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Narrative self-appropriation: Embodiment, alienness, and personal responsibility in the context of Borderline Personality Disorder

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Abstract

It is often emphasised that persons diagnosed with Borderline Personality Disorder (BPD) show difficulties in understanding their own psychological states. In this article, I argue that from a phenomenological perspective, BPD can be understood as an existential modality in which the embodied self is profoundly saturated by an alienness regarding the person’s own affects and responses. However, the balance of familiarity and alienness is not static, but can be cultivated through, e.g., psychotherapy. Following this line of thought, I present the idea that narrativising experiences can play an important role in processes of appropriating such embodied self-alienness. Importantly, the notion of narrative used is that of a scalar conception of narrativity as a variable quality of experience that comes in degrees. From this perspective, narrative appropriation is a process of gradually attributing the quality of narrativity to experiences, thereby familiarising the moods, affects, and responses that otherwise govern ‘from behind’. Finally, I propose that the idea of a narrative appropriation of embodied self-alienness is also relevant to the much-debated question of personal responsibility in BPD, particularly as this question plays out in psychotherapeutic contexts where a narrative self-appropriation may facilitate an increase in sense of autonomy and reduce emotions of guilt and shame.

Keywords: Borderline Personality Disorder; Phenomenology; Narrative; embodiment; Alienness
Introduction

In this article, I am concerned with the relevance of narrativising embodied experience within the context of Borderline Personality Disorder [BPD]. More specifically, the article makes the case for two interconnected claims. First, from a phenomenological perspective, BPD can be understood as an existential modality in which the embodied self is saturated by an alienness regarding the person’s own affects and responses. Second, this makes narrativising embodied experiences particularly important for attaining a sense of self-familiarity and becoming personally responsible.

Narrative has received a lot of attention across a range of domains in the past decades, and naturally, the promises of narrative have also seeped into psychiatry, where narrative has been promoted not only as an important means for understanding particular psychopathological states (e.g., [1, 2, 3]), but also as a fundamental principle for structuring therapeutic interventions (e.g., [4, 5]). Recently, however, the strong claims linking narrative to the very constitution of identity, selfhood, and experience have been met with considerable critique, particularly from within philosophy. These critiques have tended to take one of two routes. Some downscale the importance of narrative, arguing that even though life and narrative may intertwine and overlap in various ways, this amounts to nothing more than a trivial fact since narrative is a phenomenon too imprecise and vague to merit any serious attention (e.g., [6, 7]). Or other critiques completely reject the identification of life with narrative, stating that although such an overlap may be possible, it is in no way necessary, and that, hence, narrative is constitutive of neither experience nor identity or selfhood (e.g., [8, 9, 10]). Some commentators have even gone so far as to suggest that narrative might be outright damaging to our well-being [11, 9]. This critique has reverberated into the medical humanities. Drawing on Galen Strawson’s much-debated critique [9], Angela Woods, for instance, encourages the field of medical humanities to acknowledge that the supposition that the identity of a person needs to fit with the logic of a story expresses a biased cultural perspective and
runs the risk of ‘needlessly and wrongly distressing’ patients who do not fit this model of understanding [12, p. 77]. Hence, she argues, practitioners need to be much more sensitive to the particular range and applications of narrative and not simply assume narrative to be fundamental to the constitution of selfhood and experience.

Though I agree with the basic outline of this critique, I am not persuaded by the most radical conclusions that dismiss the relevance of narrative altogether. What is needed, I submit, is a specification and delimitation of where and to what end a systematic application of narrative is called for.

It is on the backdrop of this debate that I wish to specify a role for narrative in the context of psychiatry with a particular focus on BPD. I will begin by giving an account of how the existential fact of embodiment troubles the idea that selfhood institutes a sphere of pure self-familiarity and that BPD can be understood as a mode of experiencing that is particularly haunted by the alienness of the person’s own affects and responses. I shall refer to Bernhard Waldenfels’s recent work on the idea of a split-self as a framework for understanding this alienness. Based on this analysis, I will then offer an account of how the alienness inherent to embodied selfhood can be appropriated through a process of narrativising narratable experiences. Although this idea is not disconnected from the traditional notion of a talking cure, it specifically pertains to the capacity of narrative to influence the quality of my self-experiences. Importantly, the notion of narrative employed is that of a scalar conception of narrativity, as a variable quality of experience that comes in degrees. From this perspective, narrative self-appropriation is a process of gradually attributing the quality of narrativity to experiences, thereby familiarising the moods, affects, and responses that otherwise govern from behind. Finally, I will argue that the dialectics between embodied self-alienness and narrative self-appropriation is important to processes of both psychotherapy and psychoeducation in
patients diagnosed with BPD, but also, more generally, to the much-debated question of personal responsibility in BPD.

Embodyed selfhood, alienness, and BPD

Within a phenomenological framework, the identification of selfhood with embodiment is often relatively strong: though we may recognize various super-structures, such as narrative dimensions, subject positions, and sociocultural roles, selfhood fundamentally is embodiment. The relation between selfhood and embodiment, therefore, is not a contingent one—as if the self were merely something em-bodied or in-corporated [13, p. 236]. To address embodiment is to address the very basis of my experiential reality. This is, of course, not to suggest that the body imposes itself explicitly on all experiences, but rather, that it is the tacit underlying foundation for all experiences and which may announce itself with varying degrees of explicitness. The identification of selfhood with embodiment should, however, not be taken to imply that embodiment constitutes anything like a sphere of pure ownness, self-familiarity, or self-autonomy. Quite the contrary: the fact that selfhood is embodied troubles the very idea that selfhood institutes such a domain of transparency and autonomy. Rather, my self-experience is inherently one constituted by both familiarity and alienness—both as that which easily aligns with my habituated structures of experience and as something alien that imposes itself on my experience by perturbing and exceeding my habituated experiential orders.

To illustrate this, I start by considering the following case example from a woman diagnosed with BPD named Shehrina. She reports her experiences of starting at college as follows:

On that first day, I would be so excited, going into college just feeling amazing…. I would go into the classroom, start chatting with the other students—and I would fit in. No one there knew about me, none of them knows about my past—I am ‘normal’.
I would get so carried away; I am chatting; I am so happy; I am laughing with the other students; and I am just getting so involved that I did not hear the teacher start the lesson—until I hear a cough: I look up, and the teacher says my name, and says ‘the lesson started can you keep the noise down, please’. I can feel myself breathing faster, my hands are shaking, I feel myself getting so angry because I see all these faces staring at me. And I don’t know what is happening to me, all I know is that I am flinging the college desk and I am shouting ‘fuck off’; and then I am running … all the way home; I get home, I slam my bedroom door shut, I pull out a blade and I just start cutting. When my family found me, they don’t understand what happened … I don’t even understand myself. [14]

What is striking in this example is not only the extreme escalation of arousal levels and rapid shifts in emotions, usually attributed to persons diagnosed with BPD, but also, I would emphasize, how Shehrina seems to be a passenger in her own affects and responses, and how she repeatedly accentuates that she does not understand what is going on.

Not understanding or not knowing one’s own embodied affects and responses is an experience often reported by people diagnosed with BPD. In her phenomenological account of her personal experiences of living with BPD, Karin Dyhr writes, ‘It is not only desires and wants that can initiate these dramas. Tiny, insignificant situations, apparently innocent and peaceful sentences, sounds and smells—triggers of old trauma. Most often we do not know what is going on, why we are suddenly running amok…’ [15, p. 27] (italics mine). Dyhr goes on to provide examples of this phenomenon from her own experience, like when another person’s smacking, slurping, or gum chewing produces in her a severe aggression that has no interpretive context from which to understand it, or when one night, after hearing footsteps outside her hospital room, she suddenly breaks a light bulb and cuts her wrists. An act she describes as ‘an incomprehensible, dramatic
action for those that woke me up the next morning and saw the blood; *for me, it was impossible to find words that could explain the action*’ [15, p. 30] (italics mine).

These examples illustrate the commonly recognized fact that persons diagnosed with BPD are exposed to radical, sudden, and unpredictable shifts in their moods and affects, such as dysphoria, explosive anger, overwhelming feelings of sadness and depression, or even the desire to self-harm. But I would like to suggest that they also demonstrate that there is an inherent alienness present in these experiences. From an experiential point of view, the person simply does not understand why they are feeling and responding the way that they are.

That our self-experience can in this way harbour alienness, as already mentioned, is not exclusive to BPD, but should be seen as an intensification of a generic experiential trait that follows from positing selfhood as embodied. In the phenomenological literature, this point has often been promoted. Edmund Husserl notably described embodiment as characterized by an inherent ambiguity insofar as my body is given as a *Leibkörper*: both the object of experience and the experiencing subject simultaneously Husserl [16]. Similarly, Helmut Plessner emphasised that the basic fact that human existence is embodied implies that ‘*I am, but I do not have myself*’ [17, p. 190], underlining that although I may be my body, I am it in such a way that I do not fully understand nor govern myself. These thoughts have also resonated in the field of medical phenomenology, where Richard Zaner [18], for instance, underlines the fundamental ambiguity of embodiment as one that is ‘*intimately alien, strangely mine*’, stressing that

If there is a sense in which my own body is ‘intimately mine’, there is, furthermore, an equally decisive sense in which I belong to it—in which I am at its disposal or mercy, if you will. My body, like the world in which I live, has its own nature, functions, structures, and biological conditions; since it embodies me, I thus
experience myself as implicated by my body and these various conditions, functions, etc. [18, p. 52] 

In his short paper *L'intrus*, Jean-Luc Nancy provides a lucid image of how somatic illness may entail an intensification of alienness. Throughout the process of waiting for a heart transplant, Nancy reports how his own heart gradually becomes a stranger to him and how the entire process is experienced as a radical ‘intrusion’ of strangeness and a perturbing of the intimacy of the self [19, p. 2]. Paradoxically, the drugs dispensed to inhibit the immune system from expelling the new organ—expelling the intrusion of the alien, as it were—subsequently caused cancer. Nancy’s exposure to chemotherapy further intensified the experience of self-alienation:

One emerges from this adventure lost. One no longer knows or recognises oneself: but here these words no longer have meaning. Very quickly, one is no more than a slackening, floating strangeness, suspended between poorly identified states, between sufferings, incapacities, lapses. Relating to such a self has become a problem, a difficulty or opacity: one does so through pain or fear, no longer is anything immediate—and mediations are tiring. [19, p. 11]

However, whereas both Nancy’s case and the examples from BPD are extreme, evoking very visual and material representations of an intense experience of self-alienness, I believe it is vital to highlight that they are exactly that: *intensifications*. They are not qualitatively new experiences, but escalations of a pervasive and constitutive modality of embodied experience. In order to get a better understanding of what is meant by ‘alien’ and how alienness might be said to be integral to embodied selfhood, it is worthwhile turning to contemporary phenomenologist Bernhard Waldenfels.

In Waldenfels’s phenomenological analysis, the experience of alienness is integral to human embodied existence. Drawing on Husserl, Waldenfels defines alienness as the ‘accessibility of the
inaccessible’ [20, p. 25], i.e., something simultaneously announces and conceals itself in experience. A very commonplace example of this type of experience, and one Waldenfels often refers to, is of hearing a foreign and unfamiliar language. This example is informative in so far as it points to being confronted with something in experience that nevertheless remains inaccessible to my understanding and therefore alien. Another way Waldenfels distils the experiences of alienness is by pointing to the associated affects: states such as surprise, bewilderment, shock, and anxiety all have their experiential meaning when something imposes itself on me or happens to me and exceeds my habituated experiential repertoire [21, pp. 110-153].

Furthermore, the experience of alienness, according to Waldenfels, is only possible in relation to an existing experiential order. Hence, what announces itself as alien does so only insofar as it is extra-ordinary (das Außer Ordentliche), that is, exterior to the habituated orders of the self. The alien is therefore characteristically an occasional phenomenon; it does not designate an absolute and generic term—as in ‘the alien’, which would be as problematic as speaking of an ‘absolute left’ without reference to a here [20, p. 23]—but it is alien in relation to a particular experiential order. Importantly, this does not imply that we should speak of an original or primary sphere of ownness on which the alien subsequently imposes itself. Drawing on Maurice Merleau-Ponty, Waldenfels defines experiences as processes in which phenomena continuously achieve structure in a statu nacendi: there is not a finished world ‘out there’ waiting to be appropriated, but rather, experience is a process of continuous sense-formation in which experiential orders are continuously established, sedimented, and reconfigured through the confrontation with alterity and alienness. This implies that the distinction between that which is familiar and that which is alien is the result of an original self-differentiation, rendering the presence of the own and the alien co-originary in experience [22, p. 283].

1 For a more detailed analysis of this point, see [22, 23].
Split-self and BPD

This constitutive presence of alienness in experience also pertains to our self-experience. For Waldenfels, this implies that we need to opt for a notion of an embodied ‘split-self’. We need to recognise not simply an ‘ego’ and an ‘alter-ego’ but an ‘alterity of the self’ [20, p. 28]. This alterity announces itself in the presence of a self-withdrawal (Selbt-entzug): we are given to ourselves through a simultaneous presence and retraction. This shows in the most mundane of experiences, such as being surprised by one’s own aggressive response to an innocent irritation while navigating traffic or when noticing the presence of a seemingly unexplainable feeling of anxiety or unease, but also encompasses the more radical experiences of alienness in persons diagnosed with BPD referred to above. In such cases, moods, affects, and responses may announce themselves, while simultaneously withdrawing and thereby remaining unavailable to one’s self-understanding.

Importantly, the concept of a split-self should not be understood as a reiteration of a Cartesian framework, separating selfhood into two independent ontologies: rather, what appears split in experience originally belongs together [22, p. 258]. Waldenfels’s solution to this ambiguity is to pose embodied selfhood as a complex being:

This complex being includes not only the lived body by and through which we perceive and manipulate things, by which and through which we express ourselves and collaborate with each other, rather it includes as well all the physiological apparatus, including neurological and genetic processes, by which our own behaviour is not only realised but to some extent shaped. All this belongs to us, but in terms of a decreasing nearness and an increasing remoteness. So I am justified in speaking of my brain. We must only take into consideration that belonging to me
does not *eo ipso* mean being at my disposal, as if I were the owner of my body [13, p. 243]².

It is from the perspective of selfhood as such, an encompassing existential facticity, that the term ‘split’ should be conceived. As is clear from the passage, however, split should therefore not be understood as a binary separation, but rather, as what Waldenfels calls ‘*a continuous scale of nearness and remoteness*’, whereby the alienness of embodied selfhood is expressed as a *matter of degrees* ranging from experiences of radical alienness to more structural and everyday encounters with the alien [13, p. 243]. Furthermore, the particular balance of what appears as alien or familiar is not set once and for all but is a dynamic relation in which new experiential orders can be established and old ones reconfigured. The balance of alienness and familiarity is, hence, open to cultivation.

Returning to BPD, I am proposing that although alienness is in this way an integral part of selfhood as embodied, BPD can be understood as an existential modality in which the balance between familiarity and alienness is skewed towards alienness in a particular way. What is important to underline in the case examples provided above is that the affective-responsive events reported by Shehrina and Dyhr appear to them *disparate and fragmented*. This is not to indicate that they present themselves as sheer physiological happenings devoid of any possible meaning. Rather, I believe that they are better understood as expressing responses to what one, following Waldenfels, might call experiential ‘*sediments whose meaning has disappeared*’ [20, p. 36]. The expression indicates that although affective-responsive events belong to the person’s existential facticity, as embodied sedimentations of personal history, they have achieved no stable *experiential order* and, hence, remain alien, fragmented, and incomprehensible in their expression. This description, of

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² This framing of embodied selfhood resembles that of Martin Heidegger when he states: ‘Then everything we call our bodiliness down to the last muscle-fiber and down to the most hidden molecule of hormones, belongs essentially to existing’ [24, p. 232].
course, resonates with those provided by contemporary trauma theory (e.g., [25, 26, 27]), which should not be surprising since exposure to early trauma seems to be closely correlated with BPD (e.g., [28]). However, whereas trauma researchers, in the wake of Bessel Van der Kolk, arguably focus on how singular events have been ‘etched’ on the mind and disrupt memory [29, 27], what I am addressing is the broader and more general phenomenon of an intensified self-alienness that, from a phenomenological perspective, seems particularly present in the existential reality of BPD.

One might therefore say that the experiential landscape of BPD is one saturated by a particular kind of alienness towards one’s own affective-responsive events. In the case examples provided above, this is perhaps most obviously illustrated in the event-structure of particular actions that appear incomprehensible to the persons themselves. However, I believe that it is conducive to consider whether the passive dimension, the basic affective tonality underlying these responses, is equally pronounced in the experience of alienness. Persons diagnosed with BPD often report feelings of emptiness, anxiety, and dysphoria, which are inherently difficult for them to put into words. In this respect, Mario Monti has recently suggested that the characteristic anger of BPD could be seen as an attempt to provide meaning to a pervasive and incomprehensible dysphoria, and that feelings of emptiness, in turn, annihilate established meanings [30, p. 70]. Similarly, we might wonder if the tendency in BPD to obsess about a singular object or person as the sole cause of personal suffering (sometimes referred to as scapegoating) could be seen as an existential attempt to get rid of a pervasive self-alienness through transforming an incomprehensible dysphoric mood into a condensed and specific meaningful object. In this way, understanding BPD as a state of intensified self-alienness can provide a framework for interpreting some of the acts and interaction patterns of BPD as a mode of coping with this existential reality. Additionally, placing alienness at the heart of the affective repertoire of BPD could provide a possible framework for understanding the impulsivity often associated with BPD insofar as the occasional profound absence of an
understanding of one’s own affective-responsive events implies a lack of control and sense of agency over one’s own life. I shall return to this issue in regards to the question of responsibility in the last section.

In sum, embodied selfhood is not a consolidated territory of self-transparency and self-acquaintance, but there is an alienness integral to selfhood. Selfhood is a complex being: a comprehensive existential facticity, where self-experience is structured along a continuous and dynamic scale of self-familiarity and alienness. From this perspective, BPD appears as an existential modality where the balance of self-familiarity and alienness is particularly skewed towards an alienness regarding the person’s own affects and responses.

**Narrativising experience as a modality of self-appropriation**

As should be clear from the discussion above, experiences of alienness are typically associated with negative affects such as uncanniness, unease, feeling unsettled and anxious. It should, therefore, not come as a surprise that alienness is most often met by a need for appropriation. By *appropriation*, I am broadly referring to a process of bringing what is alien in experience to a meaningful *order*, a sense of familiarity, thereby dissolving its very character of being alien. In this sense, the alien loses its character of alienness through the confrontation with meaning [31]. Such a process of appropriating the alien comes in a range of modalities: from the simplest acts of familiarising something by attributing a name to it or of understanding an object by integrating it in an *as-structure*—i.e., when identifying a particular feeling *as* sadness or *as* fear—to more comprehensive acts of appropriation such as representing a phenomenon through theoretical models, etc. In this regard, *self*-appropriation should be understood as the particular process of coming to an understanding of oneself—of bringing into a familiar and meaningful order the moods, affects, and responses that belong to me but also present themselves as alien in my experience. Importantly, this
idea of self-appropriation presumes not only that selfhood harbours an integral self-alienness but also that this alienness is not absolute or rigid but a moveable scale of nearness and distance. The idea presumes that the balance of alienness and familiarity can be cultivated.

In this respect, a process of self-appropriation could similarly be conceived of along a range of modalities. What I am arguing, however, is that narrative is a particularly potent mode of self-appropriation when it comes to achieving a reflective and contextual self-understanding. Hence, I am not proposing that narrative is constitutive of selfhood or experience (that would be incompatible with the notion of selfhood as a complex being), nor even that my sense of self need be predominantly narrative in nature. Rather, what I am suggesting is that narrative is an important tool in processes of creating an explicit self-understanding when confronted with experiences of self-alienness in need of appropriation, and that this, in some cases, might be vital to not only my well-being but also my ability to be self-responsible.

To unpack this idea, I need to address what narrative order is and how it may serve self-appropriation. In the contemporary debate, the question of defining narrative is contested territory with little existing consensus. For the present purpose of relating narrative to the specific question of appropriating my embodied self-experience, I believe that it is advantageous to take up what is called a *scalar conception* of narrative [32, 33, 34, 35]. According to the scalar understanding of narrative, we should discontinue the quest for coming up with a restricted definition of what narrative is: one that in a binary manner determines whether an entity is or is not a narrative. Instead, we should move towards a concept of *narrativity* which specifies narrative as a variable quality of experience that can be subject to degrees. Hence, narrativity is the property qualifying something as narrative; i.e., if something is considered narrative, it means that it has a certain degree of narrativity or that narrativity is dominant in our experience. Though this is also contested in the debate, I will stipulate that the bare minimum for generating the impression of narrativity is
the sequential, temporal ordering of events, where the connected events must be identified under a
description that indicates their meaningful connection [36]. Based on this minimal condition, more
advanced criteria can be added to indicate stronger degrees of narrativity.3 Hence, narrative order is
a quality which experience can take to various degrees and which can increase or decrease.

As I have argued in detail elsewhere [32], this scalar approach to narrative permits one to
construe experiences that initially do not exhibit any narrative order as narratable to varying
degrees. To say that an experience is narratable is to say that even though it has no narrative order,
it can be narrativised insofar as it does not fall below what is sometimes referred to as the threshold
of narrativity. Hence, a narratable experience is one that is eligible for being brought to narrative
order. This concept of the narratable, I submit, is particularly relevant to the question of narrative
self-appropriation in the face of self-alienness. It can account for how something that initially
presents itself as strange and unfamiliar in my self-experience can be appropriated to a
comprehensive, meaningful order through a process of being narrativised.

This process can be illustrated by once more turning to our case examples of BPD: as I
showed, the experiential landscape of BPD is saturated by alienness, by sudden, unpredictable
changes in moods, affects, and responses, such as outbursts of anger, irritation, sadness, or even
self-harm. My claim is that these affective-responsive states are to a large extent narratable, in the
sense that although they appear incomprehensible and disparate from within the particular situation,
they can be made understandable through a process of post hoc emplotment, that is, by tracing and
contextualizing the events leading up to the situation and the expectations and significance that may
connect these events under a meaningful frame. Dyhr is an example of this: she explains how,
through therapy, she later came to contextualize the fact that smacking and slurping caused her to
feel explosive anger because it evoked experiential sedimentations of forced oral sex [15], or how

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3 For an account that specifies a framework for this gradual transition, see [34].
she post hoc emplotted the otherwise ‘incomprehensible act’ of cutting herself with a fractured light bulb by connecting the sound of steps outside her room with the experience of being sexually violated.

In Shehrina’s example, no such contextualization is offered, and therefore, the affective-responsive event stands out as incomprehensible. However, it is a narratable event and the situation could, therefore, be narrativised in ways that would make her radical responses increasingly more meaningful to herself but also to others. Narrativising the event would imply engaging in a reflective act, starting by mobilising a concrete interpretation that meaningfully connects the fact that the teacher asked Shehrina to be quiet with her concrete embodied responses. Once such a minimally meaningful connection (one that goes beyond a mere causal connection) is established—e.g., understanding the event as an expression of shame, guilt, or once more being positioned as abnormal—the affective-responsive event can subsequently be increased in narrative order in line with the scalar notion of narrativity. That is, it can be more or less thickly narrativised.

Increasing the narrative order of an embodied experience in this way may involve a range of parameters that all contribute to making it robust. Examples of such parameters could be: (a) attention to the coherence and internal meaningfulness of the narrative, i.e., how integrated the emplotment is with the particular, singular events of the protagonist’s personal history, such as whether there are previous experiences or experiential sediments that can help contextualize Shehrina’s affects and responses in the concrete situation; (b) whether there were elements in the particular socio-cultural or material setting that afforded or helped provoke these affects and responses in Shehrina; (c) the extent to which the narrative is recognisable within the framework of existing sociocultural narrative orders; (d) the extent to which the suggested narrative resonates on an emotional and evaluative level with the involved person, i.e., how credible, important, and ‘true’
the narrative appears to Shehrina herself; (e) the social credibility of the narrative, i.e., how credible and ‘true’ the narrative appears to people who relate to and interact with Shehrina, etc.

Narrativising experiences while paying attention to such parameters—where these are mere examples of what would be a more comprehensive theoretical framework—contributes to increasing the narrativity of the experience and making the established narrative order robust, that is, not susceptible to dissipating when encountering resistance. Though this kind of self-appropriation fundamentally takes place post hoc, it seems reasonable to assume that the self-familiarity gained through such a process can, in relevant degrees, be transferred to subsequent in situ practices. For instance, having a framework for understanding why slurping and smacking provoke such anger in Dyhr, she will arguably be more aware of the context of this ‘drama’ next time she encounters a similar situation, and at least have the possibility to divert the affective process before the arousal levels become so intense that exploding in anger is the only possible resolution. This is, of course, grounded in the assumption that there is an acquired generality to the register of affects and responses that individuals experience across particular situations. To the extent that this is the case, narrative can provide what one might call a fixity of meaning [37, p. 78], which increases the ability to navigate one’s own affects and responses in situations of structural similarity.

For obvious reasons, this makes narrative self-appropriation important to processes of psychotherapy and psychoeducation. It is, in this respect, important to avoid any tendency to think of a self-narrative as a strictly private matter—as if we are the sole proprietors of our self-narratives. Rather, what makes narrative apt for self-appropriation, apart from its potential to integrate and contextualise disparate experiences in an increasingly ‘thick’ manner, is rooted in the capacity of narrative to make it structurally possible for me to relate to myself as another. Peter Goldie has recently taken up this idea, arguing that such self-distancing is made possible through
the narrative mode of free indirect style, infusing a gap between oneself as a character and oneself as a narrator of one’s own life [38].  
This capacity of narrative makes it possible to take an external stance towards one’s own affects and responses and to critically reflect on their contextual constitution. For example, I can retrospectively think back on the way I acted and felt in a specific situation with what Goldie calls ironic distance, and attempt to provide an understanding of what happened—and why—by situating and emplotting the events within a broader narrative context. This explorative position, however, is one that can be shared and facilitated by others, for instance, clinical professionals. Not only is the sheer presence of an audience conducive for (if not a condition of) the process of narrativising, but, as in the case of BPD, we may occasionally be so blind to ourselves that we need assistance to bring the narratable aspects of experience to a meaningful order. Narrativising narratable experiences is, hence, not always easy, but is an achievement that may require varying degrees of effort and assistance [32].

Importantly, this is also not to claim that all alterity is appropriable, nor that my narrative self-appropriation could in any way be considered true or remotely exhaustive. Not only is the very idea of a completely appropriated self conceptually inconsistent with the notion of a split-self, but one also needs to be mindful of the fact that, apart from being blind to its own beginnings and ends, narrative is principally a selective ordering: it excludes more than it configures. Hence, as with any process of ordering, we are always faced with the refuse of these orders—the tacit presence of experiential traces that were not included in the established experiential orders, but which nevertheless exist as a historical silhouette hereof. In an important way, the personal history of an individual, therefore, will always exceed our narrative endeavours. This might be similar to what Waldenfels has in mind when he states: ‘We are again and again overcome [überrumpelt] by our

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4 From a narratological point of view, one might feel unease about Goldie’s application of the concept of free indirect discourse to the question of self-narration, since free indirect discourse refers specifically to 3rd person narration. In defence of Goldie, we might say that this is exactly his point – that we narrate ourselves as another, as from a 3rd person perspective.
past before a process of explicit representation [Vergegenwärtigung] takes place’ [31, pp. 45-46]. Nevertheless, narrative remains an indispensable tool in the attempt to reach a *reflective* self-understanding.

One contemporary psychotherapeutic framework that has not only recognised the importance of narrative but made narratives the very focal point of psychotherapy is what is referred to as *narrative therapy* or *narrative practice*, notably developed by Michael White and David Epston, respectively [39, 40]. In recent publications, this framework has been applied to the context of psychiatry by, inter alia, Suellen Hamkins and Bradley Lewis [4, 5]. Whereas the framework of narrative practice overlaps with the above sketched approach on a number of points, it also differs in important ways insofar as narrative practice is unequivocally rooted in a strong social constructionist and discourse psychological approach. I believe this strong foundation in social constructionism is problematic, since it tends to posit narrative as an absolute ontology, and thereby remains on a purely linguistic and reflective level of experience that utterly neglects the embodied foundations of personal existence. This is problematic not only because it fails to provide resources and avenues for including the fundamentally embodied levels of experiencing—which are arguably intrinsic to any psychiatric illness—but also because it fails to address how these pre-narrative modes of experience can be brought to articulation in therapy. In contrast, I believe the phenomenologically rooted scalar approach, which I have presented above, provides a more adequate basis for the systematic use and further development of narrative in psychiatric treatment. However, more work and research needs to be done in this respect.

**Personal responsibility between alienness and narrative self-appropriation**

The emphasis placed so far on an alienness integral to selfhood also troubles our usual understanding of personal autonomy and responsibility. In the contemporary debate on the relation
between moral responsibility and mental illness, it is not uncommon to encounter distinctions aimed directly at establishing where the line should be drawn between that which is outside the reach of the individual’s intentional control and that which is within the individual’s intentional control. The not unreasonable assumption underlying this position seems to be a motif of the classical Aristotelian view that one can only be responsible for that which is within the scope of voluntary actions. Christian Perring, for instance, distinguishes on this basis between people living with states such as Tourette’s syndrome and schizophrenia, in which such control is often completely lacking, and conditions such as cluster B personality disorders (BPD), in which, according to Perring, it is far less clear to what extent the conditions ‘render them unfree in performing their actions and non-responsible for their harmful consequences’ [41, p. 33]. Hence, the assumption underlying Perring’s statement seems to be that cluster B personality disorders retain a level of intentional control not available in states of Tourette’s and schizophrenia. A similar point is promoted by Amanda Bray, who argues against the idea that impulsivity—as a constitutive trait of BPD—should vitiate responsibility, on the count that there is always time for reflection before the impulsive act. There is, Bray states,

a tendency to think of impulsive actions as occurring so rapidly that no reflection can occur. However, there is time to reconsider before most impulsive acts, such as self-mutilation or physical attack, can be carried out. The cognitive processes that veto an action take only about 200 ms. Based on the above, I would suggest that impulsivity does not vitiate responsibility. [42]

Though I agree with the basic intuition that our ability to know and act according to our intentions is central to our concept of responsibility, I believe Bray displays a problematic understanding of our capacity for reflection: that as long as reflection is possible in principle, our access to ourselves is otherwise unproblematic. Contrary to this, one might ask, what happens to
our understanding of the relation between responsibility and the impulsivity reported in conditions like BPD if one accepts an alienness integral to selfhood—if selfhood is not easily available for reflection?

Judith Butler has taken up this issue on a more general level, arguing that insofar as the limits to our self-knowledge and self-reflection are recognized, the question of responsibility needs to be readdressed from within an apprehension of these epistemic limits [43, p. 43]. I believe this to be a sound suggestion, and I furthermore agree with Butler’s important point that the fact that one harbours self-alienness should not take one to the radical conclusion that responsibility is impossible. Rather, what has changed is the basic tonality of the question towards a less restrictive and binary notion of responsibility. In taking up this question of how to understand responsibility in a way that is consistent with an apprehension of the epistemic limits of self-knowledge, I suggest positing responsibility as a gradient matter aligned with our varying levels of self-knowledge. More precisely, I propose that we distinguish responsiveness as a general trait of human existence from response-ability as the capacity to respond ‘in the right way’, where the latter is dependent on some degree of self-understanding. The importance of self-understanding to responsibility, in turn, makes narrative self-appropriation instrumental in the quest for an increased sense of individual autonomy and responsibility.

The proposal that responsibility is grounded in a more basic trait of humans as responsive beings is not new but has been explicitly promoted by a range of philosophers in the contemporary debate [44, 43, 45]. According to Waldenfels, human beings should simply be defined as homo respondens: we are never truly self-initiating agents capable of spontaneous beginnings; there is a certain passivity and affective receptivity preceding all our initiatives [21]. Being responsive implies that we are always ‘starting from elsewhere’ [45, p. 424], from being affectively called upon by an otherness. Importantly, the concept of responsivity promoted by Waldenfels should not
be taken in a narrow sense as a matter of providing linguistic answers, but ‘in the wider sense of responding on all registers of bodily experience’ [45, p. 423]. Furthermore, as homo respondens, our responsiveness should not be considered a contingent and mere optional aspect of human existence; rather, it is an existential facticity: *I cannot not respond.*

From this perspective, we live our responses long before we can endeavour to respond in the right way and become responsible according to a normative standard. This reality is perhaps nowhere clearer than in cases of psychopathology. Turning once more to BPD, patients often report living through their responses while nevertheless considering them unpleasant, incomprehensible, and even unacceptable. They experience, for example, feelings of intense anger resulting in aggressive or even violent outbursts towards themselves, things, or others. What I propose is to distinguish between the facticity of the particular *response registers* belonging to an individual⁵ and the relative capacity of that individual to be in control of those responses—of being *responsible.*

As already stated, I believe that the ability to be responsible for one’s own responses decisively depends on self-understanding. To the extent that a response appears alien in my self-experience, I simply have very little room for an intentional shaping of my responses. I rather appear overwhelmed, surprised, or astounded by my own response, and these affects all indicate that I, in a certain way, *arrive too late* for the event. However, as I argued in the last section, the balance of alienness and familiarity is not static, but can be cultivated in our favour through a process of narrative appropriation. This implies against conceiving responsibility as a strictly binary matter, as something I simply am or am not exhibiting in a given situation; rather, responsibility should be understood as a gradient, sensitive to the level of my self-understanding. Contrary to the above-quoted claim by Bray, responsibility, therefore, is not simply a matter of having time to reflect (short-lived as that may be), but of taking into account the degree to which the person

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⁵ I have elsewhere argued for the constitution of such a *response register* throughout personal history [46, 47].
diagnosed with BPD has reflective access to her or his own affects and responses. Although this question arguably has implications for forensic matters pertaining to assessments of culpability, e.g., where BPD impulsivity leads to criminal actions, I am primarily concerned with the implications this question has for a psychotherapeutic context. It has often been shown that self-directed emotions, such as guilt and shame in particular, play vital roles in BPD, and that the characteristic anger present in BPD may be understood as resulting from these emotions [48, 49, 50, 30]. In light of the above sketched framework, such emotions may be understood as (at least partially) resulting from experiences of being confronted with affects and responses that properly belong to oneself, but which are not growing out of a reflectively shaped intention. Hence, feelings of shame and guilt become particularly prevalent in persons diagnosed with BPD exactly because their self-experience is saturated by alienness making them more likely to be passengers in their own affective-responsive events—events which they are nevertheless considered accountable for within the given normative context.

From this perspective, narrative self-appropriation should be seen as a vital component in a psychotherapeutic context with persons diagnosed with BPD insofar as the familiarity obtained through a narrativising of experiences may increase the ability of the person to take control of and intentionally shape her own style of responsiveness. Hence, narrative self-appropriation can increase the person’s ability to respond appropriately, to be responsible. This is not only important from an ethical perspective, insofar as the person’s actions influence social relations, but also because an improved ability to shape and direct one’s own affects and responses may reduce the presence of emotions such as guilt and shame by improving the person’s ability to adjust to social norms and standards.

**Concluding remarks**
The major point of this article has been to give an account of how BPD can be understood as an existential modality characterized by the alienness of the person’s own affects and responses, and how this implies the relevance of narrative self-appropriation to processes of psychotherapy and psycho-education, and achieving a sense of responsibility and autonomy. Though my case has been BPD, I believe that the thoughts developed here, arguably, would apply to a range of other psychopathological states. In each case, however, one would need to take into consideration the particular way in which self-alienness disrupts experience in these states, and what this may imply in relation to narrative. Narrativising experiences might, for instance, be less relevant in cases of schizophrenia, in which the more fundamental embodied state of mineness could be challenged or diminished [51]. Here, another and fundamental modality of self-appropriation would arguably be needed.

This sounds an important note of caution: I do not want to leave the impression that narrative is only ever beneficial to life. There is without a doubt such a thing as too much or the wrong kind of narrative order. Examples of this could perhaps be states of paranoid delusions or the tendency towards hyper or excessive narrativising of other people’s intentions in BPD, which is currently discussed under the term hyper-mentalization or acts of disnarration [52, 53]. Furthermore, in narrativising patients’ experiences in a clinical setting, one inevitably runs the risk of subjecting their experiences to a pre-existing clinical script, thereby contributing to what some might see as an act of violence on the patient’s identity. This is not to suggest, as Butler does for instance, that any self-narration necessarily involves a radical ‘dispossession of myself’, since self-narration is a submission to a published mode of appearance [43, p. 115]. In this respect, I believe Butler places too much emphasis on an understanding of narratives as scripts, leaving too little room for what Waldenfels terms creative responses. Obviously, such creative self-narratives utilise language as a sociocultural resource and presuppose a shared horizon for their comprehensibility,
but that does not imply that I am doomed to rigidly reiterate existing sociocultural narrative scripts in my self-appropriation. Like poets, who produce novel, creative, and precise descriptions of experiences, I have seen persons with little narrative proclivity compose very precise yet individual narratives of their experiences in therapy. However, this does not undermine the general warning that facilitating individuals in narrativising experiences runs the risk of submitting these experiences to standardized clinical scripts. Working responsibly with processes of narrativising experiences in a clinical setting might, therefore, sometimes involve as much deconstruction as narrative ordering, and finding this balance can resemble walking a tightrope. This, however, should not take away from the importance of the matter, and I encourage more systematic research on how narrativising experiences can be applied critically within psychiatry with attention to the characteristics of particular psychopathologies and in ways that aim directly at being therapeutic.

Compliance with ethical standards:

The author declares to have no conflict of interest.

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References


