

# The Feeling of Emptiness: A Review of a Complex Subjective Experience

Alessandra D'Agostino, PhD, Raffaele Pepi, MPsyc, Mario Rossi Monti, MD, and Vladan Starcevic, MD, PhD

Abstract: A feeling of emptiness is commonly encountered in clinical practice, but it is poorly understood, with incongruent approaches to its definition and possible role in various disorders. This review examines the conceptualization of the feeling of emptiness and its place in psychopathology. We found an imbalance between theoretical approaches to this phenomenon and empirical research, and argue that more studies using adequate assessment tools are needed. Based on our literature review, we propose that a feeling of emptiness is a complex, negative emotional state that is experienced in different ways by different individuals. This feeling includes a physical or bodily component, a component of aloneness or social disconnectedness, and a component of a deep sense of personal unfulfillment or lack of purpose. The feeling of emptiness is related to other emotional states (dysphoria, boredom, loneliness, and numbness) and overlaps to some extent with them. Although the feeling of emptiness is most often considered in the context of borderline personality disorder, it is also encountered in depression, narcissistic personality disorder, and schizophrenia spectrum disorders, with its features potentially varying between different conditions. The feeling of emptiness may lead to nonsuicidal self-injury and may also have an important relationship with suicidality. We conclude by offering suggestions for further research, emphasizing a need to refine the multidimensional conceptualization of the feeling of emptiness and to better understand its manifestations and relationships with other emotions within various forms of psychopathology.

Keywords: borderline personality disorder, boredom, depression, emptiness, suicidality

feeling of emptiness is common in the clinical population. In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), it was included as a diagnostic criterion for borderline personality disorder (BPD), which has been one of the main reasons for considering the feeling of emptiness as inextricably linked only with BPD.<sup>1</sup> However, 26%–34% of patients with mental disorders other than BPD experience a chronic feeling of emptiness.<sup>2</sup> This phenomenon has been described in people with various conditions, including narcissistic personality disorder,<sup>3–5</sup> schizophrenia,<sup>6,7</sup> and depression.<sup>8,9</sup> In addition, the feeling of emptiness has been associated with self-injurious and suicidal behaviors.<sup>2,10–12</sup> It should be considered a *transdiagnostic construct*.<sup>13</sup>

Despite the frequency with which the feeling of emptiness is encountered in clinical practice, this phenomenon continues

© 2020 President and Fellows of Harvard College

DOI: 10.1097/HRP.000000000000269

to be poorly understood, likely due to several factors. First, the feeling of emptiness is still a vague construct—one that is difficult to define. Second, it is only recently that efforts to assess the feeling of emptiness have begun in earnest. Third, a feeling of emptiness has complex and often overlapping relationships with other emotional states. Finally, only a few studies have investigated the clinical relevance of the feeling of emptiness.

The present article provides a narrative review of the most important aspects of the feeling of emptiness. It addresses the conceptualization and definition of this phenomenon, following which the focus will shift to its relationships with other emotional states and its manifestations in the context of BPD and other forms of psychopathology. In the process, the article will elaborate various theoretical perspectives and the insights gained from empirical studies.

#### IN SEARCH OF A DEFINITION

Defining a feeling of emptiness has been challenging. There are at least two issues here. The first concerns different descriptions and meanings of the experience. For example, to have the feeling of emptiness may mean "to feel a void," "to feel hollow," "to feel a hole inside," or "to feel a sense of purposelessness."<sup>3</sup> It is not clear, however, whether these descriptions reflect the same experience. People do not seem to describe the feeling of emptiness in the same way, and there may be something unique in each individual's experience.<sup>14</sup>

From the Department of Humanities, University of Urbino "Carlo Bo" (Italy) (Drs. D'Agostino and Rossi Monti, and Mr. Pepi); University of Sydney Medical School, Nepean Clinical School, Discipline of Psychiatry, Sydney, Australia (Dr. Starcevic).

**Original manuscript received** 20 April 2020, accepted for publication subject to revision 19 May 2020; revised manuscript received 31 May 2020.

**Correspondence**: Dr. Alessandra D'Agostino, Department of Humanities, University of Urbino, via Saffi 15, 61029, Urbino (PU), Italy. Email: alessandra.dagostino@uniurb.it

Also, some individuals may state that they "feel empty" without a clear notion as to what it means.

The second issue pertains to various definitions of the feeling of emptiness, depending upon its conceptualization as an emotion, symptom, defense mechanism, or existential state.<sup>15</sup> With regard to conceptualizing the feeling of emptiness as an emotion, most of the work has come from the psychodynamic and cognitive-behavioral theoretical frameworks. Singer<sup>16</sup> was one of the first to consider the feeling of emptiness as an affect in the context of narcissistic and borderline states. He proposed the feeling of emptiness to consist of (1) the real, concrete experience of emptiness (something somatic, similar to hunger), and (2) a structure of mind with an associated fantasy.<sup>16</sup> These two elements constitute an affect according to Brenner's theory.<sup>17</sup> Similarly, Levy<sup>18</sup> suggested that a feeling of emptiness was a complex emotional state that could be fleeting, periodic, or chronic and whose expression differed from one person to another.

Lafarge<sup>19</sup> considered a defensive role of the feeling of emptiness in borderline patients. He suggested that a feeling of emptiness served the purpose of preventing regression to psychotic states. Some cognitive-behavioral theorists also emphasized a feeling of emptiness as a defense, but more in the sense of a dysfunctional avoidance strategy in response to a profound subjective suffering across various disorders.<sup>14</sup>

According to Kernberg's theory of borderline personality organization,<sup>4</sup> a subjective feeling of emptiness represents a complex affective state that emerges in the context of the potential merger of the self and the object, coupled with the ensuing syndrome of identity diffusion. The link between a feeling of emptiness (alongside insubstantiality and inauthenticity) and identity diffusion was highlighted by other authors, with reference to these experiences as the "lived side" of identity diffusion.<sup>20,21</sup> From this perspective, Ruggiero<sup>22(p 15)</sup> defined emptiness as "the syndrome of the empty mirror," using her patient's description of "his inability to hold onto a mental image of himself" that leads him to doubt his own real physical existence. According to this conceptualization, a feeling of emptiness does not denote a loss or a lack but a painful inner incoherence.

Other ideas about the feeling of emptiness are derived from descriptive psychopathology. For example, Peteet<sup>15</sup> postulated three aspects of the feeling of emptiness: (1) subjective, (2) objective, and (3) existential.<sup>15</sup> The subjective aspect is a distorted perception resulting from a mental disorder. For example, depression "often imposes dark glasses."<sup>15(p 559)</sup> The objective aspect refers to an experience of loss or lack of something or someone important and meaningful, which occurs during bereavement. The existential aspect appears to have a spiritual quality in that it pertains to experiences that incorporate losses and deficiencies into an overarching sense that life may be empty.

Some definitions of the feeling of emptiness use a clinical framework and emphasize its affective component. For example, Rallis and colleagues<sup>12(p 288)</sup> conceptualized the feeling of

emptiness as a "state of low positive affect" that "encompasses descriptions of lacking feeling/sensation or lacking purpose or substance." Similarly, Price and colleagues<sup>13(p 3)</sup> define it as "a state of profound hollowness in which the individual feels bereft of fulfillment and connection to the external world." Price and colleagues used this conceptualization to create the Subjective Emptiness Scale (SES), a seven-item self-report instrument that is one of the few tools for assessing the feeling of emptiness in both clinical and nonclinical populations.<sup>13</sup>

The SES items are based on transcripts from patient interviews and literature review, and include the following statements: "I feel alone in the world"; "No matter what I do, I still feel unfulfilled"; "I feel empty inside"; "I feel like I am forced to exist"; "I feel as though I am disconnected from the world"; "I feel hollow"; and "I feel absent in my own life." Each item is scored on a four-point Likert scale from 1 (not at all true) to 4 (very true).<sup>13</sup> The SES has a unidimensional factor structure; it provides only a total score and has demonstrated solid psychometric properties.<sup>13</sup>

Before the development of the SES, the feeling of emptiness had usually been assessed in the clinical context using subscales or single items of BPD instruments, such as the Borderline Personality Questionnaire<sup>23</sup> and Mental Pain Questionnaire.<sup>24</sup> Hazell developed the Experienced Levels of Emptiness Scale that primarily measures the existential and religious aspects of the feeling of emptiness and consists of items such as "I feel a vague inner numbness" and "I feel as though I am not real."<sup>25</sup> This instrument was not specifically designed for clinical purposes and did not undergo a proper validation.<sup>13</sup>

Finally, a definition by Gunderson and Links<sup>26</sup> emphasizes a somatic component of the feeling of emptiness. Referring to a feeling of emptiness as a BPD criterion, Gunderson and Links define it as a "a visceral feeling, usually in the abdomen or chest, not to be confused with fears of not existing or with existential anguish."<sup>26</sup>(p 12)

In summary, a feeling of emptiness is indeed a complex experience, and there seem to be large differences in the way that it is described and expressed. For this reason, no definition of this phenomenon can succinctly include its various features. It is still possible, however, to list several aspects that permeate various definitions or are common to them. First, a feeling of emptiness belongs to the realm of negative emotions and is invariably described as an unpleasant experience. Second, the experience of emptiness seems to include components that are present in different proportions in different individuals: a physical or bodily component, a component of aloneness or social disconnectedness, and a component involving a deep sense of personal unfulfillment or lack of purpose.

# FEELING OF EMPTINESS AND OTHER AFFECTIVE STATES

The feeling of emptiness has been related to other affective states, especially dysphoria, boredom, loneliness, and numbness. The relationships with these affective states are important, although their nature and extent of overlap between them remain to be clarified.

# Feeling of Emptiness and Dysphoria

According to the phenomenological tradition, dysphoria was conceptualized as a "third emotional field" (in addition to mania and depression) and defined as an unpleasant state, characterized by tension, irritability, hostility, and proneness to aggressive acting out.<sup>27</sup> Another definition portrays dysphoria as a complex emotional state, consisting of discontent, unhappiness, and a sense of failure, defeat, or being overwhelmed, with negative feelings being experienced interpersonally and a predominantly externalizing mode of coping with these feelings.<sup>28</sup> More recently, dysphoria was defined as the emotional core of BPD,  $^{20,29-31}$  and a model of BPD based on dysphoria in its dispositional and situational forms has been recently proposed and preliminarily tested.<sup>32</sup> Korner and colleagues<sup>29</sup> first related dysphoria to the feeling of emptiness in BPD and suggested their link with a heightened interpersonal sensitivity.

Similarly, Rossi Monti and D'Agostino<sup>20</sup> discussed the role of dysphoria as a psychopathological organizer for BPD, which also includes the feeling of emptiness. They described two different trajectories to dysphoria in BPD, one of which leads to situational dysphoria, with attendant stressful events and a need to escape.<sup>20</sup> The escape can occur via two pathways, one of which is "organizing" and the other "disorganizing." According to this model, the feeling of emptiness is closely related to a disorganizing pathway, with situational dysphoria resulting in a state of disorganization and confusion with respect to personal identity. This state is characterized by identity diffusion and the feeling of emptiness, insubstantiality, and inauthenticity.<sup>20</sup> From this perspective, dysphoria could be regarded as a broader emotional state that encompasses the feeling of emptiness as a possible, dramatic escape. In other words, the feeling of emptiness may appear as an "outward" manifestation of dysphoria and identity diffusion.

# Feeling of Emptiness and Boredom

The feeling of emptiness is also related to boredom. The relationship between the two had been noticed several decades ago. In fact, boredom was considered a diagnostic criterion for BPD in DSM-III, along with the feeling of emptiness.<sup>33</sup> This criterion was modified in the subsequent editions of the DSM because empirical evidence suggested that boredom was less discriminating than the feeling of emptiness.<sup>2,34</sup>

According to a recent literature review,<sup>35</sup> the most widely used definition of boredom is the one proposed by Eastwood, Frischen, Fenske, and Smilek:<sup>36(p 482)</sup> "an aversive state of wanting, but being unable, to engage in satisfying activity." Two types of boredom have been described: (1) situation-based boredom, implying that the situation itself has the characteristics to elicit boredom, and (2) person-based boredom, meaning that people with specific characteristics tend to be bored in a variety of situations.<sup>37</sup> In both cases, however, the experience is characterized by a feeling of emptiness, restlessness, time dragging, and other aversive states.<sup>37</sup> In a similar way, Wijnand, van Tilburg, and Igou<sup>38(p 182)</sup> reported that a feeling of emptiness occurred along with the experience of being bored, but they argued that people who were bored "seem motivated to engage in acts that provide them with a sense of meaning or purpose." Other authors endorse similar views, emphasizing engagement in action as a way of overcoming boredom.<sup>39–41</sup>

Activity engagement could indeed be relevant for differentiating boredom from the feeling of emptiness. Thus, boredom tends to disappear as soon as the person engages in some kind of activity, even if it leads to negative emotions.<sup>39</sup> In fact, boredom is frequently associated with various risky behaviors.<sup>42</sup> This is particularly true of patients with BPD, who experience boredom in a more pervasive way.<sup>30</sup> By contrast, the feeling of emptiness does not seem to be associated with longing (or searching for meaning or purpose) and motivation to engage in action. Rather, it leads more often to social isolation<sup>3,43</sup> or persists, perhaps in a somewhat attenuated form, after engaging in activities, including the most risky ones.<sup>2,44,45</sup>

## Feeling of Emptiness and Loneliness

Another important relationship is the one between the feeling of emptiness and loneliness. Kernberg<sup>4(p 214)</sup> linked the two experiences in depression, stating that "the depressed patients' feelings of emptiness come close to the feeling of loneliness." From a similar perspective, Westen and colleagues<sup>9</sup> described a specific quality of depression in BPD that is characterized by feelings of both emptiness and loneliness. Price and colleagues<sup>13(p 3)</sup> included the experience of being "bereft of . . . connection to the external world" in their definition of the feeling of emptiness, which is similar to the experience of loneliness.

Various definitions of loneliness have been put forward. Loneliness is an affective state, different from the objective state of solitude, social isolation, or aloneness.<sup>46,30</sup> It can be defined as a "distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships."<sup>47(p 218)</sup> In a review on the clinical relevance of loneliness, Cacioppo and colleagues<sup>48(p 239)</sup> suggested that it "corresponds to a discrepancy between an individual's preferred and actual social relations." Similarly, Heinrich and Gullone,<sup>46(p 698)</sup> emphasizing the affective dimension of loneliness, defined it as "the aversive state experienced when a discrepancy exists between the interpersonal relationships one wishes to have, and those that one perceives they currently have."<sup>46(p 698)</sup>

These definitions can be helpful in differentiating loneliness from the feeling of emptiness. Loneliness does imply longing in an interpersonal domain; that is, people who are lonely have a strong need for meaningful relationships. This interpersonal longing is not associated with the feeling of emptiness. Instead, the person who feels "empty" may believe

Harvard Review of Psychiatry

that he or she does not deserve to be loved and is condemned to be alone.<sup>4</sup> Interestingly, although boredom and loneliness both seem to be characterized by longing and a need for these feelings to be abolished or alleviated, boredom disappears through activity engagement, whereas loneliness disappears through an experience of a desired and meaningful relationship. By contrast, the feeling of emptiness is more "static" and not characterized by a longing or strong motivation to change one's predicament, which is likely to be the main reason for its persistence.

#### Feeling of Emptiness and Numbness

Finally, a feeling of emptiness may be related to feeling numb. Numbness is another phenomenon that is difficult to define. It has been conceptualized mainly in two ways. First, numbness is a physical sensation that involves a body part and can be induced by local anesthesia or when that body part is submerged in cold water.<sup>49</sup> Second, numbness denotes an experience of "not feeling anything" that usually serves some defensive purpose. For example, numbness may reflect attempts to avoid experiencing painful emotions by using alcohol or certain drugs.<sup>14</sup> It has also been suggested that the first stage of bereavement is characterized by a sense of loss and by a feeling of emptiness (or void) and numbness, along with the denial of the event.<sup>14,50,51</sup>

A dulling or a certain "absence" of feeling appears to be common to both a feeling of emptiness and numbness, but there are also differences between them. As already noted, numbness often serves a temporary defensive purpose in reaction to a loss or other distressing event, protecting a person from feeling pain.<sup>52</sup> Thus, people who feel numb "know what should or could be felt" and "have experienced a wide range and intensity of emotions prior to becoming numb."<sup>52</sup>(p<sup>95)</sup> A feeling of emptiness does not seem to have the same defensive purpose or to serve as an affective "point of reference" in relation to which such a defense is built. Moreover, a feeling of emptiness is usually not short-lived and may be more pervasive than feeling numb.

### FEELING OF EMPTINESS AND MENTAL DISORDERS

Although a feeling of emptiness is considered one of the key features of BPD, it characterizes many other conditions. Therefore, it is important to understand this phenomenon in the context of various forms of psychopathology (Table 1).

# **Borderline Personality Disorder**

As already mentioned, a feeling of emptiness is in close relationship with dysphoria<sup>20,29</sup> and identity diffusion<sup>4,20</sup> namely, two central aspects of BPD psychopathology. In addition, the feeling of emptiness in individuals with BPD has been related to boredom and presumed to have a strong bodily or "visceral" component.<sup>26,30</sup> According to some authors, the feeling of emptiness in BPD has a defensive role in defending against regression to psychotic states or in avoiding profound subjective suffering.<sup>14,19</sup> Although a feeling of emptiness is one of the key features of BPD, it has received little research attention compared to other BPD criteria.<sup>2</sup> In a longitudinal study of BPD symptomatology, Zanarini and colleagues<sup>3,53,54</sup> considered the feeling of emptiness as one of the "temperamental symptoms," which are slow to remit and most likely to recur. These symptoms also include chronic depression, chronic helplessness/hopelessness, chronic anger, chronic anxiety, unusual perceptual experiences, nondelusional paranoia, general impulsivity, intolerance of aloneness/abandonment, and conflict over help/care and dependency, but of all of them, the feeling of emptiness had the slowest remission rate.<sup>53,54</sup>

Of the four BPD diagnostic criteria (impulsivity, affective instability, chronic feeling of emptiness, and inappropriate and intense anger), only the feeling of emptiness has been associated with all indices of psychosocial morbidity: suicidality, history of suicide attempts and psychiatric hospitalizations, social and work dysfunction, comorbidity with other clinical disorders, and impairment in global functioning.<sup>55</sup> In patients with features of BPD, the feeling of emptiness was present before and after a self-injurious gesture and was the diagnostic criterion most closely related to suicidal ideation.<sup>2</sup> These findings converge to suggest that the feeling of emptiness within BPD tends to be chronic and associated with a greater severity of BPD.

Efforts have been made to distinguish between depression that occurs in BPD and depression as part of major depressive disorder. In one study, depression occurring in BPD differed from depression within major depressive disorder in terms of being characterized by the feeling of emptiness, loneliness, diffuse negative affectivity, markedly labile self-concept and self-esteem, dependency, fear of abandonment, and interpersonal concerns.<sup>9</sup> From a psychopathological-phenomenological perspective, Rossi Monti<sup>56,57</sup> described depression in BPD as an "atypical" affective condition that corresponds to "a depression without depressive affect." The features of "borderline depression" include a feeling of boredom, anhedonia, sense of futility, and inner feeling of emptiness—which is qualitatively different from prominent guilt feelings that characterize "typical" or melancholic depression.

The feeling of emptiness is also experienced by individuals with BPD during their psychotic episodes, despite an assertion that this feeling plays a role as a defense mechanism against psychotic regression.<sup>19</sup> However, it is unclear how the feeling of emptiness may be related to typical psychotic symptoms in BPD such as auditory hallucinations and various delusional beliefs. One possibility is that the feeling of emptiness is only an accompanying feature of psychosis, occurring as an epiphenomenon because it characterizes individuals with BPD, regardless of whether or not they are psychotic. But the feeling of emptiness may, instead, be more directly related to the specific psychotic experiences. This uncertainty calls for further research.

With regard to the notion that a feeling of emptiness may serve a defensive purpose in BPD, this defense might be better conceptualized as an attempt to protect the person against

Table 1				
Feeling of Em	ptiness Across Mental Disorders			
Mental disorder/ behavioral pattern	Characteristics (based on theoretical considerations)	Associated affective states	Course	Research findings
Borderline personality disorder	Aspect of identity diffusion Associated with a strong bodily (visceral) component Defense against psychotic regression Attempt to avoid profound subjective suffering	Dysphoria Boredom	Chronic	Associated with a greater severity of BPD Depression occurring in BPD may differ from depression within major depressive disorder in terms of being characterized by the feeling of emptiness
Narcissistic personality disorder	Two types of feelings of emptiness may characterize primary and secondary narcissistic emotions Emerges when narcissistic gratification is not available or when feeding of the grandiose self is interrupted	Boredom Envy, rage	Chronic or acute	
Depression	Loss of contact with other people Related to heightened interpersonal sensitivity	Loneliness Numbness	Fluctuating, intermittent	A strong correlation between a feeling of emptiness and depression
Schizophrenia	Experienced in a way that resembles dissociative states (e.g., as detachment from oneself or disconnection between mind and body) May be experienced more "concretely"	Numbness		
Nonsuicidal self-injury				NSSI may occur in an attempt to alleviate a feeling of emptiness or to experience something "better" instead of the feeling of emptiness
Suicidality		Despair Hopelessness		A feeling of emptiness may precede suicidal ideation Conflicting findings about the relationship with suicide attempts and suicide

painful emotional states or traumatic memories. In that sense, the feeling of emptiness in BPD may have the same role as dissociation. Indeed, it has been suggested that emptiness and dissociation might have a close relationship,<sup>12</sup> and given the frequency of trauma and dissociative experiences in BPD, it would be important to investigate to what extent dissociation within BPD also encompasses a feeling of emptiness.

# Narcissistic Personality Disorder

The feeling of emptiness appears to be common in narcissistic personality disorder.<sup>4,5,16,18,19,58</sup> Despite this, the relevant literature is scant, with most of it providing a theoretical, psychodynamic perspective. Thus, Kernberg<sup>4</sup> described the experience of emptiness in a narcissistic personality structure, reporting that it occurs along with feelings of boredom and restlessness.

Svrakic<sup>5</sup> further explored the complexity of the experience of emptiness in narcissistic personality disorder. Following Kernberg's theory,<sup>4</sup> he focused on the two-level personality organization of the narcissistic personality disorder-that is, a manifest level in which the grandiose self operates, and a deeper and split-off level where the real self resides.<sup>5</sup> Each level is characterized by its own emotional functioning. Thus, "primary narcissistic emotions" belong to the deeper and split-off personality level and manifest themselves as chronic, intense envy, a feeling of emptiness (along with boredom), rage, and aggression. Feelings of emptiness and boredom at this level are experienced as relatively mild and chronic. By contrast, "secondary narcissistic emotions" dominate the manifest emotional expression of narcissistic individuals, including a different feeling of emptiness. The latter occurs when feeding of the grandiose self is interrupted, and it is experienced as intense, overwhelming, and disturbing, but it may not last long.<sup>5</sup> The idea that there are two types of feelings of emptiness in narcissistic personality disorder—one that seems to be relatively mild and chronic and the other that is more intense, but short-lasting—calls for further elaboration and empirical verification.

### Depression

The relationship between a feeling of emptiness and depressive disorder is somewhat controversial. The key issue is whether this feeling can be an intrinsic component of depression<sup>2,4,8</sup> or whether its presence along with features of depression suggests a personality disorder, typically BPD.<sup>9,20</sup>

Kernberg<sup>4</sup> suggested that the feeling of emptiness in depression was similar to loneliness, except for the absence of longing, as stated above. In contrast to the feeling of emptiness in personality disorders that tends to be chronic, this experience as part of depression is more likely to be intermittent. Kernberg<sup>4</sup> also described a sense of a loss of contact with other people as a part of the experience of emptiness in depression.

In a landmark work on the psychodynamics of depression, Blatt<sup>59,60</sup> distinguished two types of depression: (1) "introjective type," characterized by guilt, tendency toward self-criticism, and perfectionism, and (2) "anaclitic type," characterized by high reactivity to loss and rejection, and feelings of emptiness, shame, and inadequacy. This perspective thus links the feeling of emptiness in depression with heightened interpersonal sensitivity. Given that a long-standing pattern of sensitivity to interpersonal rejection is one of the features of atypical depression,<sup>1</sup> the feeling of emptiness in anaclitic depression may also be related to atypical depression, and these two "forms" of depression may overlap.

There is some empirical support for the relationship between a feeling of emptiness and depression. For example, Klonsky<sup>2</sup> found a robust correlation (r = .50) between a feeling of emptiness and depression, even when controlling for anxiety (partial r = .41). Rhodes and colleagues<sup>8</sup> performed a qualitative analysis of patients' experience with chronic depression and extracted several superordinate themes: depth of feeling of emptiness, episodic despairing engulfment, and unending, lifelong problems. Regarding the feeling of emptiness, Rhodes and colleagues observed a severity continuum of this experience, with the more severe experience also being characterized by numbness.

### Schizophrenia Spectrum Disorders

A feeling of emptiness has been related to schizophrenia.<sup>4,7,61</sup> It appears that this feeling in the context of schizophrenia bears resemblance to various dissociative experiences.<sup>12</sup> Stanghellini<sup>6</sup> described a feeling of emptiness in schizophrenia in connection with the concept of "disembodiment," which he believes to be essential for schizophrenic existence. Disembodiment refers to a disconnection between the mind and the body, and includes a range of emptiness-related

experiences, from feeling detached from oneself and one's actions to feeling empty and hollow, as if there is nothing inside one's body.

In line with this view, Clara Kean<sup>62</sup> wrote about her own experience of schizophrenia and her conceptualization of the condition as a self-disturbance. She explained her feeling of "nothingness" as "a sense of emptiness, a painful void of existence that only I can feel. My thoughts, my emotions, and my actions, none of them belong to me anymore. This omnipotent and omnipresent feeling of emptiness has taken control of everything. I am an automaton, but nothing is working inside me."<sup>62</sup>(p 1034) This personal account and the concept of disembodiment may also make the experience of emptiness in schizophrenia more "concrete."

A major impediment to a better understanding of the feeling of emptiness in schizophrenia is a lack of studies investigating this issue in a systematic way. One potentially important area of investigation is the relationship between the experience of emptiness and a sense of agency in schizophrenia—a relationship that may find a parallel in the possible link between the experience of emptiness and some negative symptoms of schizophrenia. The latter may to some extent resemble severe depression (e.g., via symptoms such as anhedonia, avolition, and apathy) and thereby be related to various manifestations of emptiness. Other negative symptoms such as poverty of the content of thought may also resemble the feeling of emptiness, at least superficially.

### Nonsuicidal Self-Injury and Suicidality

A feeling of emptiness seems to be particularly relevant for understanding nonsuicidal self-injury (NSSI). In a study of self-injurers and affective states that precede and follow selfharm, the feeling of emptiness was reported by 67% of participants before self-harming and by 47% of participants after self-harming.<sup>2</sup> These findings are in line with other work suggesting that NSSI may serve the purpose of reducing an unpleasant feeling of emptiness<sup>44,63–65</sup> or possibly allowing the person to experience something "better" instead of feeling empty.<sup>12,66</sup> Thus, NSSI can be reinforced by a feeling of emptiness.<sup>45,66</sup>

A feeling of emptiness may also precede suicidal behavior.<sup>10</sup> Klonsky<sup>2</sup> reported a strong correlation between a feeling of emptiness and suicidal ideation, and a relatively weak correlation between a feeling of emptiness and suicide attempts. These findings have been interpreted to suggest that a chronic feeling of emptiness may contribute to the development of suicidal ideation, though without therefore predicting a progression from suicidal ideation to a suicide attempt.<sup>2</sup> Another study found that health care providers (physicians and nurses) believed that feelings of hopelessness and despair preceded suicide attempts, and that suicide attempters reported a feeling of emptiness and despair as the most frequent emotional states before attempting suicide.<sup>67</sup> Other authors have also considered a feeling of emptiness to be a precipitating factor for suicide.<sup>68–71</sup> These findings suggest that a feeling of emptiness may precede suicidal ideation, suicide attempts, and even a completed suicide. Nevertheless, clinicians generally do not consider this feeling to be a predictor of suicidality;<sup>10</sup> instead, they tend to consider hopelessness as a more important predictor of suicide attempts. Although feelings of emptiness and hopelessness may be closely related, their predictive ability vis-à-vis suicidality appears to differ.<sup>2</sup> Thus, hopelessness may be a good predictor of suicide in the long run—that is, beyond one year,<sup>10,72</sup> whereas a feeling of emptiness may be an important precipitating factor for attempted suicide, especially when it occurs along with feelings of meaninglessness, rejection, and isolation.<sup>68</sup>

# DISCUSSION

Though clinicians commonly encounter patients who experience a feeling of emptiness, understanding that feeling is difficult because of its complexity and different manifestations. It is a transdiagnostic concept, although most frequently associated with BPD.<sup>13</sup>

The first challenge associated with the feeling of emptiness is the lack of a comprehensive and widely accepted definition. Most attempts to define this feeling conceptualize it as an affective state, although different terms are used to describe it as an absence of feeling, purpose, substance, or fulfillment. Some definitions include somatic or existential aspects of the feeling of emptiness. The main differences between various conceptualizations reside in the realm of interpretation and meaning, which is speculative and, as such, should probably not be a part of any definition. A subjective component of the feeling of emptiness varies from one person to another and is therefore idiosyncratic and inherently difficult to be encompassed by any definition. This difficulty constitutes a limitation of the phenomenological approach. Nevertheless, we have identified several "key ingredients" of the feeling of emptiness. These ingredients include its complexity, its negative valence, and components that are present in different proportions in different individuals: a physical or bodily component; a component of aloneness or social disconnectedness; and a component of being personally unfulfilled or lacking purpose. In this sense, one might consider the feeling of emptiness to have both interpersonal and "within self" levels of meaning. Unlike some related emotional states, this phenomenon is not characterized by a clear tendency toward alleviation or resolution, which may help explain its persistence.

Despite the difficulties in defining the feeling of emptiness, efforts to formulate a multidimensional definition should not be abandoned. Such a definition would bring clarity without sacrificing complexity, improve communication between clinicians, and serve as the basis for developing an instrument assessing the phenomenon. The development of the SES is a step in the right direction because further research and better understanding of the feeling of emptiness are inconceivable without using a tool such as the SES or an alternative measure. The conceptualization of the feeling of emptiness should clarify its duration and course. It remains uncertain whether chronic and acute feelings of emptiness refer to the same affective state and whether they have the same or similar impact. It is usually assumed that a chronic feeling of emptiness is more characteristic of personality disorders (especially BPD), whereas an acute or intermittent feeling of emptiness is more likely to be encountered in depression. However, this distinction and links with different forms of psychopathology need to be empirically verified.

The relationships between the feeling of emptiness and other affective states call for more studies. This review has identified similarities and differences between the feeling of emptiness, on the one hand, and dysphoria, boredom, loneliness, and numbness, on the other. One line of inquiry is to ascertain how these affective states are related and whether their relationships are mediated by certain other factors. For example, is the relationship between the feeling of emptiness and dysphoria in BPD mediated by identity diffusion? Techniques such as network analysis could be used fruitfully to understand this question.

There is much to learn about the ways in which a feeling of emptiness interacts with other affective states in the context of the specific forms of psychopathology. For example, it remains to be ascertained how the feeling of emptiness relates to dysphoria in BPD and whether this interaction is unique to BPD. Likewise, an important question is whether the feelings of emptiness and boredom reflect an overlap between BPD and narcissistic personality disorder. The feelings of emptiness and loneliness may be uniquely associated in depression, with the same underlying sense of unworthiness and isolation. Both the feelings of boredom and loneliness have a tendency to "resolve" themselves, but it is unclear whether or not a co-occurring feeling of emptiness also diminishes or disappears with such a resolution. The feelings of emptiness and numbness may share a "dulling" effect and a temporary defensive avoidance of pain, which may occur in the context of depression, bereavement, other traumatic experiences, dissociative states, or schizophrenia. An issue of particular concern and public health significance is the role of the feeling of emptiness in suicidality and the links between this feeling and a sense of hopelessness.

While some of these relationships have been a subject of theoretical consideration, with little or no empirical research (e.g., in case of narcissistic personality disorder and schizophrenia), others have been approached mainly through research, with very little theory (e.g., in case of NSSI and suicidality) (Table 1). Therefore, one of the key tasks for the future is to find a better balance between the theoretical foundation and empirical research across various mental disorders and behavioral disturbances. There is a need for both further theory development and further empirical investigation. The former should not only rely on phenomenology and descriptive psychopathology, but incorporate contributions from all major schools of thought. With regard to research, approaches

Harvard Review of Psychiatry

that include both qualitative and quantitative methods seem to be necessary, as well as studies of neurobiological underpinnings and correlates of the feeling of emptiness.

In summary, this review contributes to the literature in several ways. First, it offers a novel, integrative, and multidimensional conceptualization of the feeling of emptiness. Second, it delineates the relationships between the feeling of emptiness and other emotional states. Third, it draws attention to various manifestations of the feeling of emptiness in the context of BPD and other psychopathology. Finally, the review identifies gaps in our understanding of this complex phenomenon and makes suggestions about future research.

**Declaration of interest:** The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

### REFERENCES

- 1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: APA, 2013.
- Klonsky ED. What is emptiness? Clarifying the 7th criterion for borderline personality disorder. J Pers Disord 2008;49:418–26.
- Elsner D, Broadbear JH, Rao S. What is the clinical significance of chronic emptiness in borderline personality disorder? Australas Psychiatry 2018;26:88–91.
- 4. Kernberg O. Borderline conditions and pathological narcissism. Oxford: Jason Aronson, 1975.
- Svrakic D. Emotional features of narcissistic personality disorder. Am J Psychiatry 1985;142:720–4.
- Stanghellini G. Embodiment and schizophrenia. World Psychiatry 2009;8:56–9.
- Zandersen M, Parnas J. Identity disturbance, feelings of emptiness, and the boundaries of the schizophrenia spectrum. Schizophr Bull 2019;45:106–13.
- 8. Rhodes JE, Hackney SJ, Smith JA. Emptiness, engulfment, and life struggle: an interpretative phenomenological analysis of chronic depression. J Constr Psychol 2019;32:390–407.
- 9. Westen D, Moses J, Silk K, Lohr N, Cohen R, Segal H. Quality of depressive experience in borderline personality disorder and major depression: when depression is not just depression. J Pers Disord 1992;6:382–93.
- Blasco-Fontecilla H, De León-martínez V, Delgado-gomez D, Giner L, Guillaume S, Courtet P. Emptiness and suicidal behavior: an exploratory review. Suicidol Online 2013;4:21–32.
- Blasco-Fontecilla H, Baca-García E, Courtet P, García Nieto R, De Leon J. Horror vacui: emptiness might distinguish between major suicide repeaters and nonmajor suicide repeaters: s pilot study. Psychother Psychosom 2015;84:117–9.
- Rallis BA, Deming CA, Glenn JJ, Nock MK. What is the role of dissociation and emptiness in the occurrence of nonsuicidal selfinjury? J Cogn Psychother 2012;26:287–98.
- 13. Price SL, Mahler HIM, Hopwood CJ. Subjective emptiness: a clinically significant trans-diagnostic psychopathology construct. SocArXiv (forthcoming).
- Didonna F, Gonzalez Y. Mindfulness and feeling of emptiness. In: Didonna F, ed. Clinical handbook of mindfulness. New York: Springer, 2009:125–51.
- 15. Peteet JR. Approaching emptiness: subjective, objective and existential dimensions. J Relig Health 2011;50:558–63.
- Singer M. The experience of emptiness in narcissistic and borderline states: II. The struggle for a sense of self and the potential for suicide. Int Rev Psychoanal 1977;4:471–9.

- 17. Brenner C. On the nature and development of affects: a unified theory. Psychoanal Q 1974;43:532–56.
- 18. Levy S. Psychoanalytic perspectives on emptiness. J Am Psychoanal Assoc 1984;32:387–404.
- 19. Lafarge L. Emptiness as defense in severe regressive states. J Am Psychoanal Assoc 1989;37:965–95.
- Rossi Monti M, D'Agostino A. Dysphoria as a psychopathological organizer in borderline patients. In: Stanghellini G, ed. The Oxford handbook of phenomenological psychopathology. Oxford: Oxford University Press, 2019;826–38.
- 21. Rossi Monti M. The window and the wound: dysphoria and anger in borderline disorders. In: Stanghellini G, Aragona M. An experiential approach to psychopathology. Berlin: Springer, 2016;61–77.
- 22. Ruggiero I. The unreachable object? Difficulties and paradoxes in the analytical relationship with borderline patients. Int J Psychoanal 2012;93:341–62.
- Poreh AM, Rawlings D, Claridge G, Freeman JL, Faulkner C, Shelton C. The BPQ: a scale for the assessment of borderline personality based on DSM-IV criteria. J Pers Disord 2006;20: 247–60.
- 24. Orbach I, Mikulincer M, Gilboa-Schechtman E, Sirota P. Mental pain and its relationship to suicidality and life meaning. Suicide Life Threat Behav 2003;33:231–41.
- 25. Hazell CG. A scale for measuring experienced levels of emptiness and existential concern. J Psychol 1984;117:177–82.
- Gunderson J, Links P. Borderline personality disorder: a clinical guide. Arlington, VA: American Psychiatric Publishing, 2008.
- 27. Berner P, Musalek M, Walter H. Psychopathological concepts of dysphoria. Psychopathology 1987;20:93–100.
- 28. Starcevic V. Dysphoric about dysphoria: towards a greater conceptual clarity of the term. Australas Psychiatry 2007;15:9–13.
- 29. Korner A, Gerull F, Meares R, Stevenson J. The nothing that is something: core dysphoria as the central feature of borderline personality disorder. Implications for treatment. Am J Psychother 2008;62:377–94.
- 30. Pazzagli A, Rossi Monti M. Dysphoria and aloneness in borderline personality disorder. Psychopathology 2000;33:220–6.
- Rossi Monti M, D'Agostino A. Borderline personality disorder from a psychopatological-dynamic perspective. J Psychopatology 2014;20:451–60.
- 32. D'Agostino A, Aportone A, Petrini M, Manganelli E, Rossi Monti M, Starcevic V. Preliminary validation of the interpersonal dysphoria model of borderline personality disorder. Psychopathology 2018;51:390–9.
- 33. American Psychiatic Association. Diagnostic and statistical manual of mental disorders. 3rd ed. Washington, DC: APA, 1980.
- 34. Widiger T, Mangine S, Corbitt E. Personality disorder interview– IV. Odessa: Psychological Assessment Resources, 1995.
- Raffaelli Q, Mills C, Christoff K. The knowns and unknowns of boredom: a review of the literature. Exp Brain Res 2018;236: 2451–62.
- Eastwood JD, Frischen A, Fenske MJ, Smilek D. The unengaged mind: defining boredom in terms of attention. Perspect Psychol Sci 2012;7:482–95.
- 37. Mercer-Lynn KB, Bar RJ, Eastwood JD. Causes of boredom: the person, the situation, or both? Pers Individ Dif 2014;56:122–6.
- van Tilburg W, Igou ER. On boredom: lack of challenge and meaning as distinct boredom experiences. Motiv Emot 2012;36:181–94.
- Bench SW, Lench HC. On the function of boredom. Behav Sci 2013;3:459–72.
- Danckert J, Hammerschmidt T, Marty-Dugas J, Smilek D. Boredom: under-aroused and restless. Conscious Cogn 2018;61:24–37.
- 41. Ksinan AJ, Mališ J, Vazsonyi AT. Swiping away the moments that make up a dull day: narcissism, boredom, and compulsive smartphone use. Curr Psychol 2019;1–10.

- 42. Lee FKS, Zelman DC. Boredom proneness as a predictor of depression, anxiety and stress: the moderating effects of dispositional mindfulness. Pers Individ Dif 2019;146:68–75.
- 43. Powers AD, Gleason ME, Oltmanns TF. Symptoms of borderline personality disorder predict interpersonal (but not independent) stressful life events in a community sample of older adults. J Abnorm Psychol 2013;122:469–74.
- 44. Klonsky ED. The functions of deliberate self-injury: a review of the evidence. Clin Psychol Rev 2007;27:226–39.
- 45. Nock MK, Prinstein MJ. A functional approach to the assessment of self-mutilative behavior. J Consult Clin Psychol 2004; 72:885–90.
- 46. Heinrich LM, Gullone E. The clinical significance of loneliness: a literature review. Clin Psychol Rev 2006;26:695–718.
- Hawkley LC, Cacioppo JT. Loneliness matters: a theoretical and empirical review of consequences and mechanisms. Ann Behav Med 2010;40:218–27.
- 48. Cacioppo S, Grippo A, London S, Goossens L, Cacioppo JT. Loneliness: clinical import and intervention. Perspect Psychol Sci 2015;10:238–49.
- 49. Roberts T. Feeling nothing: numbress and emotional absence. Eur J Philos 2019;27:187–98.
- 50. Hughes R, Kinder A, Cooper CL, eds. The wellbeing workout. Cham, CH: Palgrave Macmillan, 2019.
- 51. Bowlby J. Loss. New York: Basic, 1980.
- 52. Brown NW. Coping with infuriating, mean, critical people: the destructive narcissistic pattern. Santa Barbara, CA: ABC-CLIO, 2013.
- Zanarini MC, Frankenburg FR, Reich DB, Silk KR, Hudson JI, McSweeney LB. The subsyndromal phenomenology of borderline personality disorder: a 10-year follow-up study. Am J Psychiatry 2007;164:929–35.
- Zanarini MC, Frankenburg FR, Reich DB, Fitzmaurice GM. Fluidity of the subsyndromal phenomenology of borderline personality disorder over 16 years of prospective follow-up. Am J Psychiatry 2016;173:688–94.
- 55. Ellison W, Rosenstein L, Chelminski I, Dalrymple K, Zimmerman M. The clinical significance of single features of borderline personality disorder: anger, affective instability, impulsivity, and chronic emptiness in psychiatric outpatients. J Pers Disord 2016;30: 261–70.
- 56. Rossi Monti M. Disforia e condotte suicidarie nel borderline. Psichiatria e psicoterapia analitica 2000;19:156–162.

- 57. Grinker RR, Werble B, Drye RC. The borderline syndrome. New York: Basic, 1968.
- Singer M. The experience of emptiness in narcissistic and borderline states: I. Deficiency and ego defect versus dynamic-defensive models. Int Rev Psychoanal 1977;4:459–69.
- 59. Blatt SJ. Experiences of depression: theoretical, clinical, and research perspectives. Washington, DC: American Psychological Association, 2004.
- Blatt SJ, Levy KN. A psychodynamic approach to the diagnosis of psychopathology. In: Barron JW, ed. Making diagnosis meaningful: enhancing evaluation and treatment of psychological disorders. Washington DC: American Psychological Association, 2004:73–109.
- 61. Laing RD. The devided self. London: Tavistock Publications, 1959.
- 62. Kean C. Silencing the self: schizophrenia as a self-disturbance. Schizophr Bull 2009;35:1034–6.
- 63. Chapman AL, Gratz KL, Brown MZ. Solving the puzzle of deliberate self-harm: the experiential avoidance model. Behav Res Ther 2006;44:371–94.
- 64. Kleindienst N, Bohus M, Ludäscher P, et al. Motives for nonsuicidal self-injury among women with borderline personality disorder. J Nerv Ment Dis 2008;196:230–6.
- 65. Laye-Gindhu A, Schonert-Reichl KA. Nonsuicidal self-harm among community adolescents: understanding the "whats" and "whys" of self-harm. J Youth Adolesc 2005;34:447–57.
- Bentley KH, Nock MK, Barlow DH. The four-function model of nonsuicidal self-injury: key directions for future research. Clin Psychol Sci 2014;2:638–56.
- 67. Schnyder U, Valach L, Bichsel K, Michel K. Attempted suicide: do we understand the patients' reasons. Gen Hosp Psychiatry 1999;21:62–9.
- Eskin M. The effects of religious versus secular education on suicide ideation and suicidal attitudes in adolescents in Turkey. Soc Psychiatry Psychiatr Epidemiol 2004;39:536–42.
- 69. Harris JC. The wood of the self-murderers: the harpies and the suicides. Arch Gen Psychiatry 2003;60:229.
- Hartocollis P. Time and affects in borderline disorders. Int J Psychoanal 1978;59:157–63.
- 71. Kramer DA. A psychobiographical analysis of faith, hope, and despair in suicide. J Adult Dev 2002;9:117–26.
- Cochrane-Brink KA, Lofchy JS, Sakinofsky I. Clinical rating scales in suicide risk assessment. Gen Hosp Psychiatry 2000;22:445–51.