bars us from happiness [2]. The beast, by living unhistorically, 'closely tied to the peg of the moment' and not knowing about past or future, lives in simple happiness. For man, however, who is unable to forget, this kind of happiness remains for ever out of reach.

Nietzsche's doubts have been confirmed by Freud's pessimism regarding the progress of culture: the moral constraints and abdications which culture imposes on the individuals necessarily conflict with their quest for

happiness, causing all kinds of neurotic suffering. In spite of this criticism, Western philosophy until today has continued to emphasize man's ability of self-control and long-term self-determination. Thus, according to the American philosopher Harry Frankfurt [3], persons are essentially characterized by their freedom to control their momentary desires. For instance, I might have the desire to smoke a cigarette and indulge in it; but I might also judge this desire to be unhealthy and wish I did not have it, or at least that it be ineffective. Frankfurt calls the wish to smoke a 'first-order desire' and the wish not to have this wish a 'second-order desire' or 'second-order volition' – wanting to want or not to want something. By forming such overarching and enduring volitions, a person endorses a particular set of first-order desires and dismisses others. This capability, according to Frankfurt, is the basis for holding persons morally responsible for their actions. On the other hand, someone who is ruled only by his momentary impulses, i.e. who is driven and impelled by his first-order desires – a drug addict or a borderline patient, for instance – lacks an essential feature of what we call a person, namely autonomy. He is unable to control his impulses and may not be held responsible for his actions.

Along the same lines, the French philosopher Paul Ricoeur places the essence of the human person in the temporal relationship that we have toward ourselves. According to Ricoeur [4], persons are not just things in the world that are characterized by remaining the same over time, by the mere constancy of their names, bodies or characters. The person is rather someone who acts and speaks and, in doing so, proves to be a self-understanding being, a being that relates to itself. Therefore we ask ourselves: 'Who am I?' and not 'What am I?'. The answer to the question of who I am lends another quality to singularity and sameness: it is only me that can be responsible for acts done by me in the past; and I remain myself by being faithful to my promises in the future. Ricoeur calls this kind of temporal or historical identity, different from the mere constancy or sameness of things, 'ipse identity' or 'ipseity'. The ipseity or selfhood of the person opens up the sphere of responsibility and faithfulness, of the values and norms we adhere to, and thus establishes the historical continuity that we regard as essential for personal identity.

Both responsibility and promise make clear that these concepts of personal identity are essentially related to *the other*, that means the person we talk to and to whom we are responsible, be it a real or imaginary person. There is an inner witness in most of our actions and intentions to

whom we could give an account of what we did and justify what we are doing – an *implicit other*. This leads to the concept of *narrative identity* as put forward by authors such as MacIntyre [5], Carr [6] and Ricoeur himself. Narrative identity implies a meaningful coherence of the personal past, present and future that is similar to the unity of a story that we are telling. 'We live immersed in narrative, recounting and reassessing the meaning of our past actions, anticipating the outcome of our future projects, situating ourselves at the intersection of several stories not yet completed' [7, p. 3]. A narrative, however, only makes sense for a real or an implicit other.

Thus, for MacIntyre, the unity of an individual life is the unity of a coherent narrative enacted through the course of that life, or at least the 'unity of a narrative quest' that we are striving to make coherent and to bring to a meaningful conclusion [5, p. 219]. However, such narrative structuring of lived life does not mean that narratives are finished products of reflective thought [8]. Rather, 'stories are lived before they are told', namely as 'enacted narratives' [5, pp. 211f.]. In all our actions and in the actions of others, we assume a basically intelligible, meaningful course of goals and means, of beginnings, middles and endings, and we assume the acting person to be the *agent* or *author* of this sequence, similar to an author of fiction. Thus, our everyday dealing with others already implies a narrative 'pre-understanding' which may, but does not necessarily have to be put into the words of an explicit story. Moreover, the concept of narrative identity does not imply that narratives are solitary works of isolated writers of their own life stories. Personal identities are rather constituted by a complex interaction between first-, second- and third-person perspectives [9]. The others are not only the implicit auditors and witnesses, but also the co-authors of our life stories.

In sum, rather than maintaining a passive model of a person's identity, recent hermeneutic theory emphasizes its active and creative construction by the person as the 'author' of the self-narrative. In these concepts, temporality, narrativity and coherence of identity are closely intertwined. What is the significance of these concepts for psychopathology? – Here we have to take into account that narrative identity is essentially based on the capacity of the individual to integrate contradictory aspects and tendencies into a coherent, overarching sense and view of his or her self. Divergent tendencies and strivings have to be ruled out more or less permanently; otherwise the story would splinter into incoherent fragments. However, Nietzsche and Freud have taught us that, as a rule, this is only possible at the price of repression of important wish-

es and possibilities for personal development. Therefore, the power of second-order volitions, promise and conscience is often not sufficient to keep one's life on track: neurotic disorders are the manifestation of repressed wishes and unconscious memories that are permanently excluded from awareness in order to establish a coherent and predictable identity. Repression and neurosis are the price that individuals of Western society pay for their identity, constancy and mutual reliability.

This picture seems to have changed dramatically since Freud's times. The formation as well as the concept of personal self-coherence has been questioned by three major developments:

- 1 the rise of new kinds of early or ego-structural disorders with marked disturbances of identity, above all borderline personality disorder (BPD) – patients who are unable to develop classic neurosis;
- 2 the rapid dissolution of traditional family structures and role patterns in post-industrial society, resulting in fragmented biographies;
- 3 the post-modernist criticism of the traditional concept of the person as being only a historical and artificial self-construction under the rule of an authoritarian rationality [10, 11].

In what follows, I first want to describe the phenomenology of self-fragmentation in BPD against the background of the concept of narrative identity and then point out some characteristic changes of society that may be important for understanding these disorders.

Fragmented Selves: BPD

Giving a general characterization, we may say that patients with BPD lack the strength to establish a coherent self-concept. Instead, they adopt what could be called a post-modernist stance towards their life, switching from one present to the next and being totally identified with their momentary state of affect. This results in a temporal splitting of the self that tends to exclude past and future as dimensions of object constancy, commitment, responsibility and identity. Thus, borderline individuals exhibit what may be called a *fragmentation of the narrative self*. I will now describe this under the headings of impulsivity, splitting, identity and intersubjectivity.

Impulsivity and Affect Dysregulation

Let us first take a closer look at a core symptom of the disorder, namely impulsivity. It is well known from clinical experience that these patients are highly unpredict-

able, switching from one state of affect and behaviour to the opposite without understandable reason. Moreover, impulsive spending, promiscuity, binge eating, substance abuse, reckless driving and violence are common symptoms of the disorder. They express the patients' inability to contain and regulate emerging moods and affects [12]. They undergo most intense and abrupt mood changes, including mainly anxiety, dysphoria, anger, shame and depression, but also short-lived enthusiasm or euphoria. The more extreme the distortion in one direction, the easier it tips over to the opposite pole. Each time, however, the patients are completely identified with their momentary state of mind, unable to gain a distance from the present situation. As a result, they are torn by emerging impulses – bursts of anger and aggression, compulsive eating, addiction, self-mutilation, and so on. They may also be curious, constantly seeking for novelties and events, but they do so without patience, desperately searching for immediate satisfaction or reward. Wishes and impulses flare up and vanish again, driving the patients forward, but without coalescing to form a long-term, resolved and overarching will. In other words: borderline individuals lack the capacity to form enduring second-order volitions in the light of which present impulses could be evaluated and selected.

As a result, the patients are unable to draw on the experiences of the past in order to determine their own future by reflected decisions. They miss the experience of agency or authorship of their life. One could say that instead of projecting themselves into the future, they just stumble into it. Thus borderline individuals exhibit a characteristic temporal structure: they *are* only what they are experiencing at this moment, in an often intense and yet empty and flat present; for this present may only be experienced passively, not as the result of one's own planning and will. They are, as it were, 'tied to the peg of the present moment' as Nietzsche thought animals are – but of course they do not live in simple happiness. Rather, they often describe lasting feelings of emptiness and boredom, since their transitory present has no depth. It lacks the fulfillment which only originates from the integration of past experience and anticipated future. In order to fill the void, momentary pleasures, thrills and ecstasies are sought, turning life into an unconnected series of fleeting events instead of a continuous history. This constant attempt of the borderline individual to create a 'world of feasts' and highlights has aptly been summarized, in Bin Kimura's term, as an '*intra-festum*' temporality [13, 14]. Others have defined borderline temporality as a *cyclical structure* without any historical progression [15].

Splitting

While impulsivity concerns the sphere of affect, will and action, a similar temporal phenomenon is found in the sphere of affect, value and perception, usually called *splitting*. It signifies a tendency to regard and evaluate a present object or person in a one-sided and absolute manner, without any shadings or ambiguities, and separated from its context. All deviating aspects are neglected and split off. According to Kernberg [16], who introduced the term of splitting into psychopathology, borderline individuals are especially unable to integrate positive and negative aspects of the self and others into coherent perceptions. The other is either totally good or totally bad, ideal or devalued, dominant or powerless, and in the temporal sequence, this results in a constant oscillation between these contradictions. There is no integration of a series of interactions to form a coherent concept of the other. The patient lacks 'object constancy' in the sense of being able to retain a positive image of important others in spite of temporary separation or rejection. The contradictory truth that things or persons can be black and white, good or bad etc., *at the same time*, seems unimaginable.

The same all-or-nothing scheme applies to the perception of oneself: Depending on the present state of affect, the self is either noble or mean, grandiose or corrupt, dominant or powerless, a victim or a victimizer and so on [17, p. 28]. These contradictory representations of self cannot be perceived simultaneously. They follow each other in the patient's mind, and he or she is hardly able to recognize the contradiction. This splitting is based on a lack of higher-level, self-observational processes by which a person normally monitors ongoing thought for coherence and accuracy. Again, the patients do not gain a reflective position beyond their present state from which they could integrate divergent aspects of their selves. This aspect is dealt with in more detail below under the heading of intersubjectivity.

Fragmented Identity

The result is what I have already called a *fragmentation of the narrative self*: a shifting view of oneself, with sharp discontinuities, rapidly changing roles and relationships and an underlying feeling of inner emptiness. There is no sense of continuity over time and across situations, no concept of self-development that could be projected into the future, but only an endless repetition of the same affective states, creating a peculiar atemporal mode of existing. The patients often rapidly change their goals, jobs and friends as well as their convictions and values; they

are unable to commit themselves to a set of self-defining values, enduring relationships and long-term aspirations [18]. Even their sexual identity may be unstable and shifting.

Though identity disturbance can be found in other types of personality disorders as well, it is typically associated with BPD and present in the majority (60–90%) of cases [19]. Patients describe a painful sense of incoherence and inauthenticity; they feel as if they were only pretending to be what they are, as if they cheated others into believing them. In fact their personality often changes dramatically depending on who they are with. They seem to adopt different identities at different times, which sometimes gives these patients a chameleon-like appearance [18, p. 352].

The fragmentation of identity is connected to an *incoherence of autobiographical memory* to be found in borderline individuals. They have marked difficulties in recalling specific autobiographical experiences, and often their narrative accounts show large gaps or inconsistencies [19–21]. One subject who was unable to remember several years of her childhood and could not even recognize herself in photos from that period, described a sense of radical discontinuity of self over time: 'I feel like I am a completely different person than I used to be' [18, p. 354]. These difficulties are mainly related to the patients' tendency to dissociate [22]. Dissociation may be regarded as a failure to integrate perception, sensation, affect, memory and identity into a coherent and unified sense of consciousness and self. There is much evidence that susceptibility to dissociation is, at least in part, the result of traumatic experiences and adverse early environments [23]. Dissociated states first manifest themselves when traumatic experiences are initially stored in memory as sensory fragments without a coherent narrative, and they recur when there is a subsequent failure to activate these memories. Dissociation as well as overgeneral autobiographical recall may serve as a strategy to avert trauma-related distressing emotions. On the other hand, they undermine the coherence of the life narrative.

The fragmentation of identity may further be explained by the *context-dependence of memory* as demonstrated by cognitive psychology. Each context acts like a programme which activates images and memories related mainly to that one domain – e.g. we may remember what we wanted to do at home but forget about it once we are at work. Mood can act as a strong context variable as well [24]. The more intense a given state of mood or affect, the more it stimulates mood-specific autobiographical memories. Rapidly changing affects and moods in

BPD therefore result in an incoherence of mood-related memories and self-concepts. The tendency to experience extreme oscillations of mood makes the person almost feel like several different people, each defined by a particular mood state.

An additional reason for deficient identity may be seen in a lack of *shared or intersubjective memories* that help define the self over time. For BPD patients, who cannot sustain many long-term relationships, life becomes a series of disconnected episodes with people who enter and leave their lives in a ceaseless succession. Even fundamental aspects of self are often lost when the relationships in which they emerged dissipate. The failure to keep up intimate social relationships may thus favour a tenuous sense of identity [19]. On the other hand, the felt lack of inner identity leads to desperate fears of abandonment and even to suicide attempts in order to prevent it: when the other is needed for establishing a fragile sense of continuity and coherence – even if only by serving as a carrier of intolerable negative affects projected onto him – then the threat of abandonment evokes a loss of one's very self.

Intersubjectivity

This leads us to finally conceive of the identity disturbance in BPD as a *disorder of intersubjectivity*. I have pointed out in the introduction that the concept of narrative identity is essentially based on an implicit other who would understand our actions and projects, to whom we could tell our life story and to whom we would also feel responsible. This implicit presence of the other, however, presupposes early experiences of object constancy and secure attachment to important others. When the mother or other early caregivers provide adequate holding, soothing and mirroring for the child, they experience a mutual emotional attunement or what has been called 'dyadically expanded states of consciousness' [25]. Repeated experiences of this kind are internalized by the child as implicit 'schemes of being-with-others' and as secure attachment patterns, from which a coherent sense of self and self-esteem can evolve [26, 27]. The basic sense of continuity of our life depends on a history shared with others, on an *intersubjective temporality* [28].

Meanwhile, several studies have examined attachment in borderline patients and found a majority (75–90%) to show disturbed (i.e. overinvolved-preoccupied or avoidant) attachment patterns, mainly due to adverse or traumatic early environments, in particular to abusive caregivers [20, 29]. Thus, the patients' chronic feelings of emptiness, bursts of rage, fears of abandonment and lack

of a stable sense of self may be derived from deficits in early social attunement and resulting attachment disorders. When experiences of trustful relationships are missing, the child will not establish the inner representations of others that are necessary to form coherent narratives of oneself. Hence, BPD may also be regarded as a disorder of early social attunement and intersubjective temporality.

Though these disturbances date back to preverbal and prereflective periods, their results become particularly manifest in deficits of *reflective or representative functions* required for establishing a narrative identity. Narratives can only be constituted if one is able to imagine one's own as well as others' intentions, aims and motives as guiding their actions and explaining their behaviour. Social identity theorists, notably G.H. Mead [30], have also emphasized the extent to which our identity derives from seeing ourselves in others' eyes and hence learning who we are. To the extent that borderline individuals have difficulties in taking the perspective of others, they should also have difficulties in developing coherent identities.

Following this line, Fonagy and Bateman [31], drawing upon research with both borderline patients and maltreated children, found a failure of the patients to develop a full understanding and take the perspective of others. In Fonagy and Bateman's terms, they lack the capacity to 'mentalize', i.e. to step inside the mind of another, to interpret his behaviour in intentional terms and to imagine the way the other experiences them. Narrative identity obviously implies the ascription of meaningful and intelligible intentions to oneself and to others. The development of this capacity, however, basically depends on the affective attunement, empathy and secure attachment between the infant and the caregivers. Only if the child's experiences meet adequate understanding, mirroring and labelling by others can they be integrated into a coherent understanding of what it means to be a self with intentions, wishes, goals and a basic temporal continuity. The securely attached child sees that 'the caregiver represents him as an intentional being, and this representation is internalized to form the self' [32].

On the other hand, there is increasing evidence that a lack of parental empathy and maltreatment impairs the child's reflective capacities and sense of self. His experiences remain unlabelled and confusing, all the more so since there is often a contradiction between the parents' verbal utterances and their abusive behaviour. As the states of mind the child perceives in his caregivers seem too threatening, he is increasingly led to retreat from the

mental realm [32]. Traumatic experiences that cannot be symbolized are particularly apt to impair the development of 'mentalizing' capacities [31]. As a result, the intentional states of others remain a foreign, dark and potentially hostile world, leading the patients to premature conclusions about malicious intentions of others and to a fundamental insecurity in their relationships. Since an understanding of mental life and a continuous narrative commentary on one's experiences also provide the link for establishing the continuity between one's past, present and future, the development of autobiographical memory and identity is seriously impaired.

The lack of reflective and empathic capacities also helps to further explain the affective dysregulation found in borderline patients. As a consequence of the mother's inability to mirror, modulate and label their affective experience, the infants are not able to adequately perceive, represent and thus self-regulate their emotional states [33]. Moreover, they cannot evoke internalized images and memories as a source of self-soothing, nor maintain a sense of relatedness with reliable others in the face of emotional stress. Likewise, their capacity to form lasting second-order volitions that keep momentary impulses under control remains insufficient, for this capacity is based on representations of oneself as an intentional, coherent being. All this results in a deficiency of emotional regulation, leaving the patients being flooded by affects and melting into their momentary state of mind, as it were, unable to gain a distance by reflection. Intolerable negative affects in particular have then to be expelled and externalized as belonging to others, where they can be hated and fought, a mechanism commonly called projective identification. However, this is done at the price of missing a stable sense of self and of being incapable of establishing realistic relationships. In sum, the fragmentation of narrative identity in BPD is closely connected to a fundamental disorder of intersubjectivity.

BPD in a Post-Modern Culture

Having described BPD as a fragmentation of the narrative self, I now return to the introduction and ask how this new type of disorder may be understood from a socio-cultural point of view. As I have pointed out, the concept of narrative identity implies a historical relation to oneself, which is manifested, for example, by being able to control momentary impulses, by remaining faithful to one's commitments, promises and responsibilities. It requires the capacity of self-determination by forming du-

rable second-order volitions, if necessary at the price of repression or neurosis: repression excludes incompatible desires and strivings from awareness in order to assure the historical continuity of the self.

This structure, however, is not at all an anthropological constant. As early as 1958, sociologist David Riesman [34] described a historical sequence of three fundamental social characters in his famous book *The Lonely Crowd*. These are the *tradition-directed*, the *inner-directed* and finally the *other-directed* character. *Tradition-directed*, agricultural societies are mainly based on institutional structures of custom, rites and rules that guide the behaviour of the individuals. In *inner-directed*, industrial societies, individuals are determined by internalized personal values and moral imperatives, by conscience and feelings of guilt. This character type largely corresponds to the narrative concept of the person as outlined above. In *other-directed*, post-industrial societies, however, fashion, mass media, public opinion and acceptance by colleagues and peers become the decisive standards. The external image of oneself more and more replaces the inner code and narrative. *Other-directed* persons want to be acknowledged and loved; they need constant assurance that they are in emotional accordance with the people around them, for they no longer find their compass and their own value inside themselves. As early as the 1950s, the other-directed character was beginning to dominate society. Today, the triumph of that type is all but complete: it dominates every area ranging from universities to TV talk shows, bearing witness to what Lash [35] called 'the age of narcissism'.

To complete this picture, however, we have to take into account two cultural shifts that have contributed to the incidence not only of narcissistic but also of borderline pathology. The first is a breakdown in family and community structure, leaving many children in the care of a single, isolated, disturbed parent and many adults without a sense of security in enduring relationships [18, p. 329]. The second shift stems from the rise of ideological pluralism and the loss of binding role patterns or 'rites de passage' that provide individuals with preformed identity patterns and common worldviews. A pluralistic, mobile, anomic society, in which bonds between people are ephemeral, is probably the worst possible environment for individuals with borderline dynamics, who are in particular need of interpersonal and ideological stability.

Sociologist Richard Sennett described what he calls the new 'flexible character' in an ever accelerating, globalized capitalistic society by using terms that very much resemble the features of borderline pathology. Sennett

[36, p. 133] speaks of a growing 'fragmentation of narrative time' and asks: 'How can a human being develop a narrative of identity and life history in a society composed of episodes and fragments?' [36, p. 26]. Post-modern society particularly corrodes '...these qualities of character which bind human beings to one another and furnishes each with a sense of sustainable self' [36, p. 27]. 'The experience of a disjointed time' is 'threatening the ability of people to form their characters into sustained narratives' [36, p. 31]. Hence, 'the capacity to let go of one's own past and the confidence to accept fragmentation' become 'the prominent traits of the flexible personality' [36, p. 63]. 'A pliant self, a collage of fragments, unceasing in its becoming, ever open to new experiences – these are just the psychological conditions suited to short-term work experience, flexible institutions, and constant risk-taking' in post-modern society [36, p. 133].

As we can see from Sennett's description, the prominent character of present society reflects not only narcissistic but also, to a certain degree, borderline pathology. Acceleration of momentary events, mobility of work life, futility of communication, fragility of relationships, receding loyalty and commitment – these are the symptoms of a growing fragmentation of society as a whole. This is only mirrored by its individuals who more and more tend to 'compartmentalize' their lives, their relationships and their attitudes, without striving for coherence. Simultaneously or successively, they live in very different worlds that are not related to one another. Thus, today the flexible or *fragmented character* has to complement Riesman's other-directed character. This development culminates in borderline personalities with their splitting of self and disintegration of identity into transient fragments.

These considerations raise the question as to whether there might be a similar therapy both for the individual borderline patient and for society in general, a therapy that could be put under the heading of 'sustainability'. On the one hand, its aim would be to further and establish long-term attachment relationships – including the therapeutic relationship itself – that may serve as the psychological basis for developing and stabilizing a coherent self. On the other hand, the aim would be to reopen the historical dimension by reconnecting the present with the past and the future: at first by reflexion and adequate understanding of intentions and motives, then also by enduring commitments, projects and promises through which the individual engages himself and strengthens his capacity to remain on the path once taken. In the last

analysis, *faith* in oneself and in others is necessary to regain the lost temporal coherence and to overcome the fragmentation of the self; for faith is the act by which the subject projects himself into an unknown future in order to find himself.

Conclusion

Narrative identity, as we have seen, requires the constant labour of temporal integration. One has to remember and to adhere to one's obligations and responsibilities, even if this may only be possible by means of repression and rationalization. One has to accept what has happened as a meaningful part of one's biography, even at the price of painful feelings of guilt and remorse. And instead of being open to what would be possible, one is bound by one's values, convictions and decisions. On the contrary, splitting and self-fragmentation create a present that is disconnected from past and future, an isolated now. The more I plunge into this present, the more I can identify with my momentary impulses and get rid of the burden of the past, of moral scruples. Splitting is 'beyond good and bad', beyond innocence and guilt.

Repression as conceived by Freud had its significance and function only in a world of binding norms, pangs of conscience and renunciation of desires. Unconscious wishes and forbidden desires testified the supremacy of moral self-discipline; they were the price for the coherence of the self over time. Splitting, however, does not create an unconscious desire, because here the ego is totally identified with one part or tendency for a period of time. The other part only lies dormant temporarily, not repressed, and may pop up at any time, now seemingly conforming to the ego just like the opposite part before. This means, however, that in fact there is no strong and enduring higher-level ego as an agency of self-reflection that could be struck by one's own contradictory states and behaviour.

On the one hand, the temporal splitting of the self excludes past and future as dimensions of object constancy, bonding, commitment, responsibility and guilt. Thus, it avoids the necessity to tolerate the threatening ambiguity and uncertainty of longer-term interpersonal relationships. On the other hand, this fragmentation does not mean innocent happiness but even greater suffering, not from neurotic repression but from reality itself – above all from the others who refuse to comply with these extremes and to remain available just whenever it suits. Suffering results from the inability to develop real attach-

ments, from inner emptiness and loss of meaning, last but not least from being overwhelmed by excessive feelings of *anxiety* and *shame*, for these are the main emotions that now replace the feelings of guilt and remorse related to one's past. Both anxiety and shame mean to be utterly exposed to the present, either to immediately threatening abandonment by others or to the painful presence of their devaluating gazes, to annihilating disdain and contempt [37]. The other-directed as well as the fragmented characters with their low self-esteem are especially sensitive to these 'momentary' emotions.

Finally, inner emptiness, numbness and alienation are the result of being split from oneself: Experiences that cannot be integrated into a historical coherence of life, but are abandoned each time for the sake of new ones, can leave only emptiness behind, however intense they may be. Such experiences remain meaningless, too, for they could only gain meaning against the background of an overarching concept or direction of life. The loss of time as a continuum that extends into the past and the future creates a now without depth.

Thus, the suffering of the borderline patient is not only an individual disablement but reflects the growing difficulty of the individuals of post-modern society to integrate their lives into coherent narratives and to form overarching structures of identity. This suffering defies

the post-modernist criticism of the traditional concept of the person as being only an artificial self-construction that should be abandoned. Granted, maintaining his memory of what he has done places a high demand on the individual and may be a burden that interferes with happiness, as Nietzsche argued. The fragmentation of lived time avoids the necessity of bearing this memory; it also avoids the risk and uncertainty that arises with every longer-term relationship. However, this fragmentation of life results in the loss of a coherent personal identity, leaving the individual at the mercy of momentary impulses and mood states, unable to integrate the pieces of his life into a coherent narrative, and thus also unable to, at least, attach a meaning to his suffering itself. So we are finally left with the question as to which kind of suffering and happiness might be preferable: the suffering and happiness implied in the constant labour of weaving the threads of our lives into a hopefully meaningful pattern – or the suffering from having these threads continuously cut off, leaving only meaningless fragments behind.

Acknowledgements

I am grateful for the valuable comments and suggestions of two anonymous referees.

References

- 1 Nietzsche F: On the Genealogy of Morals (trans W Kaufmann). New York, Vintage Books, 1969.
- 2 Nietzsche F: On the Use and Abuse of History for Life (trans A Collins). Indianapolis, Bobbs-Merrill, 1957.
- 3 Frankfurt H: Freedom of the will and the concept of a person. *J Philos* 1971;68:5–20.
- 4 Ricoeur P: Oneself as Another (trans K Blamey). Chicago, University of Chicago Press, 1992.
- 5 MacIntyre A: After Virtue. Notre Dame, University of Notre Dame Press, 1981.
- 6 Carr D: Time, Narrative, and History. Bloomington, University of Indiana Press, 1986.
- 7 Brooks P: Reading for the Plot. Design and Intention in Narrative. New York, Random House, 1984.
- 8 Philipps J: Psychopathology and the narrative self. *Philos Psychiatr Psychol* 2003;10: 313–328.
- 9 Nelson HL: Damaged Identities, Narrative Repair. Ithaca, Cornell University Press, 2001.
- 10 Jameson F: Post-Modernism, or the Cultural Logic of Late Capitalism. Chapel Hill, Duke University Press, 1991.
- 11 Parfit D: Reasons and Persons. Oxford, Oxford University Press, 1984.
- 12 Clarkin JF, Posner M: Defining the mechanisms of borderline personality disorder. *Psychopathology* 2005;38:56–63.
- 13 Kimura B: Ecrits de psychopathologie phénoménologique. Paris, Presses Universitaires de France, 1992.
- 14 Pazzagli A, Rossi Monti M: Dysphoria and aloneness in borderline personality disorder. *Psychopathology* 2000;33:220–226.
- 15 Muscatello CF, Scudellari P: Anger and narcissism: between the void of being and the hunger for having. *Psychopathology* 2000; 33:227–232.
- 16 Kernberg OF: Borderline Conditions and Pathological Narcissism. New York, Aronson, 1975.
- 17 Kernberg OF, Selzer MA, Koenigsberg HW, Carr AC, Appelbaum A: Psychodynamic Psychotherapy of Borderline Patients. New York, Basic Books, 1989.
- 18 Westen D, Cohen RP: The self in borderline personality disorder: a psychodynamic perspective; in Segal ZS, Blatt SJ (eds): The Self in Emotional Distress. Cognitive and Psychodynamic Perspectives. New York, Guilford Press, 1993, pp 334–360.
- 19 Wilkinson-Ryan T, Westen D: Identity disturbance in borderline personality disorder: an empirical investigation. *Am J Psychiatry* 2000;157:528–541.
- 20 Levy KN, Meehan KB, Weber M, Reynoso, Clarkin JF: Attachment and borderline personality disorder: implications for psychotherapy. *Psychopathology* 2005;38:64–74.
- 21 Startup M, Heard H, Swales M, Jones B, Williams JMG, Jones RSP: Autobiographical memory and parasuicide in borderline personality disorder. *Br J Clin Psychol* 2001;40: 113–120.
- 22 Jones B, Heard H, Startup M, Swales M, Williams JMG, Jones RSP: Autobiographical memory and dissociation in borderline personality disorder. *Psychol Med* 1999;29: 1397–1404.

- 23 Van Ijzendoorn MH, Schuengel C: The measurement of dissociation in normal and clinical populations: meta-analytic validation of the Dissociative Experience Scale (DES). *Clin Psychol Rev* 1996;16:365–382.
- 24 Williams JMG, Watts FW, MacLeod C, Mathews A: *Cognitive Psychology and Emotional Disorders*. Chichester, Wiley & Sons, 1988.
- 25 Tronick EZ, Bruschiweiler-Stern N, Harrison AM, Lyons-Ruth K, Morgan AC, Nahum JP, Sander LW, Stern DN: Dyadically expanded states of consciousness and the process of therapeutic change. *Infant Ment Health J* 1998;19:290–299.
- 26 Kohut H: *The Restoration of the Self*. New York, International Universities Press, 1977.
- 27 Stern DN: *The Interpersonal World of the Infant. A View from Psychoanalysis and Developmental Psychology*. New York, Basic Books, 2000.
- 28 Fuchs T: Melancholia as a desynchronization: towards a psychopathology of interpersonal time. *Psychopathology* 2001;34:179–186.
- 29 Fonagy P, Leigh T, Steele M, Steele H, Kennedy R, Mattoon G, Target M, Gerber A: The relation of attachment status, psychiatric classification, and response to psychotherapy. *J Consult Clin Psychol* 1996;64:22–31.
- 30 Mead GH: *Mind, Self, and Society*. Chicago, Chicago University Press, 1934.
- 31 Fonagy P, Bateman AW: Attachment theory and mentalization-oriented model of borderline personality disorder; in Oldham JM, Skodol AE, Bender DS (eds): *The American Psychiatric Publishing Textbook of Personality Disorders*. Washington, American Psychiatric Publishing, 2005, pp 187–205.
- 32 Fonagy P: Attachment and borderline personality disorder. *J Am Psychoanal Assoc* 2000;48:1129–1146.
- 33 Gergely G, Watson J: The social biofeedback model of parental affect-mirroring. *Int J Psychoanal* 1996;77:1181–1212.
- 34 Riesman D: *The Lonely Crowd. A Study of the Changing American Character*. New Haven, Yale University Press, 1958.
- 35 Lash C: *The Culture of Narcissism*. New York, Norton, 1979.
- 36 Sennett R: *The Corrosion of Character. The Personal Consequences of Work in the New Capitalism*. New York, Norton, 1998.
- 37 Fuchs T: The phenomenology of shame, guilt and the body in body dysmorphic disorder and depression. *J Phenomenol Psychol* 2002;33:223–243.