

**CHRONIC EMPTINESS AS DISINTEGRATION AND SURVIVAL: A GROUNDED
THEORY OF THE UNANCHORED
SELF IN PEOPLE DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER**

Sogol Kafi

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Department of Counselling, Psychotherapy and Spirituality

Faculty of Human Sciences

Saint Paul University, Ottawa, Ontario

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“The wound is the place where the light enters you.”

~Rumi

“The Soul has moments of Escape When bursting all the doors...”

~Emily Dickinson

Dedication

For the participants of my research, may the stories and experiences you shared in this thesis be received with reverence and touch the lives of many.

To my mother, Mehri, whose love, patience, support, and consistency have shaped the longest and most significant relationship of my life and given me the wings to fly.

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Abstract

Chronic emptiness is a central yet insufficiently understood feature of borderline personality disorder (BPD). This study investigates the developmental, relational, and embodied foundations of chronic emptiness and advances a grounded theory conceptualized as The Unanchored Self. Eighteen qualitative interviews were conducted with six women diagnosed with BPD; each was interviewed three times. Using grounded theory methodology, the analysis identified recurring experiential patterns and integrated participants' narratives with psychoanalytic, attachment-based, and trauma-informed perspectives. The resulting theory is grounded in participants' own meanings and relational contexts, offering a nuanced account of emptiness as a dynamic experience emerging at the intersection of self-development, interpersonal patterns, and embodied ways of being.

Five interrelated categories structure the theory: Embodiment of Chronic Emptiness, Relational Instability, Coping and Survival Strategies, Meaning Making, and Developmental Trajectory. Embodiment captured emptiness as a somatically encoded disruption of selfhood, marked by numbness, pain, and dissociation. Relational Instability reflected anticipatory withdrawal, abandonment expectations, and hypervigilance rooted in disrupted attachment.

Coping and Survival Strategies described efforts to manage internal collapse through adaptive and maladaptive means, including avoidance, suppression, and self-harm. Meaning-making identified emptiness as a barrier to symbolic engagement and existential coherence. The Developmental Trajectory traced the emergence of emptiness to early relational trauma, emotional silencing, and environmental instability, culminating in a developmental model called Fragmented Foundation.

Theoretical integration suggests that chronic emptiness serves as both a wound and a survival adaptation, a cyclical collapse of relational, somatic, and affective integration, sustained by coping strategies that echo early developmental fragmentation. Clinically, the findings underscore the need for trauma-informed, relationally attuned, and somatically grounded approaches that prioritize rupture–repair processes and the restoration of epistemic trust.

1. Introduction

1.1 Introduction and Purpose of the Study

This dissertation employs a Grounded Theory approach to examine chronic emptiness among individuals diagnosed with borderline personality disorder (BPD), with particular emphasis on its developmental aspects. Drawing on existing literature and participants' personal accounts, the research aims to develop a theory grounded in the lived experiences of people with BPD. This introductory chapter provides a conceptual overview of chronic emptiness, situates the topic within relevant theoretical frameworks, and outlines the methodological approach used to explore its subjective and developmental dimensions.

1.2 Conceptualizing Emptiness Across Disciplines

Emptiness is a complex, multifaceted experience that has fascinated scholars across theology, philosophy, and psychology (D'Agostino et al., 2020; Martin & Levy, 2022; Peteet, 2011). While brief feelings of emptiness may occur in individuals without mental health issues (D'Agostino et al., 2020; Herron & Sani, 2022), intense, distressing psychological emptiness is more often observed in clinical populations and frequently indicates specific psychiatric disorders (D'Agostino et al., 2020; Klonsky, 2008).

Martin and Levy (2022) conducted one of the first large-scale investigations of chronic emptiness in a non-clinical population, using an undergraduate sample to examine how emptiness functions dimensionally in the absence of a BPD diagnosis. Their study assessed the prevalence, correlates, and psychological meaning of emptiness, aiming to clarify whether it reflects a distinct construct or merely overlaps with related symptoms such as depression, loneliness, or identity disturbance. Martin and Levy (2022) found that chronic emptiness is common even among non-clinical young adults and cannot be reduced to depression, loneliness, or identity disturbance.

Emptiness showed unique associations with emotion dysregulation, interpersonal difficulties, and maladaptive personality traits, indicating it functions as a distinct psychological construct. Their findings support a dimensional view of emptiness and suggest that it may serve as an early marker of personality vulnerability (Martin & Levy, 2022). This form of distressing emptiness tends to be persistent and unsettling, significantly contributing to suffering (D'Agostino et al., 2020; Herron & Sani, 2022; Zanarini et al., 2016). Its elusive quality, marked by the absence of something, makes it difficult to define precisely in clinical or phenomenological terms (D'Agostino et al., 2020; Klonsky, 2008). Research consistently associates emptiness with various psychiatric conditions, including depression (D'Agostino et al., 2020; Herron et al., 2024; Rhodes et al., 2019; Westen et al., 1992), dissociative states (Rallis et al., 2012), schizophrenia spectrum disorders (Zandersen & Parnas, 2019), narcissistic personality disorder (Kernberg, 1975), and borderline personality disorder (Heron et al., 2024; Hudson et al., 2024; Klonsky, 2008; Miller et al., 2020). Chronic emptiness is closely associated with non-suicidal self-injury (NSSI) and suicidal ideation (Blasco-Fontecilla et al., 2013, 2015; Klonsky, 2008; Miller et al., 2020). It also predicts broader impairments in psychological well-being and functioning, contributing to chronic distress, reduced emotional resilience, and difficulties sustaining work, relationships, and self-care (D'Agostino et al., 2020; Price et al., 2019). Overall, these findings underscore the importance of a comprehensive understanding of emptiness as both a subjective, multidimensional experience and a clinically significant phenomenon.

1.3 Chronic Emptiness as a Core Feature of BPD

Chronic emptiness is recognized as a key diagnostic feature in the DSM-5-TR (American Psychiatric Association [APA], 2022). It is reported by 71%-73% of BPD patients (Klonsky, 2008). Elsner and colleagues (2018) conducted a systematic review of MEDLINE and PubMed,

compiling the most pertinent literature on emptiness in personality disorders to examine the clinical significance. Their findings suggest that the persistent feeling of emptiness is a significant aspect of the overall symptom burden in BPD, contributing to functional impairment. Their review highlights that emptiness may help distinguish BPD from other personality disorders due to its high prevalence and centrality in subjective suffering. Despite its diagnostic importance, the authors emphasize that chronic emptiness remains poorly understood, under-researched, and insufficiently addressed in clinical practice. They call for further empirical work to clarify its phenomenology, developmental origins, and treatment implications (Elsner et al., 2018).

Empirical and conceptual research identify emptiness as a core component of personality dysfunction (Elsner et al., 2018; Miller et al., 2020), and lived experiences consistently describe it as intolerable, pervasive, and central to suffering (APA, 2013, 2022; Frost et al., 2020; Herron & Sani, 2022; Miller et al., 2020). Despite its clinical importance, chronic emptiness remains poorly understood and is often overlooked by researchers and clinicians (D'Agostino et al., 2020; Martin & Levy, 2022). This gap limits the development of targeted interventions and contributes to the continued marginalization of the symptom in research and practice. As a result, chronic emptiness remains an under-theorized yet clinically significant phenomenon that warrants more systematic empirical attention.

1.4 Empirical Findings on Chronic Emptiness

Miller et al. (2020) reported that chronic emptiness is strongly associated with impulsivity, self-harm, suicidal behaviour, and impaired psychosocial functioning. Their systematic review synthesized evidence showing that emptiness often precedes or accompanies self-harm episodes, serving as a destabilizing affective state that individuals attempt to regulate maladaptively. Klonsky (2008) similarly identified emptiness as a key affective driver of self-injurious behaviour,

noting that individuals often describe self-harm as a way to interrupt or escape the intolerable “void” characteristic of chronic emptiness. Blasco-Fontecilla et al. (2013) found that feelings of emptiness significantly predicted suicidal behaviour in clinical samples, even after controlling for other BPD symptoms. Collectively, these studies indicate that emptiness is not merely linked to self-destructive behaviour; it often serves as a near-instant emotional trigger for such actions (Blasco-Fontecilla et al., 2013; Klonsky, 2008; Miller et al., 2020).

Longitudinal studies suggest that emptiness is among the most persistent symptoms of BPD, persisting even when other features improve (Zanarini et al., 2016, 2007). The 24-year follow-up study by Hein and colleagues (2025) reported that although the severity of emptiness declines over time, it remains significantly elevated among individuals with BPD compared with those with other personality disorders. These findings suggest partial improvement but ongoing vulnerability for individuals with BPD experiencing chronic emptiness. Not only is emptiness persistent, but it also remains more enduring than other BPD symptoms (Hein et al., 2025; Zanarini et al., 2016, 2007). Findings from a ten-year study, the Collaborative Longitudinal Personality Disorders Study (CLPS), further reinforce the view that chronic emptiness reflects a deep, structural vulnerability rather than a transient affective state (Gunderson et al., 2011). Gunderson and colleagues (2011) examined the long-term course of BPD using data from the CLPS. This multi-site, prospective study followed 175 treatment-seeking adults with BPD over ten years, using standardized diagnostic interviews and repeated assessments of symptom remission, relapse, and social functioning. Their findings showed that 85% of participants achieved remission and only 12% relapsed, indicating a far more favourable symptomatic course than historically assumed. Although all diagnostic criteria declined at similar rates, patients with BPD continued to exhibit severe and persistent impairments in social functioning, with only modest improvement over time.

This pattern suggests that, despite symptomatic remission, deeper structural vulnerabilities, particularly those affecting identity, relational stability, and functional capacity, remain enduring features of the disorder. These findings highlight the need to view emptiness not as a secondary symptom but as a central dimension of BPD pathology, warranting targeted clinical attention.

1.5 Theoretical Perspectives on Emptiness

Although diverse theoretical traditions have sought to conceptualize the experience of emptiness, ranging from psychoanalytic accounts of self-fragmentation to cognitive-affective models of identity disturbance, empirical research on emptiness in BPD has only recently gained momentum (D'Agostino et al., 2020). Early psychoanalytic and clinical theorists typically framed emptiness as a derivative phenomenon arising from broader affective or structural deficits, such as identity diffusion or chronic emotional under-arousal (Kernberg, 1975; Linehan, 1993; Gunderson, 1994). These early accounts laid important conceptual groundwork but often lacked empirical validation, leaving the construct theoretically rich yet scientifically underdeveloped. As a result, contemporary research has increasingly sought to clarify emptiness as a distinct psychological phenomenon rather than a secondary manifestation of other deficits.

More recent empirical work has deepened understanding of emptiness by examining it both as a lived, moment-to-moment experience (Hudson et al., 2024) and as a broader transdiagnostic phenomenon that cuts across diagnostic categories while retaining particular intensity and clinical significance in BPD (Bertsch et al., 2024; Herron & Sani, 2022; Hopwood & Gjorgjieva, 2024). This shift reflects a growing recognition that emptiness cannot be fully captured by traditional models of affect or identity disturbance alone. Instead, contemporary studies highlight its multidimensional nature, encompassing emotional, cognitive, interpersonal, and existential

components. Together, these findings position emptiness as a complex psychological construct that warrants dedicated theoretical and empirical attention.

Qualitative research shows that individuals experience emptiness as a profound internal absence and disconnection that often precipitates self-destructive coping, with these experiences reported as especially frequent and destabilizing among those with BPD (Hudson et al., 2024). Building on this experiential work, Herron and Sani's (2022) large-scale investigation further clarifies the structure of emptiness by drawing directly on lived experience. In their study, 240 participants described their experiences of emptiness, and inductive thematic analysis identified nine core components that together depict emptiness as a state of moving through life mechanically, purposelessly, and numbly, accompanied by a psychologically and bodily felt inner void, a sense of disconnection from others, and a feeling of not contributing to an unchanged yet distant world. Herron and Sani's (2022) study further demonstrates that emptiness is a multidimensional, measurable construct strongly associated with emotion dysregulation and self-harm. Extending this, Hopwood and Gjorgjieva (2024) use large-scale personality-structure analyses to demonstrate that emptiness functions as a distinct psychological dimension with a unique pattern of associations, strongly linked to identity disturbance, interpersonal detachment, and instability of self-concept.

Recent affective science research further supports the clinical significance of emptiness in BPD. Experimental work by Fulham and colleagues (2023) demonstrates that emptiness is directly linked to suicide-related urges in individuals with BPD. In their study, forty participants with BPD completed an experimental procedure in which they rated their levels of emptiness and suicide and self-injury (SSI) urges at baseline and after an interpersonal stressor. Analyses using generalized estimating equations showed that higher levels of emptiness significantly predicted higher baseline

suicide urges, but not baseline self-injury urges. Emptiness did not predict increases in suicide or self-injury urges in response to the stressor, suggesting that its primary influence lies in elevating background levels of suicidality rather than driving moment-to-moment reactivity. These findings indicate that emptiness may represent an affective vulnerability that contributes to chronic suicide risk in BPD, underscoring the importance of assessing and directly targeting emptiness in clinical interventions (Fulham et al., 2023).

Using Ecological Momentary Assessment (EMA), Peer et al. (2025) provide further evidence that emptiness serves as a dynamic, real-time predictor of maladaptive behaviour in BPD. Drawing on a three-week EMA protocol with 153 participants (including individuals with BPD, avoidant personality disorder, APD, and healthy controls), the authors found that both the BPD and APD groups reported significantly higher momentary emptiness than controls, and that the BPD group showed the highest levels of daily-life impulsivity. Multilevel models revealed that momentary increases in emptiness were associated with corresponding increases in impulsive behaviour in both the BPD and healthy control groups. However, this association did not emerge for those with APD. Contrary to expectations, baseline mentalizing ability did not differ across groups and did not moderate the link between emptiness and impulsivity. These findings position emptiness as a central driver of impulsive behaviour in daily life, underscoring its role as an affective state that amplifies risk and highlighting the need for interventions that directly target emptiness and its downstream consequences (Peer, 2025).

Collectively, this emerging literature underscores that emptiness is not only prevalent but also deeply intertwined with identity disturbance, interpersonal instability, and maladaptive coping, reinforcing its centrality to the phenomenology of BPD. These findings underscore the

importance of examining the developmental origins of emptiness, a task taken up by psychoanalytic and attachment-based theorists

1.6 Psychoanalytic and Developmental Models of Emptiness

Several theoretical models have offered insight into the developmental and relational processes that may contribute to chronic emptiness in BPD (Fonagy, 2000; Kernberg, 1968, 1975; Klein, 1996; Winnicott, 1960). Although these models stem from psychoanalytic traditions, their core ideas align closely with contemporary developmental psychology, attachment theory, and research on self-representation. Together, these perspectives emphasize how early relational experiences shape the formation of internal structures that support emotional coherence, identity stability, and a sense of internal aliveness. As a result, psychoanalytic and developmental accounts provide a valuable foundation for understanding how chronic emptiness may arise from disruptions in early caregiving and the internalization of self- and other-representations.

Early object relations theorists emphasized how disruptions in early caregiving shape internal experiences of the self and others. Winnicott (1960), for example, argued that when caregivers are inconsistently attuned or emotionally unavailable, children learn to present a “false self,” a compliant, externally oriented version of themselves designed to maintain connection. Over time, this defensive adaptation can leave individuals feeling disconnected from their authentic emotional life, producing a subjective sense of inner emptiness (Winnicott, 1960). This idea aligns with contemporary findings showing that chronic emptiness is associated with difficulty accessing internal states and maintaining a coherent sense of self (Miller et al., 2020).

Klein’s (1996) conceptualization of the paranoid–schizoid position provides an early framework for understanding the origins of experiences resembling chronic emptiness. In this

position, the infant relies on splitting, projection, and idealization to manage overwhelming anxieties, particularly fears of annihilation and persecution. When early caregiving is inconsistent or insufficiently containing, the infant struggles to internalize a stable, soothing object, leaving the internal world experienced as fragmented, unpopulated, or “dead.” Although Klein did not use the term chronic emptiness, her descriptions of psychic “deadness,” hollowness, and internal voids closely parallel the affective numbness and relational disconnection later observed in BPD. From this perspective, emptiness can be understood as both a defensive retreat from unmanageable early affect and a consequence of limited internalization of stabilizing relational experiences. This interpretation laid important groundwork for later theorists linking early relational trauma to the enduring sense of inner void characteristic of BPD. Building on these foundations, Kernberg (1968, 1975) proposed that chronic emptiness stems from disruptions in the development of stable internal representations of self and others. When early relationships are inconsistent, frightening, or emotionally impoverished, children may struggle to integrate positive and negative experiences into coherent mental structures. This fragmentation may cause problems in managing emotions, preserving a consistent sense of identity, and feeling oneself as “real” or emotionally vibrant, key processes that current research links to persistent emptiness in BPD (Herron & Sani, 2022; Miller et al., 2020).

Kohut (1971) offered a related but distinct developmental account. He argued that children require consistent “mirroring” caregivers who reflect their emotions, needs, and emerging sense of self. When this mirroring is absent or unreliable, individuals may develop what he called a “depleted self,” experienced subjectively as “empty depression.” Although Kohut conceptualized this primarily within narcissistic personality disorder rather than BPD, his model highlights how

unmet developmental needs for validation and emotional recognition can produce enduring feelings of inner depletion (Kohut, 1971).

Together, these psychoanalytic and developmental models converge on a shared theme: chronic emptiness reflects disruptions in early relational experiences that impair the development of a cohesive, emotionally connected sense of self. While the language differs across theorists, the underlying mechanisms of attachment failures, impaired self-development, fragmented internal representations, and emotional disconnection align closely with contemporary empirical findings on chronic emptiness in BPD (Kernberg, 1968, 1975; Klein, 1996; Kohut, 1971; Winnicott, 1960). These converging perspectives highlight how early relational environments shape the internal structures that support emotional vitality and identity coherence. As such, psychoanalytic and developmental accounts provide a conceptual bridge between early caregiving experiences and the enduring subjective sense of inner void reported by individuals with BPD.

Later theorists more explicitly extended these foundational psychoanalytic ideas to BPD. Levy (2005) emphasized that early attachment ruptures, marked by inconsistent or emotionally unavailable caregiving, contribute to chronic emptiness by undermining the development of a coherent, secure internal sense of self. Fonagy and colleagues (2018) similarly linked chronic emptiness to deficits in mentalization, arguing that when caregivers fail to reflect and contain a child's internal states accurately, the capacity to understand oneself and others is compromised. Together, these perspectives converge on the view that chronic emptiness reflects profound disturbances in self-development, attachment processes, and reflective functioning, underscoring its centrality in the phenomenology of BPD. These theoretical perspectives provide a developmental foundation for understanding chronic emptiness, yet they also raise important questions about how these processes manifest in lived experience. Contemporary empirical

research increasingly supports the developmental and phenomenological insights of psychoanalytic theorists, yet a significant gap remains.

1.7 Current Gaps and the Need for Grounded Inquiry

Longitudinal studies (e.g., Zanarini et al., 2016) and systematic reviews (Miller et al., 2020) consistently show that chronic emptiness is both enduring and clinically distinct from related constructs such as depression, hopelessness, and loneliness, underscoring its relevance across diagnostic categories. More recent momentary-assessment and affective-science studies further highlight emptiness as a dynamic, emotionally destabilizing state that predicts impulsive urges, interpersonal distress, and self-destructive coping in real time (Fulham & Fitzpatrick, 2025; Peer et al., 2025). Despite this growing empirical clarity, the developmental pathways that give rise to chronic emptiness remain largely theoretical. Psychoanalytic and attachment-based models offer compelling accounts of how early relational disruptions, impaired mentalization, and fragmented self-development may contribute to the emergence of emptiness (Fonagy, 2002; Kernberg, 1968, 1975). However, these propositions have rarely been examined directly in empirical research or through individual experiential accounts.

Existing studies consistently identify emptiness as a central, multifaceted, and unusually persistent feature of BPD, yet how different developmental experiences shape the subjective experience of emptiness and contribute to its chronicity remains insufficiently understood. The field lacks grounded, phenomenologically rich accounts of how individuals make sense of emptiness in the context of their relational histories, identity development, and emotional lives. This gap highlights the need for research that moves beyond symptom description toward a deeper exploration of the lived experience and developmental emergence of emptiness. A grounded

inquiry is therefore essential for clarifying the processes through which emptiness emerges, becomes entrenched, and functions within the broader phenomenology of BPD.

1.8 Methodological Rationale: Why Grounded Theory?

Guided by Glaserian (1967) grounded theory, this study prioritizes participant narratives over testing predefined hypotheses or imposing existing frameworks. This approach supports the identification of patterns, processes, and core concerns that capture the complexity and variation of lived emptiness. Through constant comparison and iterative analysis, the study seeks to develop a theory grounded in lived experience, one that explains chronic emptiness not through predetermined categories but through the meanings, processes, and relational contexts articulated by participants themselves.

1.9 Aims, Scope, and Expected Contributions

The ultimate goal is to generate a theory that integrates developmental, relational, and embodied dimensions, thereby advancing clinical and developmental understanding of chronic emptiness. Specifically, the study aims to identify patterns that illuminate how individuals with BPD experience chronic emptiness and the strategies they use to cope with, negotiate, or sustain it. The focus is on participants' primary concerns and how they respond to these challenges in everyday life. Through constant comparison and iterative analysis, the study seeks to develop a theory grounded in lived experience that explains chronic emptiness not through predetermined categories but through the meanings, processes, and relational contexts articulated by participants themselves.

In doing so, the current study addresses a significant gap in the literature by offering a data-driven, participant-centred account of chronic emptiness that integrates developmental influences,

relational dynamics, and coping mechanisms. The resulting grounded theory may align with, extend, or diverge from existing conceptualizations. Ultimately, the study aims to produce a theoretical understanding that not only clarifies the phenomenon but also advances clinical practice and developmental knowledge.

2. Review of The Literature

2.1 Introduction to Literature Review

Understanding chronic emptiness requires situating the phenomenon within a broader landscape of psychological, philosophical, developmental, and clinical scholarship. Although emptiness has been described for centuries across theology, existential philosophy, and literature, its psychological dimensions, particularly its relevance to personality pathology, have only recently begun to receive systematic empirical attention. This chapter provides a comprehensive review of the conceptual, developmental, and clinical foundations needed to contextualize chronic emptiness as a central feature of Borderline Personality Disorder (BPD).

The chapter begins by examining the general concept of emptiness, tracing its historical and cross-disciplinary roots and highlighting how existential, philosophical, and artistic traditions have shaped contemporary understandings of inner void states. This overview demonstrates that emptiness has long been recognized as a meaningful human experience, even if its psychological mechanisms were not explicitly theorized. The section then narrows in on psychological emptiness, distinguishing it from related affective experiences such as loneliness, boredom, numbness, and depersonalization. It also reviews emerging empirical work that identifies its core phenomenological components and clinical correlates

Building on this foundation, the chapter explores emptiness as a feature of psychological disorders, outlining its transdiagnostic presence and associations with depression, suicidality, and functional impairment. The focus then shifts to BPD, beginning with a historical overview of the construct and its defining characteristics, followed by a discussion of how chronic emptiness became codified as a diagnostic criterion and conceptualized as a central aspect of BPD phenomenology. This is complemented by a review of dimensional versus categorical models of personality pathology, including recent developments in the ICD-11 and DSM-5 Section III frameworks that reconceptualize personality disorder in terms of severity, trait domains, and impairments in self and interpersonal functioning domains closely tied to identity disturbance and chronic emptiness.

Subsequent sections address prevalence and gender considerations, as well as developmental, attachment, and trauma-related factors implicated in the emergence of BPD and chronic emptiness. These perspectives illustrate how early relational disruptions, developmental trauma, and temperamental vulnerabilities converge to shape enduring disturbances in identity, affect regulation, and embodied selfhood. Integrating psychoanalytic, attachment, and trauma-informed frameworks with longitudinal and neurobiological findings allows for a more comprehensive understanding of the developmental pathways involved. Together, these strands of evidence highlight the complex interplay between early experiences and later psychological functioning.

The chapter then turns to the empirical literature on chronic emptiness in BPD, including qualitative and quantitative studies that examine its lived experience, developmental origins, and role in coping and maladaptive behaviours. This section synthesizes findings across methodologies to illustrate how emptiness manifests in daily life and how individuals attempt to manage or

mitigate its effects. It also considers the limitations of existing research, particularly the scarcity of studies that integrate developmental and phenomenological perspectives. This is followed by a review of evidence-based psychotherapies, particularly Dialectical Behaviour Therapy (DBT), Mentalization-Based Treatment (MBT), and Transference-Focused Psychotherapy (TFP), and their limitations in addressing chronic emptiness and identity diffusion.

Together, these sections lay the conceptual and empirical groundwork for the present study. By synthesizing diverse theoretical perspectives and identifying persistent gaps, particularly in the phenomenology, developmental course, and treatment responsiveness of chronic emptiness, this chapter establishes the need for a grounded, participant-centred approach. Such an approach enables the development of a theory that emerges directly from lived experience rather than from pre-existing conceptual frameworks. Chapter Two thus clarifies the conceptual terrain of emptiness, highlights its clinical salience, and sets the stage for the empirical investigation that follows.

2.2 General Concept of Emptiness

Describing emptiness is inherently difficult because of its subjective and complex nature (D'Agostino et al., 2020). Emptiness has long been recognized as a complex and multifaceted human experience, explored across disciplines such as theology, philosophy, literature, and psychology, where it is often described as an inner void or a struggle for meaning (D'Agostino et al., 2020; Hazell, 2003; Peteet, 2011). Scholars have examined the idea from existential, philosophical, literary, and psychological perspectives (Blasco-Fontecilla et al., 2013; Hazell, 2003). Although the phenomenon has been examined across diverse fields, its developmental origins and clinical importance remain insufficiently understood (Kernberg, 1975; Peteet, 2011).

2.2.1 Existential and Philosophical Perspectives

Philosophers and existential thinkers have long grappled with emptiness as a fundamental human experience. Sartre described emptiness as a lack of meaningful connection to life, while Kierkegaard framed it as a confrontation with existential anxiety (Hazell, 2003). These ideas influenced existential psychology, where theorists such as Rollo May and Viktor Frankl conceptualized emptiness as a struggle for purpose and meaning (Frankl, 1984; Hazell, 2003). Together, these perspectives position emptiness not merely as a symptom but as a profound existential signal prompting individuals to confront questions of identity, purpose, and authenticity.

2.2.2 Literary and Artistic Depictions

Literary figures such as Tolstoy and Kafka portrayed emptiness as a crisis of identity and meaning. Tolstoy described it as the absence of a separate self, while Kafka depicted the tension of seeking selfhood in an indifferent world (Hazell, 2003). These artistic portrayals highlight the subjective and elusive nature of emptiness, emphasizing its capacity to permeate both emotional life and existential reflection. By illustrating emptiness through narrative and metaphor, literary works provide a rich cultural backdrop that informs contemporary psychological understandings of the experience.

2.2.3 Existential Versus Psychological Emptiness

Hazell's seminal 2003 book offers one of the earliest conceptual distinctions relevant to contemporary understandings of emptiness, differentiating between existential emptiness, a normative aspect of emotional and developmental life, and psychological emptiness, a more clinically significant state marked by inner deadness, dissatisfaction, and emotional disconnection. This distinction provides a valuable foundation for examining chronic emptiness in BPD, where the experience is persistent, distressing, and intertwined with relational and identity-based

vulnerabilities, rather than transient or developmentally expectable. Hazell's framework also underscores the importance of considering both the existential and clinical dimensions of emptiness when interpreting its meaning in therapeutic contexts. By situating psychological emptiness within a broader conceptual landscape, this distinction clarifies why chronic emptiness in BPD requires targeted empirical and clinical attention.

Building on Hazell's framework, recent empirical and phenomenological research increasingly emphasizes emptiness as a complex, multidimensional phenomenon that cannot be reduced to affective blunting or depressive withdrawal alone (Miller et al., 2020). Instead, chronic emptiness in BPD appears to reflect a more profound disruption of self-coherence, relational embeddedness, and embodied emotional life, making Hazell's early conceptualization a valuable entry point for understanding its developmental and clinical significance. This psychological form shows stronger associations with adverse mental health outcomes, including self-harm and suicidality (D'Agostino et al., 2020; Martin & Levy, 2022).

Philosophical discourse has also advanced the understanding of emptiness. Sartre was among the first to connect it to existential experience, describing it as a lack of meaningful relationships with life and a sense of purposelessness (Hazell, 2003). Kierkegaard highlighted the fear of facing inner emptiness, which he considered central to existential anxiety. These ideas laid the groundwork for existential psychology, in which theorists such as Rollo May and Viktor Frankl further examined the emotional and spiritual aspects of emptiness. May portrayed it as resulting from a perceived lack of purpose or hope, whereas Frankl emphasized the significance of discovering meaning amid suffering (Frankl, 1984; Hazell, 2003).

Existential emptiness is described as a state of “inner numbness,” often seen as a typical part of emotional growth. It involves a desire for emotional fulfilment and a confrontation with questions of existence, meaning, and purpose. Psychological emptiness, in contrast, refers to an emotional state marked by an inner void or dissatisfaction in one's personal life, relationships, or achievements. While existential emptiness is philosophical in nature, psychological emptiness is more directly connected to emotional health and clinical outcomes (Hazell, 2003).

Both forms of emptiness can considerably impact mental health. Psychological emptiness, in particular, has been associated with severe outcomes like self-harm and suicidality (D’Agostino et al., 2020; Martin & Levy, 2022). This highlights the need to understand emptiness not just as a philosophical or emotional experience, but also as a clinically significant phenomenon. The following section will specifically examine psychological emptiness and its connection to related experiences such as loneliness, dysphoria, boredom, and numbness.

2.3 Psychological Emptiness

Beyond existential reflections, psychological emptiness emerges as a distinct emotional state characterized by detachment, hollowness, and diminished affect, with significant implications for mental health and clinical outcomes (Cabezas & Pitillas, 2020; D’Agostino et al., 2020; Roberts, 2018). Psychological emptiness goes beyond mere emotional absence; it is a distinct emotional state with its own phenomenological qualities (Roberts, 2018). Due to its elusive nature, individuals often find it difficult to recognize, express, or manage this experience internally (Cabezas & Pitillas, 2020). Emotional emptiness exists on a spectrum, ranging from fleeting moments of numbness to a widespread dulling of affect across various situations (Cabezas & Pitillas, 2020). Its classification remains challenging, as it does not fit easily into traditional emotional categories.

Unlike discrete emotions, psychological emptiness is characterized by a prolonged, diffuse emotional state that shapes how people perceive and respond to emotional stimuli (D'Agostino et al., 2020). It involves a cognitive aspect and a deeper level of awareness than primary emotions, usually presenting with lower intensity but a broader impact (Cabezas & Pitillas, 2020). People may report feeling emotionally disconnected from themselves or others, especially during moments that would normally provoke meaningful engagement (D'Agostino et al., 2020).

2.3.1 Phenomenological Features

D'Agostino and colleagues (2020) conducted a literature review examining how the feeling of emptiness has been conceptualized in psychopathology. They highlight that, despite its frequent appearance in clinical practice, emptiness remains poorly understood, with inconsistent definitions and limited empirical investigation. Their review identifies a clear imbalance between theoretical discussions of emptiness and the scarcity of rigorous research, underscoring the need for improved assessment tools and systematic study. Synthesizing the existing literature, D'Agostino and colleagues (2020) propose that emptiness is best understood as a complex, negative emotional state comprising three interrelated elements: a bodily sense of void, a feeling of aloneness or social disconnection, and a deep sense of personal unfulfillment or lack of purpose. Building on this conceptualization, other phenomenological accounts describe how emptiness may involve reduced bodily awareness, dulled reactions to external events, and pervasive feelings of isolation. Such experiential detachment can shape how individuals relate to themselves, others, and their environment, with emotional responses to both positive and negative social stimuli often muted or absent (Cabezas & Pitillas, 2020).

2.3.2 Differentiation From Related Constructs

Despite its subjective nature, psychological emptiness shows recognizable patterns among individuals. It can manifest as dysphoria, boredom, or numbness—affective states often linked to depression and associated with loneliness and hopelessness (D’Agostino et al., 2020; Jones et al., 2020; Martin & Levy, 2022). Distinguishing emptiness from related constructs such as hopelessness and loneliness is clinically important. Miller et al. (2020) note that emptiness is marked by a lack of motivation to change one’s situation, contributing to its persistence. In contrast, loneliness is typically defined by a desire for meaningful social connection, which differentiates it from the motivational flatness characteristic of emptiness.

Van Tilburg and Igou (2012) explored the experiential content of boredom, noting its overlap with emptiness. While boredom involves a sense of being unchallenged and perceiving one’s actions as meaningless, it often prompts a search for purpose, differentiating it from the more stagnant quality of emptiness. Subsequent editions of the DSM have further distinguished boredom from chronic emptiness, suggesting that boredom is less indicative of BPD symptomatology. In DSM-III, the criterion was phrased as “chronic feelings of emptiness or boredom,” but DSM-IV removed the term “boredom” and retained only “emptiness,” reflecting its greater clinical relevance (Widiger et al., 1995). Later empirical work clarified this distinction, with Klonsky (2008) demonstrating that chronic emptiness is a unique and central feature of BPD, distinct from related constructs such as boredom or depression.

Persistent psychological emptiness may also resemble depersonalization, a state in which individuals feel estranged from their own thoughts, emotions, or bodily experiences (Cabezas & Pitillas, 2020). Although both emptiness and numbness involve an absence of feeling, they differ in function and phenomenology. Numbness, whether emotional or physical, can serve as a

temporary coping mechanism to shield against psychological pain, whereas emptiness often reflects a more profound, enduring disruption in emotional continuity (D'Agostino et al., 2022).

2.4 Emptiness as a Feature of Psychological Disorders

Emptiness is a distressing transdiagnostic experience associated with depression, suicidality, and functional impairment (Blasco-Fontecilla et al., 2015). Clinical research shows that emptiness extends beyond normative experience and is frequently reported across psychiatric conditions, where it is linked to distress, suicidality, and impaired functioning (Blasco-Fontecilla et al., 2015). It has also been associated with schizophrenia (Zandersen & Parnas, 2019), major depressive disorder (D'Agostino, 2020), agoraphobia (Milrod, 2007), eating disorders (Lopez-Villatoro et al., 2023), and various personality disorders (Blasco-Fontecilla et al., 2013; Elsner et al., 2018; Klonsky, 2008).

Quantitative research has examined the relationship between emptiness and other psychological symptoms. Klonsky (2008) identified a moderate association between anxiety and emptiness; however, this association weakened when depression was controlled, suggesting that emptiness may be more closely tied to depressive states through its link with low positive affect. These findings highlight the importance of distinguishing emptiness from general emotional distress, as its correlates may shift depending on the broader affective context. This line of research underscores the need for more nuanced assessment tools that can capture the unique emotional profile of emptiness.

Chronic emptiness has also emerged as a significant risk factor for suicidal behaviour (Blasco-Fontecilla et al., 2013, 2015). Individuals reporting persistent emptiness are more likely to engage in serious suicide attempts, and this emotional state often precedes and follows such

behaviours (Blasco-Fontecilla et al., 2013, 2015; Klonsky, 2008). Among psychiatric diagnoses, BPD has attracted the most attention regarding chronic emptiness.

Emptiness is officially recognized as a diagnostic criterion for BPD in the DSM-5-TR (APA, 2022) and is considered one of its most clinically significant features (Cabezas & Pitillas, 2022; Elsner et al., 2018; Miller et al., 2020). Price and colleagues (2019) conducted a large-scale psychometric study to develop and validate the Subjective Emptiness Scale, examining its structure and clinical correlates across community and clinical samples. Their analyses showed that subjective emptiness was moderately to strongly correlated with BPD symptoms, even when the emptiness criterion was removed, and with anhedonia, depression, social withdrawal, identity disturbance, and reduced meaning in life. Importantly, emptiness showed stronger associations with psychosocial distress than many other BPD criteria, underscoring its clinical salience and relative independence from overlapping constructs (Price et al., 2019).

Despite its diagnostic significance, the long-term experience of emptiness has received limited empirical research. Notable exceptions include Klonsky's (2008) qualitative study and Miller et al.'s (2020) literature review, both of which underscored the emotional and behavioural effects of persistent emptiness. Klonsky (2008) highlighted links to hopelessness, loneliness, and isolation, as well as a predictive association with depression and suicidal ideation. The study also found that chronic emptiness was considerably more prevalent among individuals with BPD and strongly associated with self-injurious and risky behaviours, often used as coping mechanisms.

2.4.1 Emerging Empirical Work

More recent empirical work has begun to clarify the contours of emotional emptiness, yet the field remains in an early stage of conceptual and developmental understanding (Bertsch et al.,

2024; Hudson et al., 2024). Bertsch et al. (2024) show that emptiness is a distinct affective state characterized by hollowness, numbness, and disconnection, cutting across diagnostic categories but especially pronounced in individuals with personality pathology. Their findings underscore the construct's clinical relevance, its associations with emotion dysregulation and identity disturbance, and the limitations of existing single-item diagnostic measures. When considered alongside emerging qualitative and inductive studies (e.g., Hudson et al., 2024) and earlier construct-differentiation work (Frost et al., 2020), Bertsch and colleagues' contribution highlights a broader pattern: despite longstanding theoretical interest, empirical research on the lived experience, developmental emergence, and lifespan course of chronic emptiness remains sparse and only recently underway.

Building on this emerging empirical landscape, D'Agostino et al. (2020) note that emptiness remains strikingly underexplored despite its longstanding status as a core diagnostic feature of BPD. Unlike other emotional states that typically involve identifiable triggers, functions, or motivational components, emptiness resists precise classification and lacks a coherent definitional framework (Scherer & Moors, 2019). This conceptual ambiguity underscores the need for research clarifying the nature, developmental origins, and clinical significance of chronic emptiness, particularly within BPD populations. Taken together, these theoretical and empirical gaps underscore the need for a closer examination of the historical evolution of BPD as a diagnostic construct to understand how chronic emptiness came to occupy its current position within the disorder's phenomenology.

The following section provides a historical overview of BPD and its defining characteristics. By tracing the evolution of the construct from early psychoanalytic descriptions to its formalization in diagnostic manuals, this overview clarifies how chronic emptiness came to be

recognized as a central feature of the disorder. This historical context also highlights the shifting conceptual boundaries of BPD and the growing emphasis on identity disturbance and affective instability. It then reviews the literature on chronic emptiness in BPD to deepen understanding of this criterion through the lens of lived experience.

2.5 Historical Overview of Borderline Personality Disorder

The term Borderline Personality Disorder (BPD) was first introduced by American psychoanalyst Adolph Stern in 1938 to describe individuals who exhibited specific symptoms under stress, appearing to fluctuate between neurosis and psychosis while remaining relatively functional in other situations (Stern, 1938; Bateman, 2011). Stern identified a subset of patients who did not respond to traditional psychoanalytic treatment and exhibited a cluster of symptoms that anticipated many current diagnostic criteria, though not a perfect match. He called this group the “borderline” population, laying the foundation for future understanding of the disorder (Stern, 1938; Bateman, 2011).

In 1967, Otto Kernberg built on Stern’s observations by introducing the concept of Borderline Personality Organization (BPO), a structural model that spans various diagnostic categories. BPO is marked by problems in identity development, object relations, and emotional regulation. People with BPO often rely on primitive defence mechanisms such as splitting, projective identification, and identity diffusion, and have severely troubled relationships. A key feature of BPO is chronic emptiness, characterized by difficulty maintaining a coherent sense of self and stable connections with others (Kernberg, 1967, 1975). Importantly, Kernberg noted that people with BPO maintain intact reality testing, setting them apart from those with psychotic disorders. He saw emptiness as a break in the internal link between the self and mental images of others that usually help shape identity and sustain emotional continuity.

In 1968, Grinker and colleagues further examined the borderline construct, identifying four core features of what they termed the “borderline syndrome”: intense anger, depressive loneliness, impaired capacity for close relationships, and identity disturbance (Grinker et al., 1968). These early conceptualizations contributed to the DSM-III’s 1980 inclusion of BPD. Since its official recognition, BPD has increasingly been understood as a severe and disabling condition, associated with elevated mortality and substantial psychosocial impairment (New & Triebwasser, 2018).

According to the DSM-5-TR, BPD is characterized by pervasive instability in interpersonal relationships, self-image, affect, and impulse control. The disorder typically emerges in early adulthood and is evident across contexts. Diagnosis requires at least five of the nine specified criteria, including persistent feelings of emptiness, identity disturbance, emotional volatility, and self-harming behaviours, among others (APA, 2022). (See Table 1.)

This historical trajectory not only highlights the evolution of BPD from Stern’s early psychoanalytic observations to its formal recognition in the DSM but also underscores that chronic emptiness has remained a defining and clinically significant feature across conceptual models. Its persistence across theoretical frameworks suggests that emptiness reflects a core disturbance rather than a peripheral symptom. Recognizing this continuity is essential to understanding why emptiness continues to pose challenges for diagnosis, treatment, and empirical study. This foundation sets the stage for examining chronic emptiness in greater depth within contemporary research.

Table 1*DSM-5-TR Summary of Borderline Personality Disorder Criteria*

Criteria	Description
1.	Frantic efforts to avoid real or imagined abandonment.
2.	A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3.	Identity disturbance: markedly and persistently unstable self-image or sense of self
4.	Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
5.	Recurrent suicidal behaviour, gestures, threats, or self-mutilating behaviour.
6.	Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7.	Chronic Feeling of Emptiness
8.	Inappropriate, intense anger or difficulty in controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9.	Transient, stress-related paranoid ideation or severe dissociative symptoms.

Note. The table summarizes DSM-5-TR's categorical classification of BPD symptoms (APA,2022).

2.6 Dimensional Versus Categorical Models in Personality Psychology

Debates in personality psychology continue to centre on whether personality disorders are best understood categorically as discrete diagnostic entities or dimensionally as traits distributed along a continuum (Lingiardi & McWilliams, 2015; Ofrat et al., 2018). While categorical systems such as the DSM provide clear diagnostic boundaries that support clinical decision-making and communication (Weinberg, 2020), dimensional models offer a more nuanced account of variability in severity, trait expression, and clinical presentation. These competing frameworks reflect broader tensions between traditional diagnostic practices and contemporary empirical findings that highlight the continuous nature of personality traits. As research increasingly supports dimensional

conceptualizations, the field continues to grapple with how best to integrate these perspectives into assessment, diagnosis, and treatment.

2.6.1 ICD-11-Dimensional Model

Recent developments, including the ICD-11's adoption of a fully dimensional framework, emphasize impairments in personality functioning rather than rigid diagnostic categories (Bach & First, 2018). This dimensional perspective aligns with empirical evidence and has been particularly influential in BPD research, where emotional dysregulation, impulsivity, and interpersonal hypersensitivity are recognized as core features (Trull, 2015). Dimensional models conceptualize personality traits along a continuum, highlighting variability in severity and expression rather than strict diagnostic boundaries. This approach offers a more nuanced understanding of personality functioning, acknowledging that individuals may exhibit traits associated with multiple disorders or fall between traditional categories (Lingiardi & McWilliams, 2015; Ofrat et al., 2018). As a result, dimensional models have gained increasing traction, particularly in research, for their ability to capture the complexity and fluidity of personality pathology (Hopwood et al., 2018; Krueger & Markon, 2014; Widiger & Samuel, 2005).

Table 2

Summary of ICD-11 Dimensional Model for Personality Disorder

Component	Description
General Diagnosis	Personality Disorder (single overarching diagnosis replacing multiple categories).
Severity Levels	Mild, Moderate, Severe based on the degree of impairment in self-functioning, interpersonal functioning, and risk-related behaviours.
Trait Domain Qualifiers	Negative Affectivity (emotional instability, anxiety, separation insecurity); Detachment (social withdrawal, anhedonia); Dissociality (callousness, hostility); Disinhibition (impulsivity, irresponsibility); Anankastia (rigidity, perfectionism).

Borderline Pattern Qualifier	Optional specifier capturing features such as emotional instability, fear of abandonment, impulsivity, and relationship instability. Used when a presentation resembles DSM-5 BPD.
Clinical Focus	Emphasizes impairments in identity, self-direction, and interpersonal functioning rather than discrete categories.

Note. The table summarizes ICD-11's dimensional classification of personality disorders (Bach & First, 2018; WHO, 2022).

2.6.2 Comparison With Psychodynamic Models

Although categorical classification provides clear diagnostic boundaries, such as “has” or “does not have” a disorder, its binary nature often overlooks variability within traits (Ofrat et al., 2018). Categorical models rely on arbitrary cutoffs, which may obscure important nuances in personality functioning. In contrast, dimensional models align with empirical evidence that personality traits exist along a continuum, reflecting natural variation in human behaviour (Ofrat et al., 2018). However, implementing dimensional approaches can be more complex, requiring continuous scales and interpretive frameworks.

The International Classification of Diseases, 11th Revision (ICD-11), has adopted a dimensional approach to personality disorders, replacing the categorical system used in earlier editions (Bach & First, 2018). This model emphasizes impairments in personality functioning, such as unstable self-image, emotional dysregulation, and relational challenges, rather than separate diagnostic categories. In this framework, borderline personality disorder is characterized by pathological traits, including negative affectivity (e.g., mood swings), disinhibition (e.g., impulsivity), and antagonism (e.g., anger), with consideration of severity and individual differences (Bach & First, 2018).

An alternative way to understand BPD focuses on key aspects of psychopathology. Researchers have identified emotional dysregulation, impulsivity, behavioural instability, and

interpersonal hypersensitivity as core features of the disorder (Trull, 2015). This perspective shifts attention from diagnostic labels to the underlying processes that shape BPD's clinical presentation. By emphasizing these core mechanisms, this approach offers a more adaptable and empirically grounded framework for research and clinical assessment.

Although the ICD-11's dimensional model shares surface similarities with psychodynamic approaches, it stems from a distinct empirical tradition. ICD-11 is grounded in contemporary trait-based research and large-scale structural models of psychopathology, such as the DSM-5 Section III Alternative Model for Personality Disorders and the Hierarchical Taxonomy of Psychopathology (HiTOP) framework, both of which emphasize impairments in self-functioning, interpersonal functioning, and trait domain severity (Bach & First, 2018; Krueger & Markon, 2014). In contrast, psychodynamic theorists such as Kernberg and McWilliams conceptualize personality in terms of personality organization, internal object relations, affect regulation, and characteristic defence mechanisms (Kernberg, 1967, 1975; McWilliams, 2011, 2017). While both dimensional and psychodynamic models highlight disturbances in identity, relational patterns, and emotional coherence, ICD-11 does not adopt the psychoanalytic framework of personality organization nor incorporate constructs such as splitting, projective identification, or defensive structure. Instead, the overlap reflects conceptual convergence: empirical dimensional models and psychodynamic formulations independently recognize that personality pathology is best understood in terms of severity, relational functioning, and disruptions in self-coherence, even though they arise from different theoretical and methodological foundations (Hopwood et al., 2018; Widiger & Samuel, 2005).

2.7 Prevalence and Gender Considerations

Borderline personality disorder has historically been diagnosed more often in women, with approximately 75% of clinical cases identified in female populations (Skodol, 2000). Whether this pattern reflects genuine gender differences or diagnostic bias remains debated (Qian et al., 2022). Epidemiological studies estimate BPD prevalence in the general population at 0.7%–5.8% (Barnow et al., 2007), with adult rates typically ranging from 0.7% to 2.7% (Eaton & Greene, 2018). Prevalence is notably higher in clinical settings, including primary care (around 6%), psychiatric inpatient units (approximately 22%), and outpatient facilities (11–12%) (Zimmerman & Becker, 2023). Emerging evidence suggests that women may report higher levels of chronic emptiness than men, indicating potential gender-based differences in symptom presentation, although findings remain preliminary (Bozzatello, 2024).

2.8 Developmental and Biological Factors

Research increasingly highlights the interplay between genetic predispositions and adverse childhood experiences in the development of BPD. Neurobiological studies suggest that these factors influence brain development through hormonal and neuropeptide pathways (Bozzatello et al., 2024). Adverse childhood experiences, including neglect, abuse, and inconsistent caregiving, are consistently linked to increased risk (D’Agostino, 2020; Frost et al., 2020; Stepp et al., 2012), and evidence indicates they may also affect gene expression and enduring personality traits (Gunderson et al., 2018). Together, these findings reinforce the view that BPD arises from a complex, multilayered developmental process rather than from a single causal factor.

2.9 Chronic Emptiness in Borderline Personality Disorder

Chronic emptiness is a commonly reported experience among individuals diagnosed with BPD (Elsner et al., 2018; Hudson et al., 2024; Martin & Levy, 2022; Miller et al., 2020, 2021).

Hudson and colleagues (2024) conducted a qualitative study to characterize chronic emptiness across diagnostic groups, with a particular focus on BPD. Using a general inductive approach, they analyzed first-person accounts of emptiness to identify common themes and patterns. The study found that emptiness is often described as a pervasive disconnection from self and others, marked by numbness, isolation, and a lack of meaning. Importantly, emptiness was not confined to BPD alone but appeared across multiple psychiatric presentations, suggesting it may be a transdiagnostic phenomenon. However, in BPD, emptiness was especially enduring and closely tied to identity disturbance and relational instability, reinforcing its role as a core feature of the disorder (Hudson et al., 2024).

Chronic emptiness in BPD is characterized by a pervasive sense of disconnection from oneself and others, often accompanied by loneliness, numbness, and emotional detachment (D'Agostino et al., 2020; Herron & Sani, 2022; Miller et al., 2020). Recognized as a DSM-5-TR diagnostic criterion, it is considered a clinically significant feature of BPD and among the slowest to remit (Meares et al., 2011; Miller et al., 2020). Elsner and colleagues (2018) examined the clinical significance of chronic emptiness in BPD, a symptom often overshadowed by more observable features such as impulsivity or affective instability. Drawing on clinical observations and existing literature, the authors argued that chronic emptiness is not merely a secondary or residual symptom but a central, enduring feature of BPD (Miller et al., 2020; Zanarini et al., 2016; Elsner et al., 2018). They highlighted its association with identity disturbance, interpersonal dysfunction, and heightened risk of self-harm, noting that emptiness often persists even when other symptoms remit. Elsner and colleagues (2018) emphasized that emptiness contributes to profound distress and functional impairment, making it a critical target for therapeutic intervention.

Miller and colleagues (2020) conducted the first systematic review focused specifically on chronic emptiness in BPD. Drawing on empirical studies, theoretical papers, and clinical accounts, they found that chronic emptiness is often poorly defined and inconsistently measured, despite being a DSM diagnostic criterion. The review noted that emptiness is frequently conflated with related constructs such as depression, hopelessness, or loneliness, obscuring its distinct clinical significance. Across studies, chronic emptiness emerged as a pervasive and enduring symptom, strongly linked to identity disturbance, affective instability, and suicidality, and often persisting even when other BPD symptoms remit. The authors concluded that emptiness is a core feature of BPD that warrants clearer conceptualization and more precise operationalization in both research and clinical practice (Miller et al., 2020).

In another study, Miller and colleagues (2021) conducted an in-depth qualitative investigation of the lived experience of chronic emptiness among individuals diagnosed with BPD. Using a purposive sample of 15 participants, the researchers conducted semi-structured interviews and analyzed the data using reflexive thematic analysis, identifying nuanced experiential patterns across narratives. Their findings revealed that chronic emptiness was experienced not merely as sadness, depression, or loneliness, but as a pervasive void of meaning, vitality, and internal cohesion. Participants described emptiness as an existential fragmentation that disrupted their sense of identity, emotional continuity, and relational connectedness, highlighting its role as a core and enduring feature of BPD. Given the conceptual proximity between their work and the present study, Miller et al.'s findings will be important to revisit in the discussion section, particularly when contrasting how their themes converge with or diverge from the experiential patterns emerging in the current analysis.

Meares and colleagues (2011) sought to identify the core psychopathology of BPD by examining which symptoms were most enduring over time. Drawing on DSM-III symptom clusters, they analyzed data from a two-year randomized controlled trial comparing the Conversational Model with treatment as usual, using symptom persistence as the criterion for identifying central features. Their findings showed that disturbances in self-concept and interpersonal relatedness were the most stable and enduring aspects of BPD, whereas more behavioural symptoms, such as impulsivity, tended to fluctuate. This emphasis on the durability of self-related and relational disturbances aligns closely with contemporary understandings of chronic emptiness and identity fragmentation as central features of the disorder. In particular, the enduring instability in self-experience identified by Meares et al. provides an important conceptual bridge to qualitative accounts of emptiness, which similarly describe a persistent void in self-cohesion, emotional continuity, and relational embeddedness. Together, these findings reinforce the view that chronic emptiness is not a subsidiary symptom but a manifestation of deeper disruptions in identity and self-functioning that lie at the heart of BPD (Meares et al., 2011).

Martin and Levy (2022), drawing on psychodynamic theory, found a strong correlation between chronic emptiness and identity disturbance, suggesting that emptiness may arise in response to emotional instability, interpersonal challenges, and emotion dysregulation. A phenomenological study by Herron and Sani (2022) found that participants described emptiness as a mechanical, emotionless way of moving through life, often accompanied by bodily discomfort and a sense of invisibility. One participant described it as:

“A feeling that one is going through life mechanically, devoid of emotions and purpose, and therefore is empty inside, with emptiness often being bodily felt in the form of discomfort in the chest. This is coupled with feelings that one is disconnected from

others, somehow invisible to others, and unable to contribute to a world that remains the same, but from which one is distant and detached.” (p. 192)

Similarly, López-Villatoro and colleagues (2023) found that individuals experiencing chronic emptiness often described a numb, aimless existence marked by an inner void and physical discomfort. Participants reported feeling disconnected from others and unable to contribute meaningfully to a world that felt distant and unchanging. These accounts echo earlier phenomenological descriptions of emptiness as a state of emotional deadness and relational detachment, reinforcing its centrality in the lived experience of BPD. The study further highlights how chronic emptiness permeates both internal experience and outward functioning, shaping how individuals navigate daily life.

2.10. Coping with Chronic Emptiness

Chronic emptiness is often linked to maladaptive coping strategies that aim to ease emotional distress. Impulsivity, a prominent feature of BPD, may help manage the overwhelming internal state associated with emptiness (Klonsky, 2008). Behaviours such as self-harm, suicidal attempts, and binge eating are often used to cope with this experience (López-Villatoro et al., 2023). Numerous studies have demonstrated a strong association between chronic emptiness and suicidal thoughts and behaviours among individuals with BPD (Klonsky, 2008; Miller et al., 2020; Zanarini et al., 2007). According to the World Health Organization (2014), over 800,000 lives are lost annually to suicide, with those diagnosed with BPD facing an elevated risk. Research suggests that approximately 10% of people with BPD die by suicide, and 60–75% have made at least one serious attempt (Gunderson et al., 2018; Black et al., 2004).

BPD is a moderately heritable disorder, highlighting how temperamental traits such as affective instability and impulsivity interact with early environmental stressors, especially trauma, neglect, and invalidating caregiving, to shape symptoms (Gunderson, 2007). These interactions often lead to episodes of intense emotional distress and impulsive actions. The disorder is associated with a significantly elevated suicide risk: individuals with BPD have a suicide rate of approximately 5.9%, compared with 1.4% among those with other personality disorders (Temes et al., 2019).

Brown and Linehan (2002) examined the motivations behind suicidal behaviour and non-suicidal self-injury in a sample of chronically suicidal women with BPD. Using the Para-suicide History Interview, they found that suicide attempts were often driven by a desire to improve others' well-being. In contrast, non-suicidal self-injury was more often used to express anger, self-punish, or divert from emotional pain. These motivational patterns accounted for nearly 80% of cases, underscoring the complex emotional landscape associated with chronic emptiness.

Binge eating is another impulsive behaviour commonly observed in individuals with BPD. Studies estimate that 37% of people with BPD receive a lifetime diagnosis of Binge Eating Disorder (BED), and 27% meet criteria for Bulimia Nervosa (BN; Grilo et al., 2003; Marino & Zancarini, 2001). Sansone and Sansone (2011) suggested that binge eating may serve as an attempt to fill the internal void associated with chronic emptiness. More recently, López-Villatoro et al. (2023) found that binge episodes in individuals with BN frequently follow periods of intense emptiness, highlighting a temporal and emotional link between the two experiences.

Taken together, these findings illustrate that chronic emptiness functions not only as a subjective state of distress but also as a driver of maladaptive coping behaviours in BPD.

Impulsivity, self-injury, suicidality, and binge eating emerge as attempts to regulate or escape chronic emptiness, yet they often perpetuate cycles of suffering and risk. The evidence underscores that emptiness is more than a symptom; it is a transdiagnostic vulnerability that shapes the trajectory of BPD (D'Agostino, 2020).

2.11 Attachment Theory and Borderline Personality Disorder

Attachment theory offers a compelling lens for understanding the developmental trajectory of borderline personality disorder (BPD). Individuals diagnosed with BPD often exhibit insecure attachment styles, with disorganized or unresolved patterns appearing particularly salient. Disorganized attachment is characterized by contradictory relational strategies, such as simultaneous proximity-seeking and avoidance of caregivers who are experienced as both comforting and threatening (Main & Solomon, 1986). This paradox closely parallels the relational instability central to BPD, where individuals may oscillate between idealizing and devaluing significant others (APA, 2013; Gunderson, 2007).

Beyond relational dynamics, disorganized attachment and BPD share significant psychological and physiological traits. Both involve a fragmented sense of self (Liotti, 2004; Beebe et al., 2012), heightened emotional reactivity and dysregulation (Bernard & Dozier, 2010), and greater susceptibility to impulsivity and dissociation (Lyons-Ruth, 2008). The idea of “fright without solution, “where the caregiver is both feared and needed, has been linked to persistent insecurity and fear of abandonment in disorganized infants (Main, 1995; 2013; Lyons-Ruth, 2008). These early relational paradoxes mirror the intense fears of abandonment often seen in BPD. Solomon and George (2011) further argue that such dynamics can evolve into caregiving helplessness in adulthood, a key mechanism through which disorganized attachment patterns are transmitted across generations.

Fonagy et al. (2011) propose that disorganized attachment, marked by contradictory caregiving experiences that elicit both fear and comfort, may disrupt the development of mentalization, a core capacity for understanding the self and others. This disruption is considered a key mechanism in the emergence of borderline personality disorder, particularly in individuals exposed to early relational trauma. Their biobehavioral switch model links attachment dysregulation to neurobiological vulnerabilities, offering a developmental framework for understanding BPD beyond retrospective accounts (Fonagy et al., 2011).

Observational studies by Khoury et al. (2020) further show that young adults with BPD exhibit significantly more disorganized attachment behaviours than clinical and non-clinical comparison groups. These findings suggest that disorganized attachment not only characterizes current relational patterns but also serves as a developmental precursor to BPD. Main and Hesse (1990) argue that children exposed to unpredictable caregiving may internalize conflicting models of self and others, potentially laying the foundation for the identity diffusion and relational instability typical of BPD.

2.12 Links with Parental Responsiveness and Developmental Trauma

For decades, psychoanalytic theories have emphasized the formative role of early caregiving in shaping emotional development and personality structure. Margaret Mahler (1971) and Heinz Kohut (1977) highlighted the importance of responsive, nurturing environments in the first years of life for the development of a stable sense of self. Mahler's theory of child development underscores the critical importance of the separation-individuation process, particularly the rapprochement subphase (18–24 months), when children oscillate between independence and closeness with their caregiver. Optimal maternal responsiveness during this phase fosters a coherent self-concept and recognition of psychological separateness. Conversely,

unmet emotional needs may result in developmental arrest, laying the groundwork for vulnerabilities associated with BPD. Kohut similarly emphasized the role of self-objects, significant others who provide emotional mirroring and support in the formation of self-cohesion. When caregivers fail to provide adequate responsiveness, individuals may struggle with self-regulation, leading to persistent emotional deficits and a pervasive sense of emptiness.

Empirical research has extended these theoretical insights. Schulze et al. (2022) examined how childhood trauma severity, attachment types, and perceived social support interact to shape borderline personality features. Using a graph-theoretical approach, they found that emotional abuse and neglect were particularly predictive of affective instability and identity disturbance. Insecure attachment and low perceived social support moderated these effects, suggesting that relational buffers may influence symptom severity.

Longitudinal research has further shown that borderline personality traits are linked to adverse childhood experiences, particularly in families with psychiatric histories. Belsky et al. (2012) conducted a prospective study using data from the Environmental Risk (E-Risk) Longitudinal Twin Study, which followed a UK birth cohort of 12-year-olds. Their design included multi-informant assessments and structured diagnostic interviews to examine the causes of borderline personality-related features, thereby addressing common critiques of retrospective bias in developmental psychopathology research. Although these psychosocial factors are strongly associated with borderline personality traits, they are not unique to the disorder. Many of the same developmental risks such as childhood adversity, familial psychopathology, and insecure attachment also contribute to a range of other psychiatric outcomes, including mood, anxiety, and trauma-related disorders. This overlap highlights the importance of identifying the specific mechanisms through which these early experiences shape the emergence of BPD features,

particularly chronic emptiness and identity disturbance. Clarifying these pathways is essential for distinguishing general developmental risk from processes that uniquely contribute to borderline pathology

Stepp et al. (2012), through a review and synthesis of empirical findings across developmental stages from infancy to adolescence, highlighted how inconsistent parenting behaviours in mothers with BPD may contribute to psychological risks in their children, particularly concerning transgenerational transmission of emotional dysregulation, attachment insecurity, and behavioural instability.

The absence of caregiver responsiveness, particularly through neglect or abuse, is often experienced as trauma (Bozzatello et al., 2020). Trauma, defined as an event perceived as threatening to one's physical or psychological well-being (APA, 2013), can be acute or chronic and encompasses abuse, neglect, loss, and violence. Early relational trauma, especially when caregivers fail to meet a child's emotional needs, can have enduring effects on self-identity, emotional regulation, and interpersonal functioning (Bozzatello et al., 2020). More broadly, developmental trauma refers to chronic or repeated exposure to adverse experiences during critical periods of childhood and adolescence, including neglect, abuse, household dysfunction, and disrupted attachment relationships. Because these experiences occur during sensitive windows of brain maturation and personality formation, they can alter stress-response systems, affect gene expression, and shape enduring patterns of affect regulation and interpersonal behaviour (van der Kolk, 2005).

Schore (2002) complements these findings by proposing that trauma disrupts the child's bond with an empathic caregiver and impairs the regulatory function of the maternal introject. By

linking attachment disruptions to right-brain dysregulation, his model explains how developmental trauma becomes embedded in personality structure, thereby contributing to the affective instability, identity diffusion, and relational difficulties characteristic of BPD. Collectively, these developmental impacts underscore that trauma is not simply an acute event but a relational and neurobiological process that interacts with temperamental vulnerabilities, reinforcing the diathesis–stress framework for understanding BPD.

Early empirical studies established trauma as a central pathway to BPD. Judith Herman and colleagues' (1989) pilot study found that the vast majority of individuals with BPD reported histories of significant trauma, including physical abuse (71%), sexual abuse (68%), and exposure to domestic violence (62%). Although limited by sample size, this work was pivotal in linking maltreatment to BPD. Subsequent research has consistently replicated and extended these findings. Gunderson et al. (2011), in the ten-year Collaborative Longitudinal Personality Disorders Study, found that although 85% of individuals with BPD experienced symptomatic remission over time, functional impairments in work, relationships, and social adjustment persisted. These outcomes highlight that recovery in BPD involves more than symptom reduction and requires targeted support for psychosocial functioning, reflecting the long-term imprint of developmental trauma and temperamental predispositions.

Longitudinal studies further support these associations. Wisdom et al. (2009) followed 500 children exposed to abuse and neglect, along with 396 matched controls. Significantly more maltreated children met criteria for BPD in adulthood, with gender and psychiatric comorbidity moderating outcomes. Maltreated girls were at particularly elevated risk, and co-occurring psychiatric disorders amplified symptom expression. These findings underscore that adverse childhood experiences alone do not fully explain BPD; rather, the interplay of maltreatment with

individual vulnerabilities and contextual moderators shapes developmental pathways (Wisdom et al., 2009).

Additional evidence highlights the interplay between trauma and temperament. Martin-Blanco and colleagues (2014), in a study of 130 adults with BPD, found that emotional abuse, combined with traits such as high neuroticism, anxiety, and aggression, independently predicted symptom severity. Extending this perspective developmentally, Bozzatello et al. (2020) examined adolescents and young adults with BPD. They identified childhood trauma, including abuse, neglect, household dysfunction, and bullying victimization, as the strongest predictor of early onset. Notably, non-planning impulsivity emerged as the only symptom domain associated with earlier onset, suggesting that impaired impulsive control serves as a developmental marker of risk. Early onset was further linked to impaired social functioning and a substantial delay, averaging six years, between symptom emergence and first psychiatric contact, a delay that was often shortened in cases of multiple traumas or acute impulsivity requiring emergency intervention. Collectively, these findings reinforce that trauma and temperament interact to shape both the intensity and timing of BPD expression, underscoring the diathesis–stress framework in which early adversity and impulsivity converge as key markers of vulnerability (Bozzatello et al., 2020, 2021).

A cross-sectional study by Bertsch and colleagues (2024) further supports this perspective. Bertsch et al. (2024) demonstrated that developmental trauma impairs identity integration and emotional regulation, with diminished body connection mediating the association between childhood trauma and deficits in personality functioning. This finding underscores the embodied nature of trauma, suggesting that emptiness is not only psychological but also rooted in disrupted interoceptive awareness. Somatic models deepen this understanding: van der Kolk (2014) describes emptiness as a dissociative, somatically encoded adaptation to relational rupture, while

Levine's (2010) Somatic Experiencing® model interprets emptiness as a freeze response to unresolved threat. Both emphasize restoring interoceptive awareness and embodied presence as pathways to healing.

Neurophysiological evidence further supports this perspective. Fani et al. (2024) identified altered activity in key brain regions involved in interoceptive awareness, such as the insula, anterior cingulate cortex, and somatosensory areas, among trauma-exposed populations, linking chronic interpersonal trauma to disrupted emotional integration. Putica et al. (2024) built on this evidence through a systematic review, showing that interoceptive interventions can reduce posttraumatic stress symptoms and improve bodily awareness. Together, these findings underscore the embodied nature of developmental trauma and frame emptiness as a multidimensional response, psychological, relational, and somatic, to early relational disruptions.

2.13 Emptiness as a Coping Strategy

Theoretical perspectives have proposed mechanisms by which emptiness functions as a coping strategy. Didonna et al. (2009) described emptiness as an avoidance response to psychological suffering, whereas LaFarge (1989) suggested it serves as a defence against regression into psychosis. More recent research has broadened this focus to include trauma's embodied dimensions. Estric and colleagues (2022) offered a neurodevelopmental framework showing how early trauma disrupts executive functioning, attention, and emotion regulation, domains directly linked to emptiness and identity disturbance. Ford (2018) similarly argued that BPD and somatoform disorders share developmental origins in chronic caregiver neglect, with emptiness reflecting a structural vulnerability across affective and somatic domains.

In summary, decades of psychoanalytic theory, empirical research, and somatic models converge on the central role of early caregiver responsiveness and developmental trauma in shaping personality vulnerabilities linked to borderline personality disorder. From Mahler's and Kohut's foundational insights into separation-individuation and self-object functions, through longitudinal evidence linking maltreatment to BPD development, to contemporary cross-cultural and neurophysiological studies, a consistent theme emerges: chronic relational disruptions hinder identity integration, emotional regulation, and embodied selfhood. Emptiness, far from being merely a symptom, reflects a complex psychological, relational, and somatic adaptation to trauma, underscoring the need for trauma-informed, body-focused approaches. This integrative perspective underscores the importance of a grounded theory that synthesizes these diverse strands, thereby enhancing clinical understanding of chronic emptiness and identity diffusion.

2.14 Neurobiological and Somatic Mechanisms Underlying Chronic Emptiness

A growing body of neurobiological and somatic research offers important insight into the embodied dimensions of chronic emptiness. While emptiness has historically been conceptualized as an affective or cognitive phenomenon, recent findings suggest it may reflect a deeper collapse in autonomic regulation, interoceptive processing, and defensive physiological states. These mechanisms help explain why emptiness is often experienced as a bodily shutdown, a loss of internal presence, or a sense of going blank in moments of relational threat. One of the most influential contributions to this area comes from experimental research on the human freeze response. Schmidt et al. (2008) demonstrated that freeze is a distinct defensive state in humans, characterized by heart-rate deceleration, motor inhibition, heightened attentional focus, and increased anxiety. Unlike fight-or-flight responses, which mobilize the body toward action, freeze emerges when escape or resistance is perceived as impossible. This immobilization is not passive;

it is an active neurobiological strategy that prioritizes survival by shutting down movement, sensation, and emotional expression. Polyvagal Theory further deepens this understanding by situating freeze within a broader hierarchy of autonomic states. Porges (2022, 2024) argues that dorsal vagal immobilization, the physiological substrate of freeze, is not triggered solely by physical danger but can also arise in response to relational rupture, misattunement, or emotional abandonment. When cues of safety are withdrawn, the autonomic nervous system shifts from ventral vagal engagement (connection and regulation) to sympathetic arousal (fight-or-flight), and ultimately to dorsal vagal shutdown when mobilization is no longer possible. This shutdown produces emotional numbing, dissociation, withdrawal, and a collapse of internal vitality. These processes closely parallel descriptions of chronic emptiness as a state of internal deadness, disconnection, and loss of embodied presence. Porges' work, therefore, provides a neurophysiological mechanism for understanding emptiness as a freeze-based adaptation to relational threat.

Neurobiological studies of trauma further support this interpretation. Research on interoception, the brain's capacity to sense internal bodily states, shows that trauma exposure is associated with altered insular function, reduced bodily awareness, and disrupted integration of sensory and emotional signals (Fani et al., 2024; Putica et al., 2024). Attachment-based models align with these neurobiological perspectives. Levy (2005) and Fonagy and colleagues (2018) argue that early relational ruptures impair the development of mentalization and the capacity to understand one's internal states. When caregivers fail to mirror or contain the child's affect, the body becomes a site of unprocessed emotional material rather than a source of anchorage. This developmental pathway aligns with the dorsal vagal shutdown described by Porges and the immobilization patterns identified by Schmidt et al. (2018), suggesting that chronic emptiness may

emerge when the body repeatedly adapts to relational threat by suppressing affective and interoceptive signals.

Together, neurobiological, somatic, and attachment-based models offer a compelling account of chronic emptiness as an embodied defensive state shaped by trauma, relational rupture, and disruptions in interoceptive and autonomic functioning. These insights deepen theoretical understanding of emptiness while highlighting a striking gap in the clinical literature: despite growing recognition of its embodied and relational complexity, chronic emptiness remains one of the least directly targeted symptoms in existing treatments for BPD. The following section reviews evidence-based psychotherapies and examines their limitations in addressing the persistent, embodied, and multidimensional nature of chronic emptiness.

2.15 Evidence-Based Psychotherapies for BPD and Their Limitations in Addressing Chronic Emptiness

Although a range of evidence-based psychotherapies have demonstrated effectiveness in treating BPD, particularly in reducing acute risk behaviours such as self-harm, suicidal ideation, and emotional crises, their impact on the disorder's more internalized and enduring features remains uneven. Dialectical Behaviour Therapy (DBT), Mentalization-Based Treatment (MBT), and Transference-Focused Psychotherapy (TFP) are the most empirically supported interventions (Bateman & Fonagy, 2004, 2016; Linehan, 1993; Levy, 2005), yet each varies in its capacity to address symptoms such as chronic emptiness, identity diffusion, and disturbances in self-cohesion. While these treatments reliably improve behavioural control and emotional regulation, they often show more modest effects on the deeper structural aspects of personality functioning. This discrepancy highlights the need for approaches that more directly target the experiential and developmental roots of chronic emptiness.

DBT, the most widely implemented treatment for BPD, reliably reduces behavioural instability and emotional crises through its skills-based modules targeting mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (Linehan et al., 2006; McMain et al., 2009). However, research and clinical commentary consistently note that DBT is less effective at shifting deeper structural aspects of personality functioning, including chronic emptiness, identity fragmentation, and pervasive feelings of internal void (Crowell et al., 2009; Linehan, 1993). These internalized symptoms often persist even as self-harm and crisis behaviours improve, suggesting that DBT does not sufficiently target the underlying disturbances in self-experience that contribute to chronic emptiness. This limitation has prompted increasing interest in treatments that more directly address identity-level processes and the developmental roots of self-cohesion.

In contrast, MBT and TFP place greater emphasis on the developmental and relational processes that underpin self-cohesion. MBT aims to strengthen reflective functioning and the capacity to understand one's own and others' mental states, thereby improving affect regulation and interpersonal stability (Bateman & Fonagy, 2004, 2016). TFP, grounded in psychodynamic theory, directly targets identity diffusion, internal object relations, and the integration of split or contradictory self-states (Clarkin et al., 2013; Kernberg, 2006). Evidence suggests that both MBT and TFP may yield greater improvements in identity functioning and relational stability than DBT, making them better suited to addressing the internalized dimensions of BPD (Levy, 2005; Doering et al., 2010). Yet even within these treatments, chronic emptiness is rarely conceptualized or measured as a distinct therapeutic target.

Across modalities, chronic emptiness remains one of the most persistent and least understood symptoms of BPD. It is seldom addressed directly in treatment protocols, and its phenomenology is often subsumed under broader constructs such as affective instability or

identity disturbance (Miller et al., 2021). As a result, many individuals experience substantial reductions in self-harm and crisis behaviours while continuing to struggle with a pervasive sense of internal void, disconnection, and lack of self-cohesion. This pattern reflects a broader gap in the field: despite theoretical models proposing developmental pathways for chronic emptiness, empirical research examining its origins, mechanisms, and therapeutic malleability remains limited.

This gap in the treatment literature reflects a broader conceptual limitation: although theoretical models increasingly recognize emptiness as a multidimensional, embodied, and relationally mediated phenomenon, existing psychotherapies do not explicitly target the mechanisms that appear to sustain it. No randomized controlled trials, manualized modules, or intervention studies have been developed with chronic emptiness as the primary treatment focus. The absence of targeted interventions underscores the need for deeper empirical understanding of emptiness, its developmental origins, embodied qualities, and psychological functions to inform future clinical approaches.

2.16 The Present Study

Chronic emptiness is among the most distressing and persistent experiences reported by individuals diagnosed with Borderline Personality Disorder (BPD). Although it is formally recognized as a diagnostic criterion (American Psychiatric Association, 2022) and commonly observed in clinical practice, its underlying mechanisms and subjective qualities remain poorly understood. Existing literature offers a range of theoretical explanations, particularly from psychodynamic, developmental, and trauma-informed perspectives, but few empirical studies have examined how individuals with BPD describe, interpret, and navigate chronic emptiness.

Across the literature, chronic emptiness is consistently linked to early relational trauma, including emotional neglect, inconsistent caregiving, and disruptions in parental responsiveness (Bertsch et al., 2024; Crowell et al., 2009; Zanarini et al., 2016). Foundational psychoanalytic models, such as Mahler's (1975) separation-individuation theory and Kohut's (1977) self psychology, propose that unmet developmental needs impair the formation of a cohesive self, laying the groundwork for later experiences of an internal void. Contemporary empirical research reinforces these claims: studies demonstrate strong associations between BPD symptom severity and adverse childhood experiences (Porter et al., 2020), while cross-cultural (Bertsch et al., 2024) and neurobiological findings (Fani et al., 2024) show that developmental trauma disrupts identity integration, emotional regulation, and embodied self-experience (Bertsch et al., 2024). Recent affective science and momentary assessment studies further reveal that emptiness is a dynamic, fluctuating state associated with emotional numbing, reduced interoceptive access, and heightened impulsive urges (Fulham & Fitzpatrick, 2025; Peer et al., 2025). Psychometric work also conceptualizes emptiness as a multidimensional construct involving identity loss, emotional disconnection, and diminished internal vitality (Herron & Sani, 2022). Despite these advances, the specific developmental, relational, and neurobiological pathways through which chronic emptiness emerges and persists remain insufficiently understood.

Although emptiness has been described as a defensive adaptation or coping mechanism (Kernberg, 1985; Winnicott, 1965), its role in the lived experience of individuals with BPD has not been systematically explored. Existing research tends to conceptualize emptiness through predefined theoretical frameworks, leaving a significant gap in understanding how individuals make sense of this experience, how it unfolds over time, and what strategies they use to manage or mitigate it. No current framework fully captures the multidimensional, embodied, and relational

qualities of emptiness as described by those who live with it (Elsner et al., 2018; Miller et al., 2021).

To address this gap, the present study employs Classic Grounded Theory methodology (Glaser & Strauss, 1967; Glaser, 1978) to examine how individuals diagnosed with BPD experience, interpret, and navigate chronic emptiness. Rather than testing hypotheses or applying existing models, this approach prioritizes participant narratives and allows theoretical categories to emerge inductively from the data. Classic Grounded Theory is particularly suited to poorly defined, multifaceted phenomena embedded in subjective experience, making it an ideal methodology for generating a theory that reflects the complexity of chronic emptiness as lived.

The following research questions guide the study:

1. What are the core concerns expressed by individuals diagnosed with BPD who experience chronic emptiness, how do they experience it, and what processes do they engage in to navigate or resolve these concerns over time?
2. What recurring patterns, relational dynamics, and processes shape the emergence, experience, and development of chronic emptiness in individuals with BPD across time and context?

The preceding review has examined the conceptual, developmental, neurobiological, and embodied dimensions of chronic emptiness, situating it within psychoanalytic theory (Kernberg, 1967, 1985; Winnicott, 1965), empirical research (Elsner et al., 2018; Miller et al., 2020, 2021), and trauma-informed models (van der Kolk, 2014; Levine, 2010). Despite these insights, the literature reveals a notable gap: no existing framework captures how individuals with BPD personally experience and manage chronic emptiness in daily life. To fill this gap, the present study

adopts Classic Grounded Theory, a methodological approach well suited to developing theory directly from participant stories. By focusing on lived experience and allowing patterns to emerge naturally from the data, Chapter Three details the research design and procedures used to develop a clinically relevant, empirically grounded theory of chronic emptiness.

3. Methodology

3.1 Introduction

This research was initiated to develop a theory of chronic emptiness as experienced by individuals diagnosed with Borderline Personality Disorder (BPD). Grounded in participants' subjective recollections and experiential fragments, the study seeks to identify emergent conceptual patterns that illuminate the conditions, contexts, and meanings surrounding this phenomenon. Because chronic emptiness remains theoretically underdeveloped and empirically underexplored, an inductive approach is necessary to capture its complexity without imposing assumptions derived from existing models. By privileging lived experience and allowing theoretical insights to arise directly from the data, the study aims to produce a clinically resonant and empirically grounded understanding of chronic emptiness that reflects the nuances of how individuals describe, interpret, and navigate this pervasive aspect of their lives.

3.2 Theoretical Model

This study employs Grounded Theory (GT), a method that has gained prominence in the social sciences for its systematic and generative approach to theory development. By the late 1990s, approximately two-thirds of qualitative research articles in the social sciences used

Grounded Theory as their primary methodology (Bryant & Charmaz, 2010). However, this study adheres specifically to Classic Grounded Theory (CGT), also known as Glaserian Grounded Theory, to inductively generate a theory of chronic emptiness as experienced by individuals diagnosed with BPD. CGT, introduced by Glaser and Strauss in 1967, is a qualitative methodology designed to discover theory directly from data, particularly in domains where existing conceptual frameworks are limited, absent, or insufficiently explanatory. It maintains a neutral stance toward data and avoids forcing pre-existing frameworks or sensitizing concepts. The goal is not to interpret or co-construct meaning but to discover the latent patterns of behaviour and meaning-making that explain how individuals manage chronic emptiness in the context of BPD.

Unlike hypothesis-driven quantitative research, which tests predefined variables (Creswell, 2018), CGT begins without a theoretical agenda. CGT relies on rigorous procedures that guide the inductive development of theory. Central to this approach is the principle of emergence, which holds that concepts and categories should emerge naturally from the data rather than be imposed by the researcher (Glaser, 1992). This principle is supported by constant comparison, a systematic analytic process in which each data fragment is compared with others to refine categories and uncover latent patterns (Glaser & Strauss, 1967). Throughout this iterative process, memoing plays a vital role: researchers write conceptual notes that capture insights, hypotheses, and theoretical linkages, enabling the progressive abstraction of the emerging theory (Glaser, 1992). These procedures, taken together, ensure that the resulting theory remains grounded in participants' lived experiences while achieving explanatory depth and conceptual clarity. Therefore, we [the current author and my thesis director] followed the methodology outlined by Glaser and Strauss (1967) in their seminal work, "The Discovery of Grounded Theory," through in-depth semi-structured interviews.

3.3 Data Collection: Seidman's Three-Interview Series

To explore the depth and complexity of participants' experiences, this study employed Seidman's (2006) three-interview series model as a flexible data-collection framework. Although rooted in phenomenological traditions, Seidman's approach aligns well with the iterative, discovery-oriented nature of Classic Grounded Theory (CGT) by creating structured opportunities for theoretical propositions to develop and deepen across interviews. In CGT, data collection is not governed by rigid protocols but by the emergence of categories and the need to saturate developing concepts (Glaser, 1978). Seidman's model supports this process by providing a scaffold that can be adapted as categories evolve, enabling the researcher to follow analytic leads, probe emergent ideas, and refine the theoretical focus in real time. Each interview served a distinct purpose in illuminating the phenomenon of chronic emptiness while remaining open to unanticipated insights and conceptual shifts. (See Appendix D for Interview Questions)

Interview 1: Life History

This session focused on participants' life histories, establishing the broader relational and developmental contexts in which emotional experiences evolved. It laid the foundation for understanding how past events and interpersonal dynamics may have contributed to the emergence of chronic emptiness.

Interview 2: Experience of the Phenomenon

This interview explored the specific manifestations of chronic emptiness in participants' daily lives. By situating this discussion within personal narrative, it promoted a deeper understanding of the phenomenon within each participant's unique context.

Interview 3: Reflection on Meaning

The final session invited participants to reflect on the significance of their experience, considering how chronic emptiness has shaped their sense of self and how they interpret its role in their life story. Together, these three sessions generated a rich and layered portrait of participants' inner worlds, offering fertile ground for constant comparison, memoing, and theoretical coding. The structure enabled flexible adaptation to emerging categories, ensuring that data collection remained consistent with CGT's inductive rigour.

3.4 Methodological Integrity

Classic Grounded Theory (CGT) is grounded in a rigorous yet flexible methodology that prioritizes the emergent development of theory from data rather than the imposition of pre-existing frameworks (Glaser & Strauss, 1967). Consistent with CGT's inductive logic, this study did not employ external validation procedures for coding. As Chametzky (2022) emphasizes, coding in Glaserian Grounded Theory is inherently conceptual and personal, shaped by the researcher's evolving theoretical sensitivity. External validation, while common in other qualitative traditions, is considered antithetical to CGT's core tenets; it risks introducing interpretive bias and prematurely stabilizing categories that should remain open to refinement.

Instead, methodological integrity was maintained through the disciplined application of CGT procedures: constant comparison, which ensured that each data fragment was weighed against others, and memoing, which supported the ongoing articulation of theoretical insights and propositions. These practices safeguarded the neutrality and generativity of the analytic process, allowing the theory of chronic emptiness to emerge organically from participants' lived experiences.

3.5 Rationale for Grounded Theory

Classic Grounded Theory (CGT), also known as Glaserian Grounded Theory, was selected for this study for its methodological rigour, conceptual flexibility, and suitability for investigating complex, under-theorized psychological phenomena. Chronic emptiness among individuals diagnosed with BPD remains poorly defined in the clinical literature and lacks a coherent theoretical framework grounded in the lived experiences of those affected. While Grounded Theory has been applied to related constructs such as occupational participation in BPD (Wasmuth et al., 2020) and qualitative explorations of self-image (Dammann et al., 2011), it has not yet been used to theorize chronic emptiness. This gap underscores the need for an inductive, discovery-oriented approach that privileges participants' voices and supports the generation of original theory.

Among the three primary variants of Grounded Theory Classic (Glaserian), Straussian, and Constructivist Classic, GT was chosen for its emphasis on theoretical emergence, conceptual parsimony, and analytic neutrality. Straussian GT, with its structured coding paradigms and axial coding procedures (Strauss & Corbin, 1990), risks constraining theoretical development through predefined analytic categories. Constructivist GT, while valuable for interpretive depth and co-construction of meaning (Charmaz, 2006), is less suited to this study's aim of generating a transferable theory that captures shared processes across participants. In contrast, Glaserian GT maintains analytic distance, allowing the researcher's theoretical sensitivity to guide but not dominate the analytic process. People with BPD have been historically (and presently) stigmatized and pathologized, and this study wishes to centre their experiences while not involving its own biases to the greatest extent possible.

Glaserian GT also supports the demands of doctoral research, where methodological integrity, intellectual independence, and original contribution are paramount (McGhee et al, 2007; Piantanida & Garman, 2009). Its core procedures, constant comparison and memoing, enable the emergence of abstract, empirically grounded categories that transcend individual accounts and illuminate shared patterns of meaning-making. These procedures are not merely technical steps but epistemological commitments that safeguard the inductive logic of CGT and ensure that the theory remains grounded in participants' lived realities.

To support theoretical saturation and ethical engagement, this study employed a three-interview process with each participant (Seidman, 2006). This design is critical when working with individuals diagnosed with BPD, who may experience heightened interpersonal sensitivity, mistrust, and emotional dysregulation (Gunderson et al., 2018). A single interview may not provide sufficient time for rapport-building or for participants to feel safe enough to explore emotionally charged material such as chronic emptiness. Multiple interviews allow for a gradual deepening of trust and narrative coherence, which is essential when eliciting nuanced, emotionally complex accounts (Rogers & Acton, 2012). Moreover, repeated interviews align with CGT's iterative logic, enabling the researcher to return to emerging categories, clarify meanings, and refine theoretical sampling in real time (Glaser & Strauss, 1967). This approach not only enhances analytic depth but also honours participants' agency by allowing them to reflect, elaborate, and reframe their experiences across sessions.

Therefore, Classic Grounded Theory was selected because it enables a rigorous, ethically attuned, and discovery-driven exploration of chronic emptiness in BPD. It supports the development of a novel theory that is clinically relevant, conceptually robust, and sensitive to the emotional, relational, and developmental complexity of human experience. Unlike Straussian and

Constructivist variants, Glaserian GT avoids rigid coding structures and interpretive overlays, allowing theory to arise directly from participants' narratives through disciplined application of CGT procedures. This approach aligns with the study's epistemological stance and fosters the kind of intellectual autonomy and conceptual innovation expected of doctoral-level inquiry.

3.6 Recruitment and Ethical Considerations

This study received ethical approval from the Research Ethics Board of Saint Paul University in Ottawa, Canada, in April 2025 (see Appendix F: REB Approval). Participants for this study were recruited over four months using multiple outreach strategies, including advertisements in community settings, online BPD support forums, private clinical practices, email outreach, and bulletin board notices (see Appendix E). Recruitment efforts were primarily concentrated in the Ottawa region, where the researcher contacted clinicians in private practice and community organizations to share brief study information and invite eligible individuals. To expand outreach and remain responsive to emerging theoretical needs, a snowball sampling method was employed (Creswell, 2018), allowing current participants to refer others from their personal and social networks who met the inclusion criteria.

Interested individuals contacted the researcher directly via email, as indicated in the recruitment materials. Upon initial contact, potential participants were sent a brief eligibility screening via email that included a self-report on the diagnosis of BPD key criteria for inclusion Subjective Experience of Emptiness (SES) questionnaire developed by Price et al. (2020), which measured emotional emptiness on a 3-point Likert scale (0 = Not at all true, 3 = Very true), with a total score range of 0–15 and a cut off of 10 to confirm participants' relevance to the study objectives. This email also included an embedded consent statement, informing participants that

by completing and submitting the form, they were providing initial consent for the collection of screening and demographic data.

Eligible participants were then provided with a detailed consent form (See Appendix A) outlining the study's purpose, procedures, potential risks and benefits, confidentiality measures, and their rights as participants. This form was developed by the researcher and approved by the university's Research Ethics Board. Participants were encouraged to review the form carefully and ask questions before providing written informed consent. A signed copy was returned to the researcher, and a duplicate was provided to each participant for their records. Following screening, participants were scheduled for a PHIPA-compliant Zoom interview, during which they provided both verbal and written consent. Prior to the first interview, participants completed a brief demographic questionnaire (see Appendix B).

All interviews were conducted online at times convenient for each participant. Participants were given the choice between video or audio-only participation to enhance accessibility and comfort, considering the sensitive study context. While this flexibility aided recruitment and open disclosure, the limited non-verbal data prevented the analysis of body language and relational cues.

In accordance with ethical best practices and CGT's emphasis on participant autonomy, individuals were given the option to keep their cameras off and to consent to audio recording only. All six participants completed the full three-interview series. Throughout the interviews, participants were encouraged to describe their experiences of chronic emptiness in their own terms and at their own pace. They were reminded of their right to pause, take breaks, or withdraw from the study at any time without consequence.

To protect confidentiality, participants were assigned numeric codes, which were used across all data sources, including questionnaires, transcripts, and memos. Audio recordings were

transcribed verbatim and anonymized for analysis. The final report excluded any identifying information, referring to participants by pseudonyms. All study materials including consent forms, questionnaires, recordings, and transcripts were securely stored in a locked file cabinet in the researcher's office. Given the sensitive nature of BPD and the emotional depth of the interviews, participants were provided with a list of local and online mental health resources for additional support.

3.7 Participants

Ten individuals responded to the research advertisement. Four were excluded for not meeting the study's eligibility criteria: one had a comorbid diagnosis of schizophrenia, one was under 18 years of age, one was hospitalized due to active suicidal behaviour and psychosis, and one scored below the cut-off of 10 on the Subjective Experience of Emptiness (SES) questionnaire (Price et al., 2020). The final sample comprised six participants, all of whom identified as women, ranging in age from 28 to 59, with diverse social and cultural backgrounds (See Appendix B, the demographic questionnaire).

Inclusion criteria required participants to: (1) have an official diagnosis of Borderline Personality Disorder (BPD) or confirmation from a licensed psychologist or psychiatrist; (2) score moderately high on the SES; (3) be over 20 years of age; and (4) be willing to share their experiences in a confidential, research-based setting. Exclusion criteria included elevated symptoms of schizophrenia, active psychosis, bipolar disorder, and current substance use disorder, as determined through a self-report screening questionnaire.

A sample size of six participants was aimed for; this decision remained consistent with Classic Grounded Theory's emphasis on conceptual depth over numerical thresholds. The focus

was not on reaching a fixed number, but on ensuring that the data provided sufficient variation and richness to support theoretical development and saturation (Glaser & Strauss, 1967). The literature emphasizes that saturation is not a numerical threshold but a function of methodological depth, participant diversity, and analytic scope (Charmaz, 2006). Factors such as the richness of interviews, the conceptual density of emerging categories, and the iterative nature of data collection all influence when saturation is achieved (Baker et al., 2012; Guest et al, 2006; Mason, 2010). Charmaz (2006) further notes that sample size should be determined by the study's aims and analytic goals, rather than rigid expectations.

In this study, the six participants provided sufficient depth and variation to support the emergence of core categories related to chronic emptiness. Their narratives offered rich material for constant comparison and memoing, enabling the development of a grounded, abstract theory that reflects both individual nuance and shared psychological processes.

3.8 Data Collection Procedures

Each participant in this study completed three in-depth interviews over time, yielding a total of 18 comprehensive transcripts for analysis. This multi-phase interview framework, guided by Seidman's (2013) three-interview series, allowed narratives to unfold gradually building on prior conversations and capturing evolving perspectives rather than isolated snapshots. This structure supported Classic Grounded Theory's emphasis on conceptual emergence, enabling the researcher to revisit and refine developing categories across interviews.

Recruiting individuals with BPD presents unique challenges, including issues of vulnerability, trust, and relational consistency factors that shaped both the sample size and the pace of recruitment (Woo et al., 2021). Given the intensive nature of the interview process, the depth of

insight generated, and the iterative design, the sample of six participants each interviewed three times was deemed sufficient to meet the study's objectives and support theoretical saturation. To gather rich, experience-based data, semi-structured interviews served as the primary data collection method. While Seidman's model originates from phenomenological traditions, its flexible structure aligns with CGT's inductive logic by allowing for constant comparison and progressive abstraction. Recognizing that individuals with BPD often feel misunderstood and alienated, the in-depth format helped foster rapport and emotional safety, encouraging participants to articulate their experiences of chronic emptiness in their own terms (Woo et al., 2021).

Prior to the interviews, participants completed a brief demographic questionnaire (see Appendix B). All interviews were audio-recorded and transcribed verbatim for analysis (Creswell, 2013). The semi-structured protocol included three sets of eight open-ended questions, conducted in scheduled sessions lasting approximately 90 minutes (Seidman, 2013). Interviews were recorded on a secure physical device, and audio files were stored in a locked filing cabinet. Transcription was completed within 24 hours using a transcriber via Zoom. The interview questions focused on participants' lived experiences of chronic emptiness and its developmental trajectory, providing fertile ground for memoing, coding, and theoretical integration.

3.8.1 Length and Spacing of Interviews

Seidman (2006) recommends conducting each of the three interviews for 90 minutes, with 7 days between them, noting that this structure helps organize the conversation with a clear beginning, middle, and end (p. 20). In this study, all participants provided informed consent to engage in three interviews. One participant completed the series across three separate days, consistent with Seidman's recommendation. The remaining five participants also consented to three interviews but completed them over two sessions within three days. Specifically, the first

interview occurred on one day, while the second and third were conducted consecutively on a subsequent day. This arrangement was explicitly requested by participants, citing limited availability, difficulty committing to later dates, and a preference for completing the process efficiently.

This variation in scheduling reflects the broader challenges of recruiting individuals diagnosed with BPD, a population often marked by increased vulnerability and sensitivity to perceived researcher intentions (Sharp et al., 2020). Despite initial agreement to the proposed schedule, some degree of inconsistency in participation is expected and ethically acceptable. The researcher remained attentive and flexible, accommodating participants' preferences while maintaining methodological rigour and ensuring systematic data collection.

Throughout the interviews, participants were reminded of their autonomy and their right to withdraw at any time. The interviews lasted between 75 minutes and 30 minutes. All six participants proactively agreed to answer every question, regardless of the varying lengths and levels of detail required. Their openness and engagement significantly enriched the data and strengthened the integrity of the analytic process.

3.9 Data Analysis

All interviews were conducted via Zoom and audio-recorded with participants' consent. Recordings were transcribed verbatim, and each transcript was reviewed in full alongside its corresponding audio file to ensure accuracy and deepen familiarity with the data. This immersive engagement marked the beginning of a rigorous analytic process grounded in the principles of Classic Grounded Theory (Glaser & Strauss, 1967).

To support data organization and visualization, we used MAXQDA software to label words, phrases, and conceptual indicators with descriptive tags. However, the analytic logic

remained firmly rooted in CGT's inductive, non-linear approach to theory generation. The process began with open coding, involving a line-by-line examination of each transcript to identify conceptual indicators, discrete actions, processes, and meanings expressed by participants. These indicators were not interpreted through pre-existing frameworks but treated as raw material for emergent theorizing.

To engage meaningfully with the data, I listened to each audio recording at least three times and reread all 18 transcripts on three separate occasions. This iterative immersion supported constant comparison across participants and within individual narratives, allowing the refinement of emerging codes and the identification of recurring patterns (McLeod, 2003). As analysis progressed, conceptual categories began to take shape through repeated comparison of incidents and indicators. Once a core category was identified, one that captured the central pattern of meaning in the data coding, it became more selective, focusing on incidents most relevant to that core category.

Throughout this process, I engaged in memoing, writing conceptual notes that captured analytic insights and theoretical propositions. I described these at the end of each category as theoretical propositions that outlined the evolving relationships between categories. Memoing served as a bridge between raw data and theoretical abstraction, enabling the development of a theoretical proposition and supporting the emergence of a grounded theory. This theory was not imposed on the data but discovered inductively through disciplined engagement and analytic saturation.

The final stage was theoretical integration, in which categories were synthesized into a cohesive explanatory framework. This framework captured the processual nature of chronic

emptiness in BPD, offering a conceptually robust and clinically resonant account grounded in participants' lived experiences and shaped by the iterative logic of Glaserian analysis.

3.10 Reflexivity

As a clinician with extensive experience working with individuals diagnosed with BPD and trauma-related presentations, I entered this research with deep familiarity and emotional attunement to the phenomenon of chronic emptiness. Over the years, I have encountered this experience repeatedly in therapeutic contexts, often described by clients as a pervasive, painful void linked to early relational trauma. One of my key biases was a tendency to associate chronic emptiness with parental emotional neglect. While this assumption is grounded in clinical observation, it risked shaping my analytic lens and prematurely attributing participants' narratives to developmental origins.

I also hold what might be described as a positive bias toward individuals with BPD. Having witnessed their resilience, insight, and capacity for growth, I am inclined to view their experiences with empathy and nuance. While this stance counters the stigma often present in clinical and academic discourse, it may also predispose me to overlook moments of ambivalence, contradiction, or interpersonal complexity in the data. My commitment to humanizing participants could unintentionally soften or reframe difficult content in ways that align with my therapeutic values. At the same time, I recognize that stigma is pervasive and can operate subtly, even among well-intentioned researchers. Despite my clinical advocacy, I may still carry implicit assumptions shaped by dominant narratives about BPD, such as expectations of emotional dysregulation or relational instability. These assumptions could influence how I interpret participants' expressions of emptiness, particularly when they diverge from familiar clinical patterns.

To manage these biases, I engaged in ongoing reflexive memoing, documenting moments when my clinical knowledge, emotional responses, or assumptions surfaced during analysis in a reflective journal. I also discussed these reflections in supervision, using dialogue to challenge and clarify my interpretations. MAXQDA supported data organization and visualization; however, all coding decisions were made manually in accordance with the inductive logic of CGT. Importantly, I adhered to the principles of Classic Grounded Theory, which emphasize managing bias through methodological rigour, particularly constant comparison and analytic neutrality. Unlike Constructivist Grounded Theory, which foregrounds the co-construction of meaning and explicit reflexivity, Classic GT assumes that bias can be bracketed through disciplined engagement with the data (Glaser & Strauss, 1967; Charmaz, 2006).

I do not claim that my findings are free of bias; rather, I acknowledge that my positionality shaped how I engaged with the data. The goal was not to eliminate bias but to examine it transparently and manage it through the analytic process. In doing so, I aimed to ensure that the emerging theory remained grounded in participants' voices rather than shaped by my clinical expectations. This reflexive stance, coupled with CGT's procedural safeguards, supported the development of a theory that is both empirically grounded and ethically attuned.

3.11 Validity and Reliability

Classic Grounded Theory (CGT) offers a rigorous and dynamic methodological framework that emphasizes the interdependence of data collection and analysis. Researchers engage in iterative cycles of coding, constant comparison, and memoing, which enhance the credibility, transparency, and conceptual validity of the emerging theory. As Glaser and Strauss (1967) emphasized, the principle of emergent theory allows conceptual frameworks to arise organically from the data rather than being shaped by preconceived categories. This encourages researchers to

enter the field with minimal bias and to delay an extensive literature review, fostering genuine discovery and analytic neutrality.

To ensure the integrity of this study, a multifaceted strategy rooted in Glaserian Grounded Theory was employed. Key procedures, including constant comparison and memoing, were used to support theory development and ensure that the analytic process remained inductive and data-driven. These techniques also served as safeguards against premature closure, allowing categories to evolve through ongoing comparison and refinement. Importantly, these procedures were not treated as linear steps but as overlapping and recursive practices that supported conceptual depth and analytic rigour.

Participants engaged in a series of three interviews designed to build rapport, enrich data, and support analytic consistency (Seidman, 2006). Each interview drew on insights from earlier conversations, sharpened the conceptual focus, and guided further data collection. While Classic Grounded Theory does not require member checking or participant validation, a fourth follow-up interview was conducted with a subset of participants to assess whether the emerging categories resonated with their lived experiences. Three of six participants responded and confirmed the accuracy of the researcher's reflections of the data during a phone debrief. This step, while not essential to Glaserian rigour, added a layer of trustworthiness and ethical transparency, particularly given the sensitivity of the topic (Creswell, 2018).

To further improve reliability, the constant comparative method was used throughout the study. Each data segment was compared with previous segments to refine categories and identify emerging patterns. This iterative process continued until the fifteenth interview, when theoretical saturation was reached and no new properties or dimensions appeared. The core categories were sufficiently developed to support theoretical integration. The final three interviews confirmed

saturation and added nuance to existing categories. This approach reflects CGT's focus on conceptual completeness rather than numerical thresholds.

Memos played a central role in documenting analytic insights and tracing the evolution of conceptual development. These memos created a clear audit trail and supported theoretical sensitivity, helping the researcher remain attuned to latent patterns and conceptual linkages. Coding was conducted in two stages: substantive open coding, which identified conceptual indicators, followed by theoretical coding, which articulated relationships between categories and assembled a coherent framework. Importantly, data collection began without predefined hypotheses, a hallmark of Classic Grounded Theory that ensures theory emerges directly from participants' experiences rather than being imposed by prior assumptions. This commitment to analytic emergence, methodological discipline, and participant-centred inquiry supported the validity and reliability of the study's findings, enabling the development of a grounded theory that is both conceptually robust and clinically resonant.

4. Data Analysis and Results

4.1 Introduction to the Results

This chapter presents the emerging grounded theory of chronic emptiness, based on participants' narratives. I began the analysis with open coding, examining each participant's storyline line by line to remain closely connected to the data and capture its complexity. Codes were developed inductively, emerging naturally from the material rather than from pre-existing frameworks. Through constant comparison, these initial codes were refined into focused codes and then into categories, with attention to their properties, dimensions, and relationships across cases.

Memo writing played a central role in documenting the evolution of theoretical ideas and tracking the emergence of concepts. Memos allowed me to explore latent patterns, test emerging

relationships among categories, and articulate early theoretical insights. For example, within the category Embodied Experience of Chronic Emptiness, memos helped trace how somatic language and dissociative metaphors signalled deeper disruptions in emotional integration and self-perception.

As categories solidified, I began developing conceptual hypotheses and assertions about how participants experience and try to resolve their core concern. These hypotheses emerged from memoed comparisons and were refined through ongoing analysis. By the fifteenth interview, theoretical saturation had been reached: no new conceptual properties appeared, and the core categories had solidified. The final three interviews added nuance and confirmed the robustness of the emerging theory.

Through iterative coding, constant comparison, and memoing, this study uncovered a patterned process through which participants experience and attempt to resolve chronic emptiness. The emerging grounded theory is structured around five interconnected core categories, each representing a facet of participants' efforts to navigate their main concern. These core categories are:

1. Embodied experience of Chronic Emptiness
2. Relational Instability
3. Coping Strategies
4. Meaning Making
5. Developmental Trajectory

Each category is elaborated in the following sections, with memos and conceptual hypotheses tracing the development of insights. These insights culminate in a core theme that

represents the highest level of abstraction within each cluster. Following each cluster, a theoretical integration synthesizes key themes and situates them within the emerging grounded model. The final theoretical insight is as follows: Chronic emptiness is a complex, patterned experience characterized by embodied and relational breakdown, shaped by developmental fragmentation, emotional disintegration, and disrupted meaning-making. This emergent theory reflects the depth and nuance of participants' lived experiences and offers a conceptual framework for understanding chronic emptiness within the context of BPD. It prioritizes process over pathology and centres on participants' own strategies for addressing their core concern. A more detailed synthesis and theoretical integration are provided in Chapter Five, Discussion.

4.2 Emergent Category 1: Embodied Experience of Chronic Emptiness

This foundational category captures the lived experience of chronic emptiness as described by all participants, not merely as an emotional or cognitive state, but as a deeply embodied and identity-disruptive phenomenon. Chronic emptiness permeates self-perception, relational capacity, and meaning-making, forming the experiential bedrock for subsequent categories.

4.2.1 Overview of Clusters and Subclusters

Through constant comparison, three conceptual clusters as well as nine subclusters emerged:

- **Cluster A: Somatized Emptiness**
 - Subcluster A1: Somatized Absence
 - Subcluster A2: Somatized Pain
- **Cluster B: Self-Alienation**
 - Subcluster B1: Dissociative Detachment

- Subcluster B2: Self as Non-Existent
- Subcluster B3: Unworthy
- Subcluster B4: Defective
- Subcluster B5: Performative Self
- **Cluster C: Affective Collapse**
 - Subcluster C1: Persistence
 - Subcluster C2: Depletion

Table 3

Emergent Category 1: Clusters, Subclusters and Core Theme

Emergent Category 1	Emergent Clusters/Concepts	Emergent Subclusters	First Core Theme
1. Embodied experience Of Chronic Emptiness: Phenomenology of Chronic Emptiness	A. Somatized Emptiness	A1. Absence A2. Painful	Unanchored Self: Chronic Emptiness as an Embodied Collapse of Affect, Identity, and Relational Anchoring:
	B. Self-alienation	B1. Dissociative Detachment B2. Self as Non-Existent B3. Unworthy B4. Defective B5. Performative	
	C. Affective Collapse	C1. Persistent C2. Depletion	

Cluster A1: Somatized Emptiness

Somatized emptiness emerged as a primary mode through which participants described the felt sense of chronic emptiness. This experience was localized in the chest, stomach, eyes, and feet often described as aching, pressure, or absence. Two subclusters were identified:

Subcluster A1. Somatized Absence

This subcluster captures how participants experience chronic emptiness not as a metaphorical or abstract state, but as an embodied absence, a felt void. Emptiness is not just known; it is inhabited through the body. Participants P1, 2, 3, and 5 described emptiness as a physical absence, one that was tangibly located in the body.

P1 recalled the moment of diagnostic recognition as she noted:

“I remember when I first was diagnosed with BPD, I read about chronic emptiness, something clicked into place like, almost just an open vastness of nothing inside...It does feel in a strange way, like there's just a hole inside me, a void inside me, like a vastness... a big, empty kind of space inside my body

P1 highlights the absence as she adds,

“So it's like a bottomless hole inside me. I don't know what I could do to try to fill it up.”

The experience of emptiness conveyed by P1 was echoed with a different tone by P3, who questioned whether the sensation was genuine emptiness or something more.

“I used to think it was like something in the pit of my stomach or in my chest... whether it's actually emptiness? Or is it actually just filled with pain... maybe the emptiness is just really heavy inside.”

P2 described:

“It’s like you can’t feel your limbs, for example, I remember I was at a coffeeshop talking to someone, then I realized that I couldn't feel my backpack like I couldn't feel the weight of my backpack on my shoulder, I could not feel my feet, this is the easiest I can explain emptiness, something I did not feel in my feet”.

P5 located the sense of emptiness in her eye as she noted,

“I guess for me, I know emptiness is here when I feel it in my eyes, it is like I am staring at someone or something, but you know how you are spaced out. I know that I lose focus, and this is how I know that emptiness is here in my eyes, you know, it sounds strange”.

Memo: Participants described chronic emptiness as a physically localized internal void. This somatic experience was described as a hole, a vastness, or a dissociative state located in the eyes, stomach, limbs, or chest. The body became the site of emotional absence; emptiness was not only understood cognitively but also experienced through the body, an embodied phenomenon that disrupts sensory awareness.

Conceptual Hypothesis: Somatized absence may signify a disruption in interoceptive and emotional integration, where persistent emptiness is experienced as a physical void. The absence in the body replaces thoughts and obscures awareness of them. This pattern suggests that when emotions cannot be processed, they may manifest physically as dissociation, numbness, or a sense of spatial emptiness, highlighting a breakdown in emotional coherence. Somatized emptiness may

therefore reflect a protective mechanism embodied signal of emotional overwhelm or fragmentation, where the body absorbs what the psyche is unable to metabolize yet.

Subcluster A2. Somatized Pain

This subcluster illustrates how chronic emptiness is experienced not only as absence but also as a physically painful presence, a somatic intensity that indicates distress, overwhelm, or emotional injury. Participants describe sensations such as aching, pressure, stabbing, or heaviness, often felt in the chest, stomach, or limbs. These are embodied pains that speak when words fade. For most participants, P1, 3, 4, and 6, the absence was inseparable from pain. Emptiness was not neutral; it caused pain.

P1 described an aching in her chest as she noted,

“It does feel in a strange way, like there's just a hole inside me, which sometimes can feel a bit like an aching in my chest.”

P3 offered a striking metaphor:

“I feel like I am carrying a giant boulder. But it's not a solid boulder. It's pebbles, fractured bits all glued together. I wonder if it isn't pain... there's a line from a U2 song: ‘I can't keep holding on to you when all you've got is pain.’”

P4 echoed the experience of pain by describing:

“Something is tearing away from you, and you are left with the debris and the wind... It feels like the pit of my stomach is filled with pain.”

P6 expressed,

“ For me, emptiness is just literally shot through my chest. That feeling in my chest is the equivalent of someone stabbing me or shooting me in the chest.”

Memo: Beyond absence, participants described chronic emptiness as a painful somatic presence, an embodied intensity that conveyed an emotional injury. Emptiness was felt as aching, pressure, stabbing, or heaviness, often in the chest or stomach. These sensations were deeply felt physical experiences that emerged when words failed. This subcluster reveals how chronic emptiness can blur the boundary between emotional suffering and physical distress.

Conceptual Hypothesis: Somatized pain may function as an embodied expression of psychic overwhelm, where chronic emptiness is experienced as physical suffering. This pattern suggests that when emotional pain is unprocessed or uncontrollable, it may be transmuted into somatic intensity, signalling the depth of internal fragmentation. The physical sensations are not symbolized or metabolized; instead, they remain trapped in the body, reflecting a breakdown in emotional integration. Somatized pain thus marks the threshold where affect exceeds containment, and the body becomes the vessel for unspeakable distress.

Cluster B: Self-Alienation

The second cluster category, Self-Alienation, emerged as a distinct yet interwoven dimension of the overarching theme of chronic emptiness. While Somatization captured the bodily localization of emptiness, Self-Alienation reflected a psychic estrangement, a distance from one's own subjectivity, emotional and existential coherence. Participants described chronic emptiness not only as something felt in the body but also as something that affected the self. Five sub-clusters were identified: B1. Dissociative Detachment, B2. Self as Non-Existent, B3. Self as Unworthy, B4. Defective, and B5. Performative.

Subcluster B1: Dissociative Detachment

This subcluster captures how chronic emptiness manifests as a rupture in self-continuity, marked by emotional numbing, perceptual unreality, and existential suspension. Participants 1, 2, 3, 4, and 6 described not only feeling disconnected but also dislocated, as if their subjectivity had been severed from their body, emotions, and relational world. This subcluster captured all participants' descriptions except for P5.

P1, expressed,

“I experience a sense of dissociation from who I am, in that I do not know myself or feel myself so it feels empty in a way... it's like a deep lack of connection with myself, lack of any substance and they all create a sense of hollowness inside.”

P2 noted “Nothing is really real... You do not feel much when you are empty.”

P3 described a state of emotional and cognitive disengagement:

“It's kind of like you stop existing... I stare off into space for hours not feeling anything... just like an empty can of soda, not feeling anything, just empty.”

P4 echoed this sense of dissociation, describing a surreal detachment from their surroundings:

“It's as if my surroundings are not a part of my world... I feel like I've been transported to another world. A feeling that you are distanced from yourself and the world, you know you are there but you can't feel it. A lot of time you don't recognize yourself, it comes with dissociation, you don't feel like you are in your body any more and you don't know who you are.”

P6 expressed a distinction between dissociation and chronic emptiness

“I feel a disconnect from who I am almost like dissociated but disassociation, like I said, is from an outside experience. The emptiness is more like an aftereffect. The interpretation of the experience.”

Memo: This subcluster captures how chronic emptiness manifests as a rupture in self-continuity, marked by emotional numbing, perceptual unreality, and existential interruption. Participants described not merely feeling disconnected but dislocated from their own subjectivity, as if their emotional and relational coherence had been severed. Emptiness was experienced as a hollowing of the self, a surreal detachment from both body and world. P1 and P4 described a lack of felt presence and self-recognition, while P3 and P2 emphasized the unreality and blankness of their internal states. P6 offered a nuanced distinction between dissociation and emptiness, framing the latter as an interpretive aftermath, a lingering psychic residue.

Conceptual Hypothesis: These accounts propose that chronic emptiness may function as a dissociative state, in which the self becomes separated from its emotional and existential anchors. Chronic emptiness might indicate a dissociative break in self-continuity, where emotional numbing and perceptual unreality disconnect the felt sense of identity. This psychic alienation may develop as a protective response to overwhelming affect or relational trauma, leaving individuals in a state of hollowed subjectivity and existential detachment.

Subcluster B2: Self as Non-Existent

This subcluster captures a radical form of self-alienation in which participants describe themselves not merely as disconnected or numb, but as absent, hollow, or non-existent. Chronic emptiness here is not a feeling; it is a collapse of being. All participants articulate a loss of

subjectivity, a fading of self-recognition, and a haunting sense that they are no longer real. P1 described a hole in personality as fundamental to her experience of chronic emptiness; she noted,

“It’s like a hole where part of my personality should have developed, and it just did not, which is an absence of something fundamental in me, an absence of strong identity, a feeling like I don’t know myself very well. I think of myself as a hollow shell of a person.

P2 mentioned,

“It’s like you are not even there. Nothing is relatable when you are not there; you do not exist”.

P3 Noted,

“It’s like you are nothing, there is nothing there. If people were to find out about you, it’s just you would be a superficial fluff. It’s like walking like a ghost through the world.”

P4 described a liminal state:

“I do feel in between feeling sad and feeling as if I do not even exist. A feeling that you are distant from yourself.”

P5 offered a stark definition:

“So chronic emptiness is, in my definition, no sense of self to identify with. Nothing is there to relate to.”

Both Participant 1 and Participant 6 described a haunting sense of dehumanization:

“Feeling as if you are kind of half-dead. You do not feel human.” P1 added, “It is like I am not even part of the human race.”

Memo: This subcluster captures a radical collapse in self-experience, in which chronic emptiness is not merely a lack of feeling but a loss of being. Participants described themselves as hollow, ghost-like, or fundamentally unreal. The language used, “hollow shell,” “not even part of the human race,” “walking like a ghost,” points to a profound ontological rupture. Emptiness was experienced as a void in personality development, a fading of self-recognition, and a haunting sense of dehumanization. Unlike dissociative detachment, which implies a temporary severance, this subcluster reflects a more enduring erasure of subjectivity. The self is not just disconnected; it is absent. This form of emptiness appears to reflect a psychic wound that undermines the continuity of identity and the capacity for relational presence.

Conceptual Hypothesis: Chronic emptiness may reflect an ontological void, in which the self is experienced as absent, unreal, or fundamentally lacking substance. This pattern suggests that when identity formation is disrupted, whether through early relational trauma, invalidation, or chronic neglect, the self may fail to cohere, leaving individuals with a felt sense of non-existence. Emptiness in this context is not a transient affective state but a structural absence, a collapse in the architecture of being. Non-existence might serve as a psychological defence mechanism against overwhelming emotions or unfulfilled developmental needs, leading to a haunting disconnection from one’s own identity and humanity. This subcluster points to the existential depth of chronic emptiness as a condition of being unformed, unseen, and unrecognized.

Subcluster B3: Self as Defective

This subcluster captures how chronic emptiness is experienced as a reflection of core defectiveness. Participants P1, 2 and 3 described chronic emptiness as amplifying a deep-seated sense of being fundamentally flawed. This was not merely a cognitive belief; it was an embodied, engulfing experience of shame and internal deficiency.

P1 articulated this vividly:

“It’s like there is something fundamentally wrong with me. I am missing something. The emptiness really opens up that sense... a sense of shame that is pervasive. It’s almost swallowing me and it just gets bigger.”

This internalized defectiveness often led to emotional suppression and survival-based responses.

P1 added:

“Feeling that there is something wrong or I did something wrong... a lot of the time, I would hide my emotions. I would just be in the freeze or fawn¹.”

P2 externalized a sense of wrongness, attributing it to a neurobiological flaw:

“There is something wrong with me or my amygdala, like something physically wrong. I mean, it’s like I don’t even matter anyway.”

P3 linked emptiness to a collapse of significance:

“When I feel empty, it’s like I don’t matter... like who cares when there is nothing there.”

Memo: This subcluster captures how chronic emptiness amplifies a pervasive sense of internal defectiveness, a felt belief that one is fundamentally flawed, broken, or insufficient.

Participants described this not as a passing thought but as an engulfing, embodied experience of shame. Emptiness became a magnifier of self-condemnation, creating a psychic space where feelings of wrongness, insignificance, and emotional suppression took root. P1's description of being "swallowed" by shame and P2's attribution of defectiveness to a neurobiological flaw reflect how deeply this sense of deficiency was internalized. P3's reflection on not mattering underscores how emptiness erodes the felt significance of the self. This subcluster reveals how chronic emptiness can serve as a channel for shame-based identity, in which emotional needs are silenced and survival strategies, such as freezing or fawning, emerge to mask perceived unworthiness.

Conceptual Hypothesis: Chronic emptiness may serve as an emotional echo of internalized feelings of defectiveness, in which shame becomes embodied, and self-negation is accepted. When early relational experiences fail to validate emotions, individuals may come to see their emotional responses as wrong. In this view, emptiness is not merely an absence; it is a judgment. The body absorbs what the mind cannot reconcile, and feelings of defectiveness become an identity. This pattern suggests that persistent emptiness could indicate a breakdown in self-worth, with emotional suppression and survival responses (like freeze or fawn) developing as ways to cope with perceived moral failure. Emptiness then functions both as a symptom and a signal, a physical and psychological expression of unresolved shame and broken self-esteem.

Subcluster B4. Self as Unworthy

This subcluster captures how chronic emptiness is infused with moral self-judgment. Participants 1, 3 and 5 described a sense of unworthiness as part of the experience of chronic emptiness. This theme captures how chronic emptiness destabilizes participants' sense of intrinsic

significance, leaving them feeling unworthy and invisible. P1. Linked a sense of chronic emptiness to a lack of substance and not being worthwhile, as she mentioned,

“Something others have and I do not have...it’s like lack of fundamental substance, it’s like I don’t have anything worthwhile to talk about, I won’t have anything interesting to say, I am not a person of substance...”.

P3 noted,

“When I feel empty, it’s like I don’t matter... like who cares when there is nothing there.”

P5 expressed,

“It is like there is nothing in me worth talking about.”

Memo: This subcluster reveals how chronic emptiness is saturated with moral self-judgement, an internalized belief in one’s lack of worth, substance, or significance. Participants described emptiness not only as a void but as a judgement: a confirmation of being unworthy, uninteresting, or invisible. P1’s reflection on lacking “fundamental substance” and P5’s statement that there is “nothing in me worth talking about” point to a deep erosion of self-esteem and relational presence. P3’s comment that “I don’t matter” underscores how emptiness destabilizes the felt sense of intrinsic value. This subcluster suggests that chronic emptiness may operate as a relational echo, where past experiences of neglect, invalidation, or conditional regard become internalized as moral deficiency. The self is not only absent; it is deemed undeserving of attention, care, or voice.

Conceptual Hypothesis: Chronic emptiness may reflect an internalized moral injury, in which the self is perceived as fundamentally unworthy of connection or significance. When early

relational environments fail to affirm intrinsic value, individuals may come to equate emotional presence with inadequacy. In this framework, emptiness becomes a moralized state, a felt sense of being undeserving, uninteresting, or invisible. This pattern suggests that chronic emptiness may function as a psychic residue of relational devaluation, in which the absence of affirmation is metabolized into a sense of unworthiness, silencing self-expression and prompting withdrawal from relationships, thereby perpetuating feelings of invisibility and emotional isolation.

Subcluster B5. Self as Performative

This subcluster captures how participants manage chronic emptiness through externalized self-performance. In response to emptiness, participants 1, 2 and 5 describe portraying a version of themselves to appear acceptable.

Participant 1 noted,

“I really spent most of my childhood trying to be something else. I try not to get into trouble, meet my parents' expectations and be acceptable.”

P2 noted, “ I always tried to be who people wanted me to be; I think I cared too much.”

P5 described a compensatory strategy: performing a self that felt more acceptable, visible, or coherent. P5 reflected on this dynamic.

“With the emptiness... it kind of makes me have to portray, or makes me feel as though I have to portray to be someone.”

Memo: This subcluster illustrates how chronic emptiness is managed through the construction of a performative self, an externalized identity shaped to meet perceived expectations. Participants described adopting roles or personas to appear acceptable, coherent, or emotionally intact. These performances were not expressions of agency but strategies of survival, often rooted in early relational dynamics in which authenticity felt unsafe or insufficient. P1's account of shaping herself to avoid trouble and meet parental expectations, and P2's reflection on caring "too much" about others' perceptions, reveal how chronic emptiness can drive compulsive self-monitoring. P5's description of needing to "portray to be someone" underscores the internal pressure to fabricate a self in the absence of a stable internal core. This subcluster shows how chronic emptiness may be masked by relational adaptation, in which the self becomes a performance rather than a felt presence.

Conceptual Hypothesis: Chronic emptiness may give rise to a performative self-structure in which identity is externally constructed to compensate for an internal void. When early environments demand compliance or suppress authentic expression, individuals may learn to survive by becoming what others need them to be. In this context, the self is not lived but assembled from fragments of perceived acceptability. This pattern suggests that chronic emptiness may reflect a disconnection between internal experience and external presentation, with the performance of self serving as a defence against psychic fragmentation. The performative self thus functions as both a mask and a scaffold, concealing the void while temporarily holding the self together.

Cluster C: Affective Collapse

The third cluster category, Affective Collapse, emerged as a culmination of the disconnect described by participants, a collapse not only of emotional responsiveness but also of emotional capacity. While Somatization and Self-Alienation captured the embodied and existential dimensions of chronic emptiness, Affective Collapse reflected a depletion of affective vitality. Participants described chronic emptiness as a state of emotional erosion. Two sub-clusters were identified: Persistence and Depletion.

Subcluster C1: Persistence

This subcluster captures the durational quality of chronic emptiness, its ongoing, cyclical, and often inescapable presence. Participants 1, 1,3, 4, and 6 described it as a constant undercurrent, sometimes muted, sometimes overwhelming, but always present. P1 reflected this persistence, noting how it varies with mood states, as she said,

“When I feel really good, I don’t really notice it... but when I am having a depressive mood, it is there.”

P3, emphasized its pervasive persistence as she noted,

“There's nothing you can do to make that feeling go away. I mean in your mind at that time. You're like just again, like wandering. It's pervasive. It just doesn't go away. It goes away, you know, briefly, and it comes back again”.

P4 mentioned, “It is hard to think that it will go away, it is like it is always there”.

P6 articulated the persistence with stark clarity, “I don’t think you can ever get rid of emptiness.”

Memo: This subcluster captures the durational quality of chronic emptiness, its cyclical, enduring, and often inescapable nature. Participants described emptiness as a persistent emotional undercurrent that fluctuates in intensity but rarely disappears. P1 noted its modulation with mood states, while P3 and P4 emphasized its pervasive return, even after temporary relief. P6's stark assertion that "you can never get rid of emptiness" reflects the existential permanence many participants felt. Emptiness was not episodic; it was structural. This persistence suggests that chronic emptiness may function less as a transient affect and more as a baseline emotional condition, shaping how participants relate to themselves, others, and time. The language of erosion, recurrence, and inevitability points to a collapse in affective vitality, in which the constancy of emptiness gradually wears down emotional presence.

Conceptual Hypothesis: Persistent emptiness may indicate long-term depletion of emotional capacity, with the constant presence of a psychic void dulling emotional responsiveness. When emotional pain remains unrelenting and unprocessed, the psyche may adapt by accepting emptiness as a normal state. In this view, emptiness is not simply a symptom; it is a fundamental condition of being. The cyclical reemergence of emptiness shows that affective collapse isn't linear but occurs repeatedly, with periods of relief alternating with renewed episodes of erosion. This pattern may reflect a failure of emotional integration, in which affect cannot be processed or maintained, leaving individuals in a state of emotional numbness. Persistent emptiness marks the point where emotional energy gives way to mental fatigue.

Subcluster C2: Depletion

This subcluster captures how chronic emptiness erodes participants' emotional vitality over time. Unlike the persistent undercurrent described in Cluster C1 (Persistent), Subcluster C2,

Depletion, reflects a progressive loss, a draining of affective energy, motivation, and capacity to engage. Participants 1, 3, and 1,3,4 described feeling emotionally exhausted, unable to generate or sustain feelings, and increasingly disengaged from both inner and outer life.

Participants 1, 1,3, and 4 described chronic emptiness as exhausting. It was not simply a lack of feeling; it was a collapse of the capacity to feel. P1 reflected on this erosion:

“I noticed that my emotional capacity dropped at some point; it’s like when things impact people emotionally, they no longer impact me.”

P3 described a complete shutdown:

“It’s like you are done being emotional and your body can’t take it anymore, so you shut down. It’s like you are ghost walking around.”

P4 offered a nuanced distinction:

“Experiencing emptiness... it’s not necessarily you’re having an out-of-body experience. You are in your body. It’s just you’re not feeling something. You’re not feeling your feelings.”

This emotional shutdown was not peaceful; it was heavy, confusing, and relentless.

P4 elaborated:

“The heaviness of all the feelings when I experience emptiness is always there... it is exhausting. It is heavy, confusing, devastating, and I can’t break free from it.”

Memo: This subcluster captures the progressive erosion of emotional vitality, in which chronic emptiness leads not only to the absence of feeling but also to a collapse in the capacity to

feel. Participants described a draining of affective energy, motivation, and engagement, resulting in emotional shutdown and psychic fatigue. P1 noted diminished responsiveness to emotional stimuli, while P3 described a complete shutdown, “ghost walking around.” P4 emphasized that this was not dissociation but a heavy, embodied absence of emotional resonance. The experience was not peaceful or neutral; it was confusing, relentless, and devastating. This subcluster suggests that chronic emptiness may function as a slow emotional depletion, in which the system becomes too fatigued to generate or sustain affect, leading to disengagement from both inner and outer life.

Conceptual Hypothesis: Chronic emptiness may erode affective capacity over time, leading to emotional depletion, disengagement, and psychic fatigue. This pattern reflects a cumulative toll, in which the persistent absence of emotional resonance gradually erodes the system’s ability to feel, respond, or connect, deepening isolation and existential exhaustion. Over time, this depletion may become self-perpetuating, as the diminishing capacity to feel further restricts opportunities for emotional replenishment or reconnection.

4.2.2 Theoretical Integration Category 1: Embodied Experience of Chronic Emptiness

The emerging category Phenomenology of Chronic Emptiness seems to centre on a core theoretical idea: the Unanchored Self. This idea reflects a breakdown across three connected areas, affect, identity, and relational anchoring. The somatization cluster (absence, painful sensations) indicates that chronic emptiness is not merely mental but intensely physical. The self-alienation cluster (dissociative detachment, non-existence, unworthiness, defectiveness, performativity) points to a fractured self-image, in which the person struggles to find a coherent or worthy sense of self. Affective collapse (persistence, depletion) shows an ongoing loss of emotional energy and responsiveness. Collectively, these subclusters suggest that chronic emptiness is an embodied state of disintegration, where the self is disconnected from internal emotional coherence and external

relational grounding. This may be a defensive response to unresolved relational trauma, with emotional numbing and identity fragmentation acting as protectors. The Unanchored Self, therefore, provides a key perspective for understanding chronic emptiness, not as a mere symptom but as a fundamental condition of existence.

4.3 Emergent Category 2: Relational Instability

Relational Instability emerged as a central category capturing participants' struggles to form and sustain emotionally meaningful connections. This instability was marked by both internalized fears and external relational ruptures, often experienced as a persistent sense of emptiness and longing. In this context, emptiness is not solely an internal state; it is relationally constituted, echoing unmet needs for attunement, safety, and enduring presence. Relational Instability was further divided into two subclusters, A. Difficulty forming relationships and B. Fear of Rejection and Abandonment.

Table 4

Emergent Category 2: Clusters, Subclusters, and Core Theme

Emergent Category 2	Emergent Clusters/Concepts	Emergent Subclusters	Second Core Theme
Relational Instability	A. Difficulty forming relationships	A1. Absence of meaningful bonds.	Emptiness as a Relational Disintegration Longing for Connection Amid anticipation for loss
		A2. Impaired Attachment Capacity	
		A3. Loneliness Amongst Others	
	B. Fear of rejection/abandonment	B1. Anticipatory Withdrawal	

B2. Internalized
Abandonment Scripts

4.3.1 Overview of Clusters and Subclusters of Category 2: Relational Instability

Cluster A: Difficulty Forming Relationships

Cluster A centres on the persistent struggle to establish and sustain emotionally meaningful relationships. Participants described a pervasive sense of relational disconnection, which manifested across three interrelated subclusters A1. Absence of meaningful bonds. A2. Impaired attachment capacity. A3. Loneliness, amongst others.

Subcluster A1. Absence of Meaningful Bonds

Participants described emptiness as a relational void, not merely a lack of feeling but a lack of felt connection. This subcluster reflects how the absence of emotionally significant relationships shaped participants' sense of self and capacity for intimacy.

P1 Noted

“I struggle with forming any meaningful relationships with people and lasting relationships, and a part of that is connected to how empty I feel inside. You have nothing to offer and are missing the ability to connect.”

P1 added

“I always noticed an absence of meaningful relationships not feeling and not knowing who I am has made it difficult to form deeper relationships.”

P2 described

“For me, emptiness is an absence of any kind of bonding whatsoever. This is the easiest way I can describe it to you,”

Memo: Participants described chronic emptiness as rooted in a life history marked by the absence of emotionally significant relationships. This was not merely a lack of social contact but a profound absence of felt connection, with relational depth, attunement, and mutual recognition missing. P1 linked this void to a diminished sense of self and emotional availability, noting that emptiness made it difficult to offer or receive connection. P2 echoed this, describing emptiness as “an absence of any kind of bonding.” These accounts suggest that chronic emptiness may reflect relational deprivation, in which the inability to form or sustain meaningful bonds reinforces psychic isolation and emotional disconnection.

Conceptual Hypothesis: Chronic emptiness may arise from relational deprivation, in which the absence of emotionally significant bonds undermines self-coherence and affective engagement. This pattern suggests that when connection is absent or inaccessible, the self may become emotionally hollowed, unable to anchor itself in relational meaning or mutual recognition. Over time, this relational void may become self-reinforcing, as the absence of meaningful bonds further limits the development of a stable, emotionally grounded sense of self.

A2. Impaired Attachment Capacity

Participants 3 and 5 expressed a desire for closeness but felt unable to form or sustain it. Emptiness arises not from lack of desire, but from inhibited capacity. Participants 3 and 5 expressed a painful paradox: a longing for closeness paired with an inability to form or sustain emotional bonds. Emptiness arose not from apathy, but from inhibited capacity.

P3 mentioned,

“I am unable to attach to anyone... it is hard for me to be close to anyone and form a relationship.”

P5 echoed this sentiment, linking self-acceptance to relational readiness:

“I am not ready to accept that from anyone, because I have not accepted myself yet.”

Memo: Participants described a painful paradox: a longing for closeness paired with an inability to form or sustain emotional bonds. Emptiness was not rooted in apathy but in a blocked capacity to attach. P3’s statement, “I am unable to attach to anyone,” reflects a deep relational inhibition, while P5’s insight links self-acceptance to relational readiness, suggesting that internal fragmentation obstructs external connection. This subcluster reveals that chronic emptiness may stem from impaired attachment systems, in which early relational wounds compromise the ability to trust, receive, or reciprocate intimacy. The desire for connection remains intact, but the pathway to it feels inaccessible.

Conceptual Hypothesis: Chronic emptiness may arise from an impaired attachment capacity, in which internal barriers to relational engagement thwart the longing for connection. This pattern reflects how unresolved relational trauma and self-alienation can inhibit emotional availability, sustaining emptiness through blocked intimacy and unfulfilled relational needs. Over time, this inhibited attachment capacity may solidify into a self-protective but isolating stance, further entrenching emptiness by preventing the very relational experiences that could restore emotional connection.

A3. Loneliness Amongst Others

Participant 6 described a paradoxical form of isolation, feeling emotionally alone even when physically surrounded by others.

P6 expressed,

“You continue to feel alone around people... you are not able to connect because of how empty you are.”

Memo: Participant 6 described a paradoxical form of isolation, feeling emotionally alone even when physically surrounded by others. This loneliness was not due to the absence of people, but the absence of attuned connection. Emptiness was experienced as a relational void, where proximity failed to translate into intimacy. P6’s reflection, “you continue to feel alone around people... you are not able to connect because of how empty you are,” captures how emptiness obstructs relational engagement, creating a barrier to emotional reciprocity. This subcluster suggests that chronic emptiness may distort the capacity to feel seen, known, or mirrored by others, reinforcing a sense of invisibility even in social contexts.

Conceptual Hypothesis: Chronic emptiness may manifest as relational disconnection in proximity, where unmet attunement sustains emotional isolation despite social presence. This pattern reflects how internal voids can inhibit the capacity to receive or respond to relational cues, leaving individuals feeling unseen and alone even among others. Over time, this paradoxical isolation may become self-reinforcing, as the persistent inability to feel connected in the presence of others deepens the internal void and sustains chronic loneliness.

Cluster B: Fear of Rejection and Abandonment

Cluster B captures the pervasive apprehension of relational rupture, often rooted in early experiences of emotional inconsistency or abandonment. Participants described a heightened sensitivity to perceived rejection, which shaped their relational strategies and internal narratives through two subclusters, B1. Anticipatory Withdrawal and B2. Internalized Abandonment.

Subcluster B1. Anticipatory Withdrawal

Participants 1 and 2 described withdrawing from relationships to avoid the pain of anticipated rejection. Emptiness became both the cost and consequence of this strategy.

P1 noted,

“I’ve just kind of lived my life avoiding things and trying not to upset people, so I am not hurt.”

P2 mentioned

“I have learned to keep things to myself. I tend to withdraw, usually. When I have friends, it’s like not having any friends at all because they will leave anyway.”

Memo: Participants described a protective strategy of withdrawing from relationships to avoid the anticipated pain of rejection or abandonment. This withdrawal was not rooted in disinterest but in fear, an attempt to shield the self from relational harm. P1 and P2 both described a pattern of emotional self-containment, avoiding connection to prevent future hurt. P2’s statement, “it’s like not having any friends at all because they will leave anyway,” captures the paradox: in trying to avoid loss, participants preemptively enact it. Emptiness becomes both the cost and the consequence of this strategy, reinforcing isolation while protecting against vulnerability. This subcluster reveals that chronic emptiness may be sustained by relational avoidance rooted in fear rather than lack of desire.

Conceptual Hypothesis: Chronic emptiness may be sustained by anticipatory withdrawal, where fear of rejection leads to self-protective disconnection. This pattern reflects a relational paradox: in attempting to avoid abandonment, individuals pre-emptively isolate themselves,

reinforcing the very emptiness they fear. Over time, this defensive distancing may harden into a habitual relational stance, deepening emptiness by preventing the very closeness that could counteract fears of rejection.

2. Internalized Abandonment

Participant 6 carried embedded narratives that relationships would inevitably end in abandonment.

P6 noted,

“You tell yourself people will leave you, and that is it. You believe that people will eventually leave you.”

Memo: P6’s statement, “You tell yourself people will leave you... you believe that people will eventually leave you,” reflects a relational schema rooted in inevitability and resignation. These abandonment scripts function as self-fulfilling prophecies, in which the expectation of loss precludes vulnerability and deepens the experience of emptiness. This subcluster suggests that chronic emptiness may be sustained by internalized relational trauma, in which past ruptures become future templates.

Conceptual Hypothesis: Chronic emptiness may be reinforced by internalized abandonment schemas, in which relational loss is anticipated as inevitable and self-protective isolation becomes habitual. This pattern reflects how early relational wounds can crystallize into enduring beliefs that obstruct intimacy, perpetuating emotional disconnection and psychic loneliness. Over time, these internalized abandonment expectations may become deeply ingrained, shaping how individuals interpret even neutral or supportive interactions. As these schemas

solidify, they can perpetuate chronic emptiness by predisposing individuals to anticipate loss and withdraw emotionally before connection can take root.

4.3.2 Theoretical Integration of Category 2: Relational Instability

Core Theme: Emptiness as a Relational Disintegration

The emergent category Relational Instability appears to centre on a core theoretical construct: Emptiness as Relational Disintegration. This construct captures how chronic emptiness is sustained by the erosion of connection, worth, and belonging. The cluster on difficulty forming relationships reveals a foundational absence; participants describe impaired attachment capacity and persistent loneliness, even when surrounded by others. This suggests that emptiness is not simply solitude but a felt disconnection from relational meaning. The cluster on fear of rejection/abandonment deepens this picture: anticipatory withdrawal and internalized abandonment scripts reflect a defensive relational posture, in which the threat of rejection is so deeply internalized that connection becomes intolerable. These dynamics suggest that chronic emptiness may function as a relational adaptation, in which emotional disengagement protects against anticipated loss but simultaneously reinforces isolation. The theoretical core is that emptiness is not merely a symptom of being alone but a structural condition born of relational disintegration, in which the self loses its anchoring in mutual recognition, safety, and worth.

4.4 Emergent Category 3: Coping and Survival Strategies

This category captures the diverse, often conflicted ways in which participants attempt to manage chronic emptiness. Coping is not a singular act; it is a multi-modal survival effort, ranging from relational repair to emotional suppression, sensation-seeking, and psychiatric intervention. These strategies reflect both agency and desperation, hope and collapse. Through constant

comparison, four conceptual clusters emerged: (A) Adaptive Efforts to Reconnect or Repair, (B) Avoidance, Withdrawal, and Emotional Suppression, (C) Self-Medication and Sensation-Seeking, and (D) Psychiatric Intervention and Medicalization.

Table 5*Emergent Category 3: Coping and Survival Strategies*

<i>Emergent Category 3</i>	<i>Emergent Clusters/ Concepts</i>	<i>Emergent Subclusters</i>	<i>Third Core Theme</i>
<i>Coping & Survival Strategies</i>	A. Adaptive Efforts to Reconnect or Repair	A1. Relational Repair through Parenting	<i>Struggling to Soothe the Void: Coping as Containment, Escape, and Failed Repair</i>
		A2. Therapy as a Space for Exploration	
		A3. Mindfulness and Social Engagement	
		A4. Grounding and Waiting It Out	
	B. Avoidance, Withdrawal, and Emotional Suppression	B1. Hiding and Dissociation	
		B2 Distraction	
		B3 Relational Avoidance and Silencing	
	C. Self-Medication and Sensation-Seeking	C1. Substance Use and Numbing	
		C2. Sensation-Seeking and Pain as Proxy for Feeling	

	C3. Self-Harm Urges and Emotional Overload
D. Psychiatric Intervention and Medicalization	D1. Medication Trials and ECT
	<i>D2. Mandated or Failed Treatment Attempts</i>

4.4.1 Overview of Clusters and Subclusters of Category 3: Coping and Survival Strategy

Cluster A: Adaptive Efforts to Reconnect or Repair

This section focuses on Cluster A, which includes intentional efforts to foster connection, emotional regulation, and self-reflection. These strategies, while often fragile or ambivalent, represent attempts to soothe, contain, or transform the experience of emptiness. It is followed by four subclusters: A1. Relational Repair through Parenting; A2. Therapy as a Space for Exploration; A3. Mindfulness and Social Engagement; A4. Grounding and Waiting It Out.

Subcluster A1. Relational Repair through Parenting

Participants 1 and 5 described parenting as a potential avenue for relational repair, an opportunity to offer the attunement they themselves lacked.

P1 noted,

“I was just hoping that parenting would be really fulfilling... that I could kind of repair myself through the act of parenting... but it hasn’t. That emptiness is still there.”

P5 expressed,

“I wanted to rewire the history, giving my son what I did not receive... Maybe to some degree I am doing that, and this lifts a small amount of my emptiness.”

Memo: Participants 1 and 5 described parenting as a potential avenue for relational repair, an opportunity to offer the attunement they themselves lacked. For P1, caregiving was a hopeful strategy to reparent herself and find fulfillment, yet the chronic emptiness persisted despite these efforts. In contrast, P5 framed parenting as a way to “rewire the history” and prevent her child from inheriting the same emotional void. Her efforts to parent differently, with greater self-awareness and emotional presence, offered a partial sense of healing.

Conceptual Hypothesis: Parenting may partially alleviate emptiness by fostering generative connection and breaking intergenerational patterns, but its impact depends on the caregiver’s emotional readiness and self-concept. Yet even when parenting offers moments of generativity and emotional resonance, these experiences may not fully resolve the deeper structural void shaped by earlier relational wounds. Over time, the capacity for parenting to mitigate emptiness may depend on the caregiver’s ability to integrate these new relational experiences into a more coherent and compassionate sense of self.

A2. Therapy as a Space for Exploration

Therapy was described as a space where emptiness could be named, explored, or held without judgment. Participants 1 and 5 engaged in therapy to address identity, emotional regulation, and relational dynamics, though their experiences varied widely.

P1 noted,

“I have done a ton of therapy. So I don't know if we've really named the chronic emptiness specifically, but like I guess, looking at issues around like identity and care of self and connection with other people. I've addressed a lot of those in therapy. So that's been helpful. I've addressed a lot of those [issues] in therapy... So that's been helpful.”

P5 explained,

“ I’ve done therapy since I first found out about my diagnosis. I’ve had several therapists, and it’s been a failure every time. it’s in fact, it’s made things worse, because I always feel judged when I talk about it, cause I’ll be open and honest like in in these scenarios, when it’s just a one one-on-one with somebody who I know, will not know anybody that I know or divulge my innermost things...I’ll give them everything, if they look at me a certain way I will take it as oh, wow! You know I did something wrong that makes it worse...it made things worse. I always feel judged when I talk about it... I thought this would help a lot but it made things worse.”

Memo: Therapy was described as a potential space for exploring identity, emotion regulation, and relational dynamics, even when chronic emptiness remained unnamed. For P1, therapy offered meaningful support with peripheral issues such as self-care and connection, suggesting that therapeutic engagement can indirectly address the contours of emptiness. However, P5 experienced therapy as invalidating and retraumatizing, with perceived judgment deepening feelings of shame, relational vigilance, and isolation. These contrasting experiences highlight therapy’s dual potential, as a container for exploration or a site of rupture, depending on the therapist’s relational attunement and responsiveness, as well as the client’s relational vigilance.

Conceptual Hypothesis: Emptiness may resist direct naming in therapy, instead surfacing through peripheral themes such as self-care, identity, and relational longing. Therapy may serve as a symbolic container for unspoken affect, enabling participants to explore identity and connection even when emptiness remains unnamed. At the same time, the therapeutic encounter itself may

activate the very relational vulnerabilities that sustain emptiness, making attunement and consistency essential for meaningful progress. Over time, the capacity of therapy to mitigate emptiness may hinge on whether the therapeutic relationship can provide a stable enough space for participants to risk connection without fear of judgment or rupture.

A3. Mindfulness and Social Engagement

Participants described mindfulness and social engagement as tools to anchor themselves in the present and reconnect with others. These practices, such as yoga, meditation, and group involvement, offered structure, present-moment awareness, and relational presence, even when pursued with ambivalence.

P3 noted,

“I try to socialize, and I find it helpful to not feel emptiness intensely. I do mindfulness and yoga... I don't enjoy them as much but I am still forcing myself to do them because I know they are good for me.”

Memo: P3's account reflects a pragmatic stance: engaging in these activities not out of enjoyment, but as a form of self-directed care. This suggests that emptiness may be softened through embodied routines and interpersonal contact, even when affective resonance is limited.

Conceptual Hypothesis: The tension between effortful engagement and emotional detachment may point to a transitional space where participants are neither fully connected nor entirely disconnected. These accounts suggest that mindfulness and social rituals may thus function as scaffolds for partial containment and relational re-entry. Over time, these practices may offer a fragile but meaningful bridge between internal emptiness and emerging connection, helping participants cultivate small pockets of grounding even when deeper emotional resonance remains

elusive. In this way, mindfulness and social engagement can function as provisional supports, creating conditions in which fuller relational presence may eventually become possible.

Subcluster A4: Grounding and Waiting It Out

A4. Grounding and Waiting It Out

Participant 4 described coping through grounding techniques or waiting for the emptiness to subside rather than actively transforming it.

P4 noted,

“I practice grounding techniques or go out and see people. It might get better a little bit... but I never really succeeded to break free from it. It always needs some time to go away, or it goes away by itself. I never feel like I have control over it.”

Memo: P4's narrative reflects a fragile form of coping, one that offers temporary relief but lacks a sense of agency or mastery as she waits passively for the experience to go away. Grounding and social contact provided partial containment, but the experience of emptiness remained persistent and unyielding.

Conceptual Hypothesis: This subcluster (A4) suggests that while adaptive strategies may buffer emotional intensity, they do not necessarily restore integration or control. The fragility of these efforts points to a deeper struggle with regulation and emotional coherence. Over time, this reliance on temporary grounding without a sense of agency may reinforce the perception that emptiness is an uncontrollable force, further weakening confidence in one's capacity for emotional regulation. As these patterns solidify, the individual may come to experience emptiness as

something to endure rather than transform, deepening the sense of passivity and internal disconnection.

Cluster B: Avoidance, Withdrawal, and Emotional Suppression

Cluster B captures the protective strategies participants used to manage emotional overwhelm through avoidance, withdrawal, and suppression. These responses were captured in three subclusters of B1. Hiding and Dissociation B2 Distraction B3 Relational Avoidance and Silencing.

B1. Hiding and Dissociation

Participants described withdrawing and dissociating as habitual responses to emotional overwhelm.

P1 noted,

“I think I would really like to not have the feeling of emptiness, think I have a tendency to withdraw, hide and dissociate.”

Memo: P1’s account reflects how emptiness can activate dissociative defences, where withdrawal functions as a shield against emotional exposure. These strategies were not framed as conscious choices, but as protective reflexes against the intolerability of emptiness. This subcluster suggests that emptiness may be endured passively, rather than transformed or managed through disengagement rather than regulation.

Conceptual Hypothesis: Emptiness may activate dissociative defences, where withdrawal functions as a protective mechanism against emotional overwhelm. Over time, these dissociative patterns may become automatic, shaping a habitual retreat from emotional experience whenever

emptiness intensifies. As this reflexive withdrawal solidifies, it can further erode the capacity for regulation and connection, deepening the cycle of emotional absence.

B2. Distraction

Participant 3 used distraction as a temporary strategy to mask emptiness, though often with painful awareness of its futility.

P3 expressed,

“I mean, I have lots of maladaptive coping skills, but they just bring more emptiness like, I bought a Louis Vuitton bag which was incredibly, you know, not financially sound investment and it just made me feel emptier than ever. You’re just bound to keep repeating the same behaviors if you’re just distracting yourself...”

Memo: Participant 3 described distraction as a short-term strategy that temporarily masks emptiness but ultimately reinforces it. The use of maladaptive coping, such as impulsive spending, offered momentary relief yet deepened the sense of emotional void. Her reflection reveals a painful awareness of the cycle: distraction does not resolve emptiness but perpetuates it, leading to repeated behaviours that fail to nourish or restore. This suggests that distraction may function less as avoidance and more as a compulsive attempt to fill an affective gap, one that remains unaddressed at its core. The futility of these efforts underscores the need for more integrative, emotionally attuned coping mechanisms.

Conceptual Hypothesis: Distraction may function as a compensatory strategy to manage chronic emptiness, offering temporary relief while reinforcing the underlying void. Over time, this cycle of momentary relief followed by intensified emptiness may erode trust in one’s own coping strategies, reinforcing the sense that nothing truly alleviates the internal void. As distraction

becomes increasingly ineffective, the individual may feel trapped between the urge to escape and the recognition that these strategies ultimately deepen the emotional hollow.

Subcluster B3: Relational Avoidance and Silencing

Participant 5 described avoiding emotional visibility in relationships, fearing judgment and misunderstanding.

P5 explained,

“Talking to my parents specifically is another thing that I've tried in my early years especially, you know. Maybe seeking that validation or seeking answers as to why do I feel this way? And then you know, not having any valid resonating reason and in hindsight? I'm and talking with I do have close friends to talk to, but I I'll relay this information and it you can just tell that they don't understand. so those are the ways that I've tried to. And I've tried connecting with people or tried dating, but none of this has ever been about me. I don't want them to see me”.

Memo: Participant 5 described a persistent pattern of relational avoidance rooted in fear of emotional exposure. Her statements reflect deep ambivalence: a longing for understanding and validation, coupled with a protective impulse to remain unseen. This silencing is not merely about withholding information; it's about shielding the self from judgment, misattunement, and potential invalidation. Despite attempts to connect with parents, friends, and romantic partners, P5's experience is marked by feeling misunderstood and emotionally invisible. The phrase “none of this has ever been about me” captures a profound disconnection from relational authenticity. This subcluster suggests that chronic emptiness may be sustained by relational strategies that prioritize safety over visibility, reinforcing a cycle of emotional isolation.

Conceptual Hypothesis: Emptiness may be perpetuated by relational silencing, in which the fear of being seen leads to emotional invisibility and disconnection. Over time, this protective silencing may crystallize into a habitual stance of self-erasure, where staying unseen feels safer than risking misattunement or judgment. As this pattern deepens, the individual becomes increasingly cut off from the relational nourishment that could counteract emptiness, reinforcing a cycle of isolation and emotional absence

Cluster C: Self-Medication and Sensation-Seeking

Participants described ways to dull emotional intensity through the following subclusters: C1. Substance Use and Numbing, C2. Sensation-seeking and Pain as Proxy for feeling, C3. Self-Harm urges and Emotional Overload.

Subcluster C1. Substance Use and Numbing

Participants 2 and 3 described using substances to dull emotional pain and silence emptiness.

P3 noted,

“Weed helps it disappear for a bit, and then it comes back.”

P2 noted,

“I was on different mood stabilizers that did not work for me... I could not feel my feet.”

Memo: Participants described substance use as a means of muting emotional pain and escaping the felt sense of emptiness. P3 shared that “weed helps it disappear for a bit,” highlighting the temporary relief and inevitable return of distress. P2 reflected on psychiatric medications that “did not work” and left her feeling disembodied “I could not feel my feet.” These narratives

suggest that numbing, while offering short-term reprieve, often deepens the sense of disconnection and fails to address underlying emotional needs.

Conceptual Hypothesis: When emotional pain becomes intolerable, and relational containment is perceived as unavailable or ineffective, participants turn to substances as a form of self-directed regulation. These strategies offer temporary relief but often deepen dissociation and reinforce a cycle of emotional silencing, suggesting that numbing functions less as resolution and more as survival. Over time, reliance on numbing as a primary coping strategy may further erode emotional presence, making it increasingly difficult to access or tolerate authentic feeling states. As this cycle deepens, substances become less a source of relief and more a barrier to reconnection, reinforcing the very emptiness they were meant to silence

C2. Sensation-Seeking and Pain as Proxy for Feeling

Participants engaged in behaviors that produced physical pain or adrenaline as a way to feel something amid emotional numbness.

P2 noted,

“I just want to feel something so I put cigarettes out on my hands... just for a shock of heat or pain, not to self-harm”

Memo: Participant 2 described engaging in sensation-seeking behaviours, such as inducing physical pain or adrenaline, to interrupt emotional numbness and reclaim a sense of aliveness. Her statement, “I just want to feel something,” reflects a desperate attempt to access affect through the body when emotional experience feels inaccessible. These acts were not framed as self-harm but as efforts to provoke sensation and disrupt psychic deadness. This subcluster suggests that pain and adrenaline may serve as proxies for emotional presence, offering momentary relief from

emptiness through embodied intensity. The use of shock or stimulation points to a dysregulated affective system in which feeling is equated with extremity and the absence of emotion becomes intolerable.

Conceptual Hypothesis: Sensation-seeking and pain may function as embodied strategies to counteract emotional numbness, offering intensity as a substitute for affective connection. Over time, this reliance on physical intensity as a substitute for emotional presence may further entrench the belief that genuine feeling is only accessible through extremes, reinforcing a dysregulated relationship to both sensation and affect. As these patterns solidify, the pursuit of intensity becomes less about aliveness and more about momentarily escaping the void, perpetuating the cycle of emotional numbness.

C3. Self-Harm Urges and Emotional Overload

Participants 4 and 2 described self-harm urges as responses to overwhelming emptiness, where emotional pain became so intolerable that self-destructive thoughts or actions emerged.

P4 mentioned,

“The emptiness gives me the self-destructive thoughts... I always try not to do it.”

P2 noted,

“I overdosed twice... not to get better but to stop it to not feel empty.”

Memo: Participants 2 and 4 described self-harm urges as a response to overwhelming emptiness, where emotional pain became so intolerable that self-destructive thoughts or actions emerged as a form of escape. P4 acknowledged the presence of these thoughts even when resisting action, while P2 described acting on them not to feel better, but to end the unbearable void. These

accounts reflect a threshold at which emptiness shifts from passive numbness to an active psychic crisis. The urge to harm oneself may signal a desperate attempt to interrupt emotional deadness or reclaim agency, even at high cost. This subcluster highlights the need to understand emptiness not only as absence, but as a state that can escalate into acute emotional overload.

Conceptual Hypothesis: Self-harm urges may emerge when chronic emptiness reaches a threshold of emotional overload, functioning as a desperate attempt to interrupt psychic deadness or reclaim control. Over time, the escalation from numbness to self-destructive urges may reflect a collapse in the system's remaining regulatory capacities, where the absence of felt emotion becomes as intolerable as overwhelming affect. In this state, self-harm emerges not as a desire for injury, but as a desperate attempt to interrupt psychic deadness, restore a sense of internal reality, or momentarily regain agency in the face of profound emotional disintegration.

Cluster D: Psychiatric Intervention and Medicalization

Cluster D reflects the institutional responses to emotional suffering, often marked by ambivalence, coercion, and a sense of being acted upon rather than understood and is followed by two subclusters, D1. Medication Trials and ECT, Dd. Mandated or Failed Treatment Attempts.

D1. Medication Trials and ECT

Participant 6 described extensive psychiatric treatment, including medication trials and electroconvulsive therapy (ECT), as stabilizing but not curative.

“I can't think of one medicine I haven't tried... ECT is what's kept me stable.” P6

Memo: Participant 6 described extensive psychiatric interventions, including medication trials and electroconvulsive therapy (ECT), as stabilizing but not curative. Her account suggests

that while ECT helped manage acute dysregulation, it did not resolve the underlying experience of emptiness. The sheer volume of treatments tried reflects both the severity of distress and the limitations of biomedical approaches in addressing existential or relational voids. This subcluster points to a distinction between symptom stabilization and emotional integration, raising questions about the scope and depth of psychiatric care in treating chronic emptiness.

Conceptual Hypothesis: Psychiatric interventions may stabilize acute dysregulation without addressing the relational or existential roots of chronic emptiness. This suggests that biomedical treatments may manage surface symptoms while leaving deeper emotional voids untouched, especially when emptiness is tied to identity, attachment, or meaning. Over time, the gap between symptom stabilization and emotional integration may widen, as treatments that target neurobiological dysregulation do little to address the relational, developmental, or existential dimensions of emptiness. This distinction underscores how psychiatric care, while often essential for safety and stabilization, may inadvertently reinforce a sense of passivity or being acted upon when relational and identity-based needs remain unaddressed.

D2. Mandated or Failed Treatment Attempts

Participants 2 and 5 described mandated or unsuccessful psychiatric treatments as reinforcing feelings of defectiveness and intensifying emptiness.

“I was mandated to therapy in college for a misunderstanding with a classmate, and I can tell you the mandated therapy did not help much .”

P5 mentioned:

“Any sort of psychiatric help made things worse... it intensified that feeling of emptiness even more because it reinforces that there is something was wrong with me, you know.

I'm here because something is wrong with me, and it intensified that feeling.

Memo: Participants 2 and 5 described mandated or unsuccessful psychiatric treatments as reinforcing feelings of defectiveness and intensifying emptiness. P2 and P5 reflected on structured programs and therapy as invalidating, where the very act of being “treated” implied something was fundamentally wrong. These experiences suggest that when therapeutic engagement lacks attunement or agency, it may deepen shame and emotional disconnection. This subcluster highlights the relational dimension of psychiatric care, how treatment can either scaffold healing or reinforce internalized stigma, depending on context and responsiveness.

Conceptual Hypothesis: Mandated or misattuned psychiatric treatment may reinforce internalized shame and intensify emptiness, especially when experienced as judgment rather than support. This pattern reflects how therapeutic environments can inadvertently replicate relational wounds, particularly when agency, attunement, or emotional safety are compromised. Over time, these misattuned or coercive treatment experiences may consolidate into a reinforced expectation that care is synonymous with judgment, further entrenching withdrawal and emotional self-protection. When therapeutic environments replicate earlier patterns of invalidation or powerlessness, they can inadvertently deepen the internal void, making participants feel more defective, misunderstood, and disconnected from meaningful support.

4.4.2 Theoretical Integration of Category 3: Coping and Survival Strategy

The third emergent category, Coping and Survival Strategies, centres on the theoretical core: Struggling to Soothe the Void. This construct captures how individuals navigate chronic

emptiness through a spectrum of strategies, some adaptive, others avoidant or self-destructive, all aimed at managing affective disintegration.

- The adaptive cluster reflects intentional efforts to repair relational ruptures and re-anchor the self. Parenting, therapy, mindfulness, and social engagement serve as scaffolds for emotional regulation and meaning-making. Yet these efforts often coexist with avoidance strategies, including dissociation, distraction, and relational silencing, that protect against vulnerability but perpetuate emotional isolation.
- The self-medication cluster reveals a desperate search for sensation, where substance use and self-harm function as substitutions for feeling. Emptiness is experienced as both numbness and overload, prompting embodied strategies to provoke intensity or interrupt psychic deadness.
- The psychiatric intervention cluster underscores the ambivalence of medicalized care. While some treatments offer stabilization, others are experienced as impersonal or coercive, reinforcing a sense of being pathologized rather than understood.

Across these clusters, coping emerges not as resolution but as a fragile negotiation, an ongoing struggle to contain, escape, or repair the void. The theoretical insight is that chronic emptiness demands both emotional scaffolding and relational attunement. Yet many coping strategies fall short, leaving individuals caught between survival and disconnection.

4.5 Emergent Category 4: Meaning Making

This category explores how chronic emptiness disrupts participants' ability to construct, sustain, or reclaim a sense of meaning in their lives. Through constant comparison, five conceptual clusters emerged: (A) Existential Disruption and Loss of Purpose, (B) Relational and Moral

Anchoring, (C) Spiritual and Cultural Interpretations, (D) Adaptive Meaning-Making Strategies, and (E) Affective Flattening and Meaninglessness. These clusters reflect the tension between meaning-seeking and meaning-erasure, where emptiness impairs existential coherence, relational significance, and emotional access to purpose. Subclusters included a sense of mere existence, blocked self-actualization, absence of greater meaning, parenting as a means of meaning reconstruction, altruism and study participation, emptiness as divine punishment, dancing with emptiness, existential anchoring, and emotional numbness as a barrier to meaning. Participants described emptiness as a force that not only stripped life of purpose but also obstructed the very processes relational, spiritual, and affective through which meaning might otherwise be restored.

Table 6*Emergent Category 4: Meaning Making*

Emergent Category 4	Emergent Clusters/Concepts	Emergent Subclusters	Fourth Core Theme
Meaning Making	A: Existential Disruption and Loss of Purpose	A1: Feeling of Mere Existence	Meaning-Making Capacity Interruption by Chronic Emptiness
		A2: Blocked Self-Actualization	
		A3: Absence of Greater Meaning	
	B: Relational and Moral Anchoring	B1: Parenting as Meaning Reconstruction	
		B2: Altruism and Study Participation	
	C: Spiritual and Cultural Interpretations	C1: Emptiness and Divine Punishment	
	D: Adaptive Meaning-Making Strategies	D1: Dancing with Emptiness D2: Existential Anchoring	
	E: Affective Flattening and Meaninglessness	E1: Emotional Numbness as Barrier to Meaning	

*4.5.1 Overview of Clusters and Subclusters of Category 4: Meaning Making***Cluster A: Existential Disruption and Loss of Purpose**

This cluster reflects participants' struggle with a fractured sense of self, marked by emotional flatness, thwarted growth, and a lack of anchoring meaning through the following three subclusters: A1: Feeling of Mere Existence, A2: Blocked Self-Actualization, A3: Absence of Greater Meaning.

Subcluster A1. Mere existence

For P1 and P2, emptiness was experienced as a state of mere existence; life felt static, devoid of growth, direction, or vitality.

P1, shared,

"That emptiness for me really feels like I'm just existing. And I'm not really... in order to have like purpose and growth".

P1 elaborated on this sense of stagnation, noting,

"I most of the time feel like I'm just existing because other people depend on me."

Memo: For P1 and P2, emptiness manifested as a state of suspended vitality, where life was endured rather than lived. P1 described this as "just existing," a condition marked by the absence of purpose or growth. Further, she elaborated that her continued presence was tethered to others' dependence rather than intrinsic motivation. These narratives portray a static self trapped between duty and emotional emptiness, with existential upheaval overshadowing personal agency.

Conceptual Hypothesis: When participants experience chronic emotional emptiness and a lack of internal anchoring, their sense of self becomes tethered to external obligations rather than to intrinsic vitality. This state of mere existence reflects a collapse of purpose and agency, where survival replaces growth and relational dependence substitutes for self-directed meaning. Over

time, this externally tethered mode of being may erode the individual's sense of intrinsic motivation, reinforcing a self-concept organized around obligation rather than desire or agency. As purpose becomes contingent on others' needs rather than on internally generated meaning, the self risks collapsing into a state of passive endurance, in which life is maintained but not inhabited, and emptiness becomes both the backdrop and the defining structure of experience.

Subcluster A2. Blocked self-actualization

The existential inertia was compounded by a perceived inability to reach higher psychological needs for P1. Referencing Maslow's hierarchy, P1 reflected,

"You know it's like Maslow's hierarchy of needs, I will never, ever reach that self-actualization point. I'm stuck in one of the lower ones".

Memo: P1 articulated a profound sense of existential inertia, framed through the lens of Maslow's hierarchy. Her reflection, "I will never, ever reach that self-actualization point," captures a felt impossibility of growth, as if psychological development were arrested at the level of basic survival. This blockage was not merely circumstantial but internalized, reinforcing a narrative of permanent stagnation and thwarted potential.

Conceptual Hypothesis: When participants perceive their foundational needs as chronically unmet or unstable, the pursuit of self-actualization becomes psychologically inaccessible. This perceived blockage fosters a sense of futility and existential resignation, in which growth is imagined but never embodied. Over time, this internalized sense of developmental arrest may solidify into a broader narrative of incapacity, where self-actualization is imagined as perpetually out of reach rather than a dynamic, evolving process. As the self becomes organized around perceived deficiency and unmet foundational needs, the possibility of growth feels

foreclosed, reinforcing a cycle in which aspiration is present but embodiment remains inaccessible.

Subcluster A3. Absence of Greater meaning.

For P2, meaning was often reduced to immediate or short-term goals, with no transcendent framework, as she noted,

“I have no sense of meaning. It's just what do I want? What do I need in this moment? Or in five years, and that's it. There is nothing greater.”

Memo: P2 described a life oriented toward immediate needs and short-term goals, devoid of any transcendent or anchoring framework. Her reflection, “There is nothing greater,” reveals a profound existential void in which meaning is stripped of depth, direction, or continuity. This absence of overarching purpose contributed to a sense of fragmentation and emotional flatness, reinforcing the broader theme of existential disruption.

Conceptual Hypothesis: When participants lack access to a sustaining or transcendent framework of meaning, their orientation toward life becomes narrowed to survival and short-term functioning. This constriction undermines emotional vitality and deepens existential disconnection, leaving the self unanchored and adrift. Over time, this constricted orientation toward immediate or short-term aims may erode the capacity to imagine a coherent or enduring narrative of self, reinforcing a sense of existential drift. Without access to a broader framework that situates one's experiences within a sense of continuity or purpose, the self becomes unanchored, and emptiness expands into a pervasive backdrop against which life feels directionless and emotionally flattened.

Cluster B: Relational and Moral Anchoring

Cluster B explores how participants sought grounding through relational and moral frameworks, through the following two subclusters: B1: Parenting as Meaning Reconstruction, B2: Altruism and Study Participation.

Subcluster B1. Parenting as meaning reconstruction

Despite this disruption, participant 5 sought to reclaim meaning through caregiving and moral responsibility. Parenting emerged as a powerful site of reconstruction for P5 as she stated,

“I want to make sure that I'm at least... doing right by my son, so that he doesn't develop these feelings of emptiness that I have”

Memo: Participant 5 described parenting as a site of moral repair and meaning reconstruction. The desire to protect her child from inheriting her own emptiness transformed caregiving into a purposeful act. Parenting was not only relational but also existential, offering a chance to rewrite emotional legacies and reclaim agency. This subcluster suggests that chronic emptiness may be countered through generative responsibility, in which care for others becomes a pathway to self-restoration.

Conceptual Hypothesis: Parenting may serve as a reparative anchor, enabling individuals to reconstruct meaning through generative care and moral responsibility. This pattern reflects how caregiving can transform emptiness into purpose, particularly when rooted in the desire to interrupt intergenerational emotional transmission. Over time, this generative stance may allow individuals to reclaim a sense of direction and coherence, as caregiving becomes a vehicle for reorganizing fragmented aspects of the self around purpose rather than emptiness. By investing in the emotional well-being of the next generation, participants construct a forward-looking narrative that counters

stagnation, transforming caregiving into a site where agency, continuity, and meaning can be actively rebuilt.

Subcluster B2: Altruism and Study Participation

In addition to parenting as meaning reconstruction, P5 expressed a desire to become a validating presence for others:

“I want to be the person that I needed. I want to validate people.”

Altruism also surfaced as a meaningful act, with study participation framed as a form of service as P5 added,

“The huge reason why I'm doing this study is... to make sure that nobody feels the way that I feel”

Memo: Participant 5 described altruism as a meaningful act, an opportunity to become the validating presence she once needed. Study participation was framed not as self-expression, but as service: a way to ensure others do not feel the same pain. This subcluster reveals how chronic emptiness may be reoriented through moral contribution, where suffering becomes a catalyst for empathy, advocacy, and relational repair. Altruism offered a sense of coherence, transforming isolation into connection. This pattern reflects how meaning can be reconstructed through relational contribution, mainly when rooted in the desire to prevent others from experiencing similar emotional voids.

Conceptual Hypothesis: Altruistic engagement can serve as a reparative mechanism, converting internal suffering into externally oriented care and validation. Over time, this outwardly directed care can help transform internal suffering into a source of relational purpose, allowing

individuals to reclaim coherence through acts that affirm the value of their experience. By positioning their pain as a catalyst for empathy and advocacy, participants construct a narrative in which their own emptiness becomes meaningful insofar as it equips them to prevent similar suffering in others. In this way, altruistic engagement functions not only as service but as a form of self-repair, offering a stabilizing sense of usefulness, connection, and moral continuity.

Cluster C: Spiritual and Cultural Interpretations

Cluster C explores how participants drew on spiritual and cultural frameworks to make sense of suffering, seeking coherence beyond the clinical gaze through the following subcluster:

C1: Emptiness and Divine Punishment.

Subcluster C1. Emptiness and Divine Punishment

For P6, emptiness was interpreted through spiritual or moral frameworks. As P6 described a punitive relationship with the divine:

“Any time that I start to feel anything positive about myself... God punishes me”.

This belief extended to a sense of spiritual inevitability:

“I feel like I can't get rid of that emptiness because he is going to humble me.”

Memo: Participant 6 interpreted chronic emptiness through a spiritual lens, describing a punitive relationship with the divine. Positive self-feelings were met with fear of divine retribution, and emptiness was framed as a humbling force imposed by God. This belief system infused emotional suffering with moral and spiritual meaning, transforming emptiness into a form of spiritual discipline or punishment. The interpretation was not merely theological; it shaped P6's emotional landscape, reinforcing helplessness and inevitability. This subcluster suggests that

cultural and spiritual narratives can profoundly influence how emptiness is understood, endured, and moralized.

Conceptual Hypothesis: Chronic experiences of emptiness may be moralized as divine punishment within particular spiritual frameworks, thereby intensifying emotional suffering through a lens of inevitability. This pattern underscores the role of cultural and religious meaning-making in framing psychological distress, where internal pain becomes externalized as a consequence, reinforcing helplessness and limiting agency. Over time, interpreting emptiness as divinely imposed can transform psychological distress into a moral or spiritual verdict, reinforcing a sense of inevitability and diminishing perceived agency. When suffering is framed as punishment or divine correction, individuals may feel bound to endure rather than explore alternative meanings or sources of support. This dynamic illustrates how spiritual frameworks can both organize and constrain meaning-making, shaping emotional experience through culturally embedded narratives that externalize pain while simultaneously intensifying its impact.

Cluster D: Adaptive Meaning-Making Strategies

Cluster D highlights how participants used flexible, often creative strategies to reinterpret distress and reclaim agency, as shown in Subclusters D1: Dancing with Emptiness and D2: Existential Anchoring.

Subcluster D1: Dancing with Emptiness

P3 described a more integrative approach to meaning-making. P3 reframed emptiness as a companion to be engaged with creatively:

“Finding meaning with the experience of chronic emptiness is to fight it and find ways to dance with it instead of fighting with it”

Memo: Participant 3 described a shift from resisting emptiness to engaging with it creatively, reframing it as a companion rather than an adversary. The metaphor of “dancing with it” suggests a dynamic, relational stance toward suffering, in which meaning is co-constructed through movement, rhythm, and responsiveness. This approach reflects a form of emotional integration, in which emptiness is not denied but invited into dialogue. It marks a departure from avoidance toward coexistence, offering a pathway to agency and symbolic repair.

Conceptual Hypothesis: Emptiness may be transformed through creative engagement, where coexistence replaces resistance and meaning emerges through relational movement. This pattern reflects how reframing suffering as a companion can foster emotional integration and restore symbolic agency. Over time, this creative repositioning of emptiness as a partner rather than an adversary may cultivate a more flexible and compassionate relationship to internal experience. By engaging emptiness through metaphor, movement, and symbolic dialogue, individuals can transform a previously overwhelming state into one that can be approached, negotiated with, and integrated. This shift from resistance to coexistence restores a sense of agency, allowing meaning to emerge not through eradication of suffering but through an ongoing, dynamic interplay with it.

Subcluster D2. Existential Anchoring.

For P3, Existential Reflection also served as a guidepost, as a source of existential anchoring, as she noted,

“It’s like the book by Viktor Frankl’s *Man’s Search for Meaning*, and it is helpful for me to think of the emptiness I experience in that way; it is grounding my being.”

Memo: Participant 3 also described existential reflection as a stabilizing force, drawing on Viktor Frankl's work to reframe emptiness within a broader philosophical context. This anchoring did not eliminate suffering but offered coherence, a way to situate the experience within a meaningful narrative. Emptiness became a site of inquiry rather than a source of despair, grounding the self in reflection and purpose. This subcluster suggests that existential frameworks can provide containment and direction, especially when emotional meaning feels inaccessible.

Conceptual Hypothesis: Existential reflection may anchor the experience of emptiness, transforming it from a void into a site of inquiry and coherence. This pattern reflects how philosophical meaning-making can stabilize identity and offer symbolic containment in the face of emotional fragmentation. Over time, situating emptiness within an existential framework may provide a stabilizing interpretive structure, allowing individuals to transform an otherwise disorienting experience into one that is coherent and purposeful. By drawing on philosophical narratives that frame suffering as part of a broader human search for meaning, participants can cultivate a sense of orientation and continuity, even when emotional clarity feels inaccessible. In this way, existential anchoring offers symbolic containment, enabling the self to remain grounded amid fragmentation and to re-engage with life through reflection rather than withdrawal.

Cluster E: Affective Flattening and Meaninglessness

Cluster E captures the pervasive emotional blunting and existential void experienced by participants through a subcluster of Emotional Numbness as a Barrier to Meaning.

Subcluster E1: Emotional Numbness as Barrier to Meaning

For P4. Emptiness was described as a state where emotional resonance was absent, invalidating the significance of actions or experiences, as P4 mentioned,

“It’s like anything you do... when feeling empty, nothing will have a meaning anymore, because I can’t feel it.”

Memo: Participant 4 described emotional numbness as a core barrier to meaning-making. When affective resonance was absent, even purposeful actions felt hollow. The inability to feel rendered experiences insignificant, not because they lacked objective value but because they could not be emotionally registered. P4’s statement, “nothing will have a meaning anymore, because I can’t feel it,” captures how emotional flattening severs the link between experience and significance. This subcluster suggests that chronic emptiness may function as an affective disconnection, in which the emotional system is too muted to generate or sustain meaning.

Conceptual Hypothesis: Chronic emptiness may reflect affective flattening, in which emotional numbness impairs the capacity to assign meaning to experience. This pattern suggests that when emotional resonance is compromised, meaning becomes cognitively desired yet affectively unreachable, deepening the sense of futility and existential disconnection. Over time, this affective blunting may create a widening gap between cognitive understanding and emotional experience, leaving individuals able to recognize what should feel meaningful yet unable to access the corresponding affective response. As emotional resonance diminishes, the capacity to internalize significance collapses, rendering meaning an abstract concept rather than a lived experience. This disconnect reinforces the sense of futility and existential dislocation, as the self becomes increasingly unable to translate action, connection, or purpose into felt significance.

4.5.2 Theoretical Integration of Category 4: Meaning Making

The fourth emergent category coalesces around the theoretical core: Meaning-Making Capacity Interruption by Chronic Emptiness. Meaning-making emerged as a multidimensional

construct, existential, relational, spiritual, and affective. Chronic emptiness disrupted both vertical systems (e.g., self-actualization, purpose) and horizontal ones (e.g., relational, moral anchoring). Participants oscillated between loss, reconstruction, and reinterpretation of meaning, suggesting that meaning-making in the context of emptiness is not a fixed endpoint but a dynamic, iterative process shaped by emotional availability, relational context, and symbolic frameworks.

4.6 Emergent Category 5: Developmental Trajectory

This category traces the developmental antecedents of chronic emptiness, revealing how early relational ruptures, environmental instability, and emotional suppression shaped participants' internal landscapes. Through constant comparison, five conceptual clusters emerged: (A) Relational Trauma and Emotional Neglect, (B) Environmental Instability and Disrupted Continuity, (C) Suppressed Emotional Expression and Internalization, (D) Physiological and Cognitive Vulnerabilities, and (E) Appearance-Based Validation and Identity Confusion.

These clusters represent the cumulative effects of early adversity, in which safety, attunement, and emotional expression were compromised, shaping identity through externalized worth and a fragmented self-concept. Subclusters included a lack of safety and validation, parental emotional absence, rejection of maternal love, chronic relocation and social disconnection, family chaos and unpredictability, bottled emotions and learned inexpressiveness, defence mechanisms and emotional shutdown, neurobiological sensitivity, trauma and cognitive disruption, and externalized self-worth. Participants described chronic emptiness stemming from these developmental disruptions, in which emotional needs were unmet, expression was stifled, and identity was formed through survival rather than integration.

Table 7*Emergent category 5. Developmental Trajectory*

Emergent Category 5	Emergent Clusters/Concepts	Emergent Subclusters	Fifth Core Theme
Developmental Trajectory	Cluster A: Relational Trauma and Emotional Neglect	Subcluster A1: Absence of Safety and Validation	Fragmented Foundations: The Shaping of Self: The Shaping of Self Amid Chronic Disruption and Emotional Absence.
		Subcluster A2: Parental Emotional Absence	
		Subcluster A3: Maternal Rejection	
	Cluster B: Environmental Instability and Disrupted Continuity	Subcluster B1: Chronic Relocation and Social Disconnection	
		Subcluster B2: Family Chaos and Unpredictability	
	Cluster C: Suppressed Emotional Expression and Internalization	Subcluster C1: Bottled Emotions and Learned Inexpressiveness	
		Subcluster C2: Defense Mechanisms and Emotional Shutdown	
	Cluster D: Physiological and Cognitive Vulnerabilities	D1: Neurobiological Sensitivity	
		Subcluster D2: Trauma and Cognitive Disruption	
	Cluster E: Appearance- Based Validation and Identity Confusion	E1: Externalized Self-Worth	

4.6.1 Overview of Clusters and Subclusters of Category 5: Developmental Trajectory

Cluster A: Relational Trauma and Emotional Neglect

Cluster A examines how early relational trauma and emotional neglect influence participants' internal landscapes, through the following subclusters: Subcluster A1: Absence of Safety and Validation; A2: Parental Emotional Absence; A3: Maternal Rejection

Subcluster A1: Absence of Safety and Validation

Participant 1 described a childhood marked by emotional and physical abuse, noting, P1 mentioned,

“I don't remember feeling particularly safe at home or being valued for who I was.”

P1 reflected on how this absence of attunement contributed to a fragmented sense of self:

“Some of that emptiness might be related to missing parts of my personality that weren't valued or nurtured. It is like my nervous system remained in a chronic state of fight, flight, or freeze, leaving no room for the development of myself.”

Memo: Participant 1 described a childhood marked by emotional and physical abuse, with safety and validation absent. This lack of attunement disrupted the development of a coherent self, leaving parts of the personality unrecognized and unattended. The chronic activation of the nervous system's “fight, flight, or freeze” response suggests that relational trauma was not episodic but embodied, shaping the emotional architecture of the self. Emptiness was experienced as a developmental void, with the conditions for emotional growth never established. This subcluster reveals how early relational deprivation can fracture self-continuity and seed chronic emptiness through unintegrated affect and unmet relational needs.

Conceptual Hypothesis: Chronic emptiness may stem from early relational trauma, in which the absence of safety and validation impedes emotional development and self-integration. This pattern reflects how persistent relational misattunement can leave the self fragmented, emotionally dysregulated, and unable to access a stable sense of worth or coherence. Over time, the persistent absence of safety and validation may crystallize into a developmental template in which the self is organized around threat, deficiency, and emotional disconnection. Without early relational experiences that mirror, soothe, or affirm emerging subjectivity, the capacity for self-integration is compromised, leaving individuals with fragmented internal states and limited access to stable worth or coherence. In this way, chronic emptiness can be understood as an embodied residue of relational deprivation, an internal landscape shaped by unmet needs, unrecognized emotions, and a nervous system conditioned to survive rather than develop.

Subcluster A2: Parental Emotional Absence

Participant 5 recounted growing up with “a borderline mother” and “emotionally absent father” as she noted,

“My father didn’t ever tell us that he loved us... didn’t ever fill any emotional gaps...Neither of my parents were providing any emotion to you... you grow up very, very confused.”

Memo: Participant 5 described a childhood marked by emotional absence from both parents, one characterized by instability and the other by emotional neglect. The lack of verbal affirmation (“My father didn’t ever tell us that he loved us”) and emotional attunement created a relational void, leaving P5 “very, very confused.” This confusion reflects a disruption in emotional mirroring and identity formation, where the absence of caregiving emotion obstructed the

development of a coherent and valued self. Emptiness here is not simply a feeling; it is a developmental consequence of growing up without emotional scaffolding.

Conceptual Hypothesis: Chronic emptiness may originate from emotional deprivation in early caregiving relationships, where the absence of attunement and affirmation impedes identity formation and emotional coherence. This pattern reflects how emotional neglect, especially when compounded by relational instability, can leave the self unmirrored, unanchored, and vulnerable to enduring psychic voids. Over time, such emotional deprivation may become internalized as a foundational template for relating to oneself and others, shaping expectations of intimacy, affirmation, and emotional availability. When caregivers fail to provide consistent mirroring or emotional presence, the developing self lacks the relational scaffolding needed to form a coherent internal world, leaving identity diffuse and affect difficult to organize. In this way, chronic emptiness can be understood as the enduring imprint of early relational absence, a psychic landscape structured around unmet needs, muted emotional resonance, and a persistent sense of being unrecognized or unsupported.

Subcluster A3: Maternal Rejection

Participant 6 emphasized the impact of maternal rejection as she noted,

“My mother... called me fat, stupid... dumped ice over me in the shower.”

Despite describing a close relationship with her father in later years, she added,

“I had somewhat of a close bond with my father especially in the recent years. But that is not fulfilling. I keep wanting this mother I don’t have.”

Memo: Participant 6 described a childhood marked by overt maternal rejection, verbal insults, and physical humiliation, leaving enduring emotional wounds. Despite developing a later bond with her father, she expressed a persistent longing for maternal connection: “I keep wanting this mother I don’t have.” This yearning reflects a deep attachment rupture, in which the absence of maternal love becomes a central axis of emptiness. The emotional injury was not only inflicted; it was compounded by the unfulfilled desire for repair. This subcluster suggests that chronic emptiness may be rooted in early maternal misattunement, in which rejection impedes the formation of a secure relational self and leaves a lasting void.

Conceptual Hypothesis: Chronic emptiness may originate in maternal rejection, in which the absence of nurturing love fractures attachment and sustains a longing that remains unmet. This pattern reflects how early relational trauma, especially from primary caregivers, can leave the self emotionally unanchored, perpetuating emptiness through unresolved grief and unmet developmental needs. Over time, such maternal rejection may become internalized as a core wound, shaping the individual’s expectations of love, belonging, and emotional availability. When the primary attachment figure is a source of humiliation rather than comfort, the developing self lacks a secure relational foundation from which to form a stable identity or affective coherence. The persistent longing for a mother who is emotionally unavailable sustains an unresolved grief that keeps the void active rather than historical. In this way, chronic emptiness can be understood as the enduring imprint of early maternal misattunement a psychic rupture that leaves the self organized around absence, yearning, and the unfulfilled need for nurturing connection.

Cluster B: Environmental Instability and Disrupted Continuity

Cluster B illustrates how participants' emotional lives were shaped by unstable environments and fractured developmental trajectories through its subclusters: B1. Chronic Relocation and Social Disconnection, and B2. Family Chaos and Unpredictability.

Subcluster B1: Chronic Relocation and Social Disconnection

Participant 2 described moving between 12 schools across countries due to her father's impulsive decisions as she described.

“One day to the next you're gone... you didn't get to say goodbye to anybody.” This instability undermined the formation of lasting relationships and a sense of belonging.

Memo: Participant 2 described a childhood marked by frequent relocations across 12 schools in different countries, driven by her father's impulsivity. The abruptness of these moves (“One day to the next you're gone... you didn't get to say goodbye to anybody”) disrupted the formation of lasting relationships and eroded a sense of belonging. This instability fractured relational continuity, leaving emotional bonds unformed or prematurely severed. Emptiness was experienced as a consequence of this dislocation, a relational void born of repeated rupture. This subcluster suggests that chronic environmental instability can undermine the development of secure attachments and a coherent identity, reinforcing emotional isolation and psychic fragmentation.

Conceptual Hypothesis: Chronic emptiness may be rooted in environmental instability, where repeated disruptions undermine relational continuity and erode the foundations of belonging. Frequent geographic transitions and social discontinuity may interrupt the developmental scaffolding of identity, leaving individuals emotionally and relationally disoriented. Over time, these disruptions may become internalized as a relational template in which instability,

impermanence, and disconnection are expected rather than exceptional. When geographic and social environments shift before relationships can take root, the developing self lacks the continuity needed to form stable attachments or a coherent sense of belonging. This chronic dislocation fragments identity formation, leaving individuals emotionally suspended between places, people, and versions of themselves. In this way, chronic emptiness can be understood as the residue of environmental unpredictability, a psychic echo of relationships that never had the chance to solidify, and a self shaped by perpetual beginnings without the stabilizing force of sustained connection.

Subcluster B2: Family Chaos and Unpredictability

Participant 2 noted,

“Nobody in the family has ever had a normal 9-to-5 job; my dad did a constant series of different things, many of them illegal.”

Memo: Participant 2 described growing up in a family marked by chaos, unpredictability, and moral ambiguity. The absence of routine (“Nobody... had a normal 9-to-5 job”) and the presence of illegal activity created an atmosphere of instability and emotional disorientation. This lack of structure undermined the development of safety, coherence, and trust, key ingredients for emotional regulation and identity formation. Emptiness was not just a personal feeling; it was the psychic residue of growing up in a system that lacked continuity, reliability, and moral grounding. This subcluster suggests that chronic emptiness may be shaped by chaotic family environments that fail to provide emotional scaffolding or ethical clarity.

Conceptual Hypothesis: Chronic emptiness may be rooted in family chaos and unpredictability, where instability impedes emotional regulation and disrupts the formation of a

secure identity. This pattern reflects how disorganized caregiving systems, especially those marked by moral ambiguity, can fracture the emotional landscape, leaving individuals unanchored and affectively depleted. Over time, such familial chaos may become internalized as a relational and emotional template in which unpredictability, instability, and moral ambiguity are expected rather than exceptional. When the caregiving environment lacks structure, reliability, and ethical coherence, the developing self is deprived of the regulatory scaffolding needed to form a stable identity or a grounded emotional life. This disorganization fractures the internal landscape, leaving individuals without a dependable sense of safety or orientation. In this way, chronic emptiness can be understood as the enduring imprint of chaotic family systems, a psychic residue of environments that offered neither consistency nor containment, and a self left to navigate emotional terrain without guidance or secure relational anchors.”

Cluster C: Suppressed Emotional Expression and Internalization

Cluster C explores how participants suppress emotional expression through Subclusters of C1. Bottled Emotions and Learned Inexpressiveness C2: Defence Mechanisms and Emotional Shutdown.

Subcluster C1: Bottled Emotions and Learned Inexpressiveness

Participant 4 recalled being dismissed whenever they tried to express feelings:

“Whenever something bad happened... someone would laugh or think it’s trivial.” Over time, this led to emotional suppression: “It just gets bottled up inside... my mind doesn’t want to feel anything at all anymore.”

Subcluster C2: Defence Mechanisms and Emotional Shutdown

Participant 4 conceptualized emptiness as a defence mechanism, as she noted,

“It’s some kind of defense mechanism... instead of allowing myself to feel all of those heavy feelings... it becomes that huge thing that is unexplainable.”

Memo: Participant 4 described a developmental environment in which emotional expression was routinely invalidated, met with laughter or dismissal. Over time, this led to learned inexpressiveness, in which emotions were not only unshared but actively suppressed. The phrase “my mind does not want to feel anything at all anymore” reflects a protective numbing, in which the cost of expression becomes too high. Emptiness, in this context, emerges as the residue of chronic emotional silencing, a psychic void formed by the internalization of invalidation.

Conceptual Hypothesis: Emptiness may arise from learned emotional suppression, shaped by recurrent invalidation and the gradual erosion of expressive capacity. This pattern shows how emotionally dismissive contexts can train the psyche to mute its internal landscape, hollowing the affective self. Over time, this habitual suppression may solidify into an internalized mode of self-protection in which emotional numbing becomes the default response to distress. When expressions of vulnerability are repeatedly dismissed or mocked, the psyche learns to mute its own signals, severing the link between feeling and expression to avoid further injury. This defensive shutdown gradually hollows the affective landscape, leaving individuals disconnected from their emotional life and unable to access the resonance needed for meaning-making. In this way, chronic emptiness can be understood as the cumulative imprint of emotional silencing, a protective adaptation that once ensured survival but ultimately constricts the capacity for authentic feeling, relational engagement, and inner coherence.

Cluster D: Physiological and Cognitive Vulnerabilities

Cluster D examines how physiological and cognitive issues compounded participants' experiences of psychological distress through the following subclusters: D1, Neurobiological Sensitivity, and D2, Trauma and Cognitive Disruption.

Subcluster D1: Neurobiological Sensitivity

Participant 3 reflected on internal predispositions:

“Things going on neurologically or physiologically... precondition me to feeling this way.”

She described a “perfect storm” of delusional thinking and emotional dysregulation, triggered by early relational ruptures such as the birth of a sibling:

“I think my thinking was delusional growing up and I experienced lots of emotional ups and downs, so it was a perfect storm. I was three when my brother was born. This may not sound traumatic, but for me, I was only three and rejected. That’s the end for me.”

Memo: Participant 3 described chronic emptiness as shaped by internal predispositions, including neurological and physiological sensitivities that preconditioned her emotional landscape. She framed her experience as a “perfect storm” of delusional thinking and emotional dysregulation, triggered by early relational ruptures, such as the birth of a sibling. While the event may appear minor externally, its subjective impact was profound: “I was only three and rejected. That’s the end for me.” This subcluster suggests that chronic emptiness may be amplified by neurobiological sensitivity, in which heightened emotional reactivity and cognitive distortions interact with relational trauma to produce enduring psychic vulnerability.

Conceptual Hypothesis: Chronic emptiness may be shaped by neurobiological sensitivity, in which internal predispositions amplify the emotional impact of relational ruptures. This pattern reflects how early developmental events, when filtered through a sensitive nervous system, can catalyze lasting emotional dysregulation and cognitive fragmentation, deepening the experience of emptiness. Over time, such neurobiological sensitivity may heighten the emotional impact of even subtle relational ruptures, creating a developmental environment in which ordinary experiences are felt as overwhelming or destabilizing. When a sensitive nervous system encounters early experiences of rejection or misattunement, the resulting emotional dysregulation and cognitive distortions can consolidate into enduring patterns of vulnerability. This interplay between internal predisposition and relational injury fragments the developing sense of self, amplifying the intensity and persistence of emptiness. In this way, chronic emptiness can be understood as the product of a biologically attuned system absorbing relational wounds too large for its developmental stage, leaving behind a landscape marked by heightened reactivity, fragile coherence, and enduring psychic depletion.

Subcluster D2: Trauma and Cognitive Disruption

Participant 3 also recounted significant traumatic events, including bullying and the suicide of a romantic partner,

“School was horrific for me, I was being bullied all the time, then in high school, my boyfriend killed himself, and I think this is a lot to go through...and how I feel empty today may have a role”.

Memo: Participant 3 described a series of significant traumatic events, including chronic bullying and the suicide of a romantic partner, that shaped her emotional and cognitive landscape.

These experiences were not only emotionally overwhelming but also cognitively disorganizing, contributing to a sense of internal chaos and fragmentation. Her reflection, “I think this is a lot to go through... and how I feel empty today may have a role,” suggests that emptiness is not only affective but also the cognitive residue of unresolved trauma. The cumulative impact of relational violence and loss disrupted her ability to make sense of herself and her experience, reinforcing emotional numbness and existential confusion. This subcluster reveals how trauma can destabilize both emotional regulation and cognitive coherence, deepening the experience of chronic emptiness.

Conceptual Hypothesis: Chronic emptiness may be shaped by cumulative trauma, where emotional overwhelm and cognitive disruption fracture self-continuity and meaning-making. This pattern reflects how repeated relational injuries and unresolved grief can impair emotional integration and leave the psyche suspended in a state of disconnection and internal fragmentation. Over time, the cumulative weight of such traumatic experiences can erode both emotional regulation and cognitive coherence, leaving the individual without a stable internal framework through which to interpret themselves or their world. When repeated relational injuries and profound losses overwhelm the developing psyche, the capacity to integrate experience becomes compromised, producing a sense of internal fragmentation that persists long after the events themselves. In this way, chronic emptiness can be understood as the lingering imprint of cumulative trauma, a state in which unresolved grief, relational violence, and cognitive disorientation converge to suspend the self in a condition of disconnection, muted affect, and disrupted meaning-making.

Cluster E: Appearance-Based Validation and Identity Confusion

Cluster E explores how participants sought validation through appearance, often using external presentation to compensate for internal uncertainty or emotional disconnection, as outlined in the following subcluster: E1. Externalized Self-worth

Subcluster E1: Externalized Self-Worth

Participant 5 described how their father's obsession with female appearance shaped their self-concept:

“He would always comment on women's appearances... I was obsessed with getting validation from my father, the let to a bit of identity confusion as I did a little bit of modeling... coloring my hair at a young age... completely vain.”

Memo: Participant 5 described a self-concept shaped by her father's fixation on female appearance, leading to an early pursuit of external validation through modelling and aesthetic modification. The statement “I was obsessed with getting validation from my father... completely vain” reflects how self-worth became tethered to appearance and relational approval rather than internal coherence. This externalization of value contributed to identity confusion, in which the self was curated to meet perceived expectations rather than authentically expressed. Emptiness emerged as a consequence of this dislocation, with the internal self remaining unseen, unmirrored, and emotionally unanchored.

Conceptual Hypothesis: Chronic emptiness may be sustained by externalized self-worth, in which identity is shaped by appearance and relational approval rather than by internal authenticity. This pattern reflects how early relational dynamics, especially those emphasizing aesthetic

validation, can fracture self-development, leaving individuals emotionally hollow and identity-confused. Over time, anchoring self-worth in appearance may create a fragile identity structure in which value is contingent on external approval rather than internally grounded experience. When a sense of worth is tied to appearance, the developing self focuses on managing how it looks rather than on building an inner sense of identity. Authenticity remains underdeveloped, emotional needs go unmet, and identity becomes split, visible on the surface yet hollow underneath. In this way, chronic emptiness can be understood as the enduring imprint of appearance-based validation, a psychic void sustained by the pursuit of external affirmation in the absence of internal coherence.

4.6.2 Theoretical Integration of Category 5: Developmental Trajectory

The fifth emergent category, Developmental Trajectory, converges on the theoretical core: Fragmented Foundations, The Shaping of Self Amid Chronic Disruption and Emotional Absence. This construct theorizes chronic emptiness as a developmental outcome rooted in early relational and environmental fragmentation, as indicated by participants' subjective narratives. Cluster A shows that the absence of safety, emotional validation, and maternal attunement disrupts the formation of a secure, coherent self. Cluster B adds layers of instability; frequent relocation and family chaos fracture continuity and relational anchoring, leaving the self unanchored. Cluster C shows how emotional suppression becomes a survival strategy, in which inexpressiveness and shutdown protect against relational threat but inhibit affective integration. Cluster D introduces physiological and cognitive vulnerabilities, suggesting that some individuals may be more biologically predisposed to emotional dysregulation, especially in the context of trauma. Cluster E reflects how identity becomes externally anchored; appearance and performance substitute for internal worth, leading to confusion and fragmentation. Taken together, these clusters suggest that chronic emptiness is not merely a psychological state but a developmental condition—an emergent

structure shaped by cumulative disruptions in safety, continuity, emotional expression, and relational mirroring. The theoretical insight here is that the self, when formed in the absence of stable emotional and relational scaffolding, may remain vulnerable to collapse, disconnection, and chronic emptiness across the lifespan.

The following section presents a summary of core categories, followed by an integrative synthesis that culminates in the central insight: a grounded theory of chronic emptiness in individuals diagnosed with Borderline Personality Disorder (BPD).

4.7 A Summary of the Results

4.7.1. Embodied Experience of Chronic Emptiness

Emptiness is an embodied experience described through somatization, affective collapse, and self-alienation. Participants experience themselves as absent, defective, or performative, revealing a fractured sense of identity and emotional vitality. This category establishes the Unanchored Self as a core experiential structure in which affect, identity, and relational coherence disintegrate.

4.7.2. Relational Instability

Chronic emptiness is relationally situated. Difficulty forming bonds, anticipatory withdrawal, and internalized abandonment scripts reflect a deep erosion of trust, safety, and belonging. Emptiness becomes a relational disintegration in which the self is unmirrored, unrecognized, and unworthy of connection.

4.7.3. Coping and Survival Strategies

Participants oscillate between adaptive efforts to reconnect and avoidant or self-destructive strategies. Parenting, therapy, and mindfulness offer scaffolds for repair, while dissociation,

substance use, and psychiatric interventions reflect attempts to contain or escape the void. Coping emerges as a fragile negotiation between soothing, surviving, and failing to repair.

4.7.4 Disruption and Reconstruction of Meaning

Emptiness disrupts existential orientation, yet also prompts meaning-making efforts. Participants describe blocked self-actualization, emotional numbness, and spiritual interpretations of suffering. Some reconstruct meaning through parenting, altruism, or philosophical reflection. Meaning-making is iterative and relational, often fragile and contingent on emotional access.

4.7.5 Developmental Trajectory

According to the participants' narratives, chronic emptiness in people diagnosed with BPD emerges from early relational trauma, emotional neglect, environmental instability, and identity confusion. Participants describe absent safety, chronic relocation, emotional suppression, and externalized self-worth. These fragmented foundations shape a self vulnerable to collapse, disconnection, and chronic emptiness across the lifespan.

4.8 Integrative Synthesis: Chronic Emptiness as a Multi-Dimensional Collapse

Building on the detailed analysis and participant narratives presented above, this final section synthesizes the emergent patterns into a cohesive analytic framework. The core category, Chronic Emptiness as a Multi-Dimensional Collapse of Self, Affect, and Relational Coherence, serves as the conceptual anchor for the entire analytic structure. Rather than a discrete symptom, chronic emptiness emerges as a complex, recursive phenomenon that unfolds across five interrelated domains:

- Somatic Embodiment (*Cluster A: Somatization*)

- Psychic Dislocation (*Cluster B: Self-Alienation*)
- Affective Depletion (*Cluster C: Affective Collapse*)
- Relational Rupture (*Cluster D: Relational Instability*)
- Survival Strategies (*Cluster E: Coping & Survival*)

Each cluster represents a distinct yet interconnected facet of the experience, sustenance, and navigation of chronic emptiness.

4.9 Mapping Cluster Interactions

The clusters do not operate in isolation; rather, they scaffold and reinforce one another in patterned ways. The following conceptual map outlines their interrelations:

- **Cluster A: Somatization.** Function: Embodies the void. Emptiness is registered somatically through sensations of aching, numbness, pressure, or absence. These bodily experiences often precede conscious emotional awareness and contribute to affective collapse (via pain) and self-alienation (via dissociation).
- **Cluster B: Self-Alienation.** Function: Dislocates the self. Emptiness manifests as dissociation, non-existence, defectiveness, and performative identity. Participants describe a loss of coherent selfhood and emotional presence. This cluster bridges somatization (through body-self disconnection) and relational instability (through disrupted intersubjective grounding).
- **Cluster C: Affective Collapse** Function: Drains emotional vitality. Emptiness becomes persistent and emotionally depleting. This collapse reflects the cumulative toll of somatic distress and psychic dislocation, and is further reinforced by relational instability and ineffective coping attempts.

- **Cluster D: Relational Instability** Function: Fractures connection Emptiness is relationally scaffolded through impaired attachment, fear of abandonment, and chronic loneliness. Participants internalize scripts of rejection and loss, which both originate from and perpetuate self-alienation and affective collapse.
- **Cluster E: Coping & Survival Strategies. Function:** Manages the void. Participants engage in a range of adaptive, avoidant, or self-soothing strategies to navigate the void. These include sensation-seeking, emotional suppression, medicalization, and relational withdrawal. Coping strategies modulate all other clusters, at times interrupting the cycle and at other times reinforcing it.

The clusters coalesce into a developmental trajectory, inferred from participant narratives and cluster interactions:

4.9.1 Developmental Trajectory: Chronic Emptiness as a Recursive System

From the interplay of these clusters, a developmental trajectory emerges, one that traces the evolution of chronic emptiness across four interwoven phases:

Phase 1: Early Relational Rupture Marked by the absence of secure bonds, impaired attachment, and internalized abandonment scripts. Emptiness begins as a relational void, a lack of attuned presence. Clusters involved: Relational Instability (A1–A3, B1–B2)

Phase 2: Emergence of Somatization and Self-Alienation. The void becomes embodied and internalized. Participants report physical symptoms and experiences of dissociation, non-existence, and defectiveness. Clusters involved: Somatization (A1–A2), Self-Alienation (B1–B5)

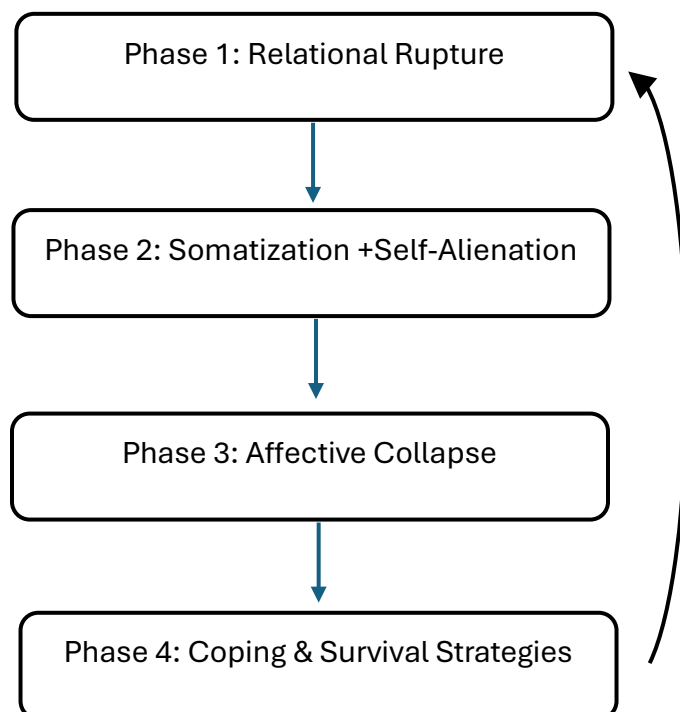
Phase 3: Affective Collapse Emotional vitality erodes; emptiness becomes persistent and depleting. Participants describe a diminished capacity to feel, respond, or regenerate affect. Clusters involved: Affective Collapse (C1–C2)

Phase 4: Coping and Survival Participants develop strategies to manage the void, some adaptive, others avoidant or harmful. These strategies reflect both agency and desperation, often shaped by earlier phases. Clusters involved: Coping & Survival Strategies (A1–D2)

This developmental system is not strictly linear. Participants often oscillate between phases, with coping strategies looping back to modulate earlier experiences. The system's recursive nature underscores the complexity of chronic emptiness, which functions as both a symptom and a survival structure shaped by relational histories, embodied distress, and the ongoing struggle for coherence and connection. (See figure 1 below.)

Figure 1

Chronic Emptiness as a Recursive Developmental System



Note. This conceptual model illustrates the cyclical and recursive nature of chronic emptiness across four interrelated developmental phases.

Each phase builds upon the previous, forming a recursive loop in which coping strategies may either reinforce or interrupt the cycle. The trajectory is not strictly linear; participants often oscillate between phases depending on relational context, emotional state, and therapeutic engagement.

4.10 Core Theoretical Insight, a grounded theory on Chronic Emptiness in people diagnosed with BPD:

Chronic emptiness functions as a cyclical collapse of relational, somatic, and affective integrations sustained through adaptive yet fragile coping strategies that both reflect and modulate developmental fragmentation.

Relational rupture initiates the cycle, severing early attachment bonds and destabilizing the foundation for emotional regulation and self-coherence. This rupture leads to somatization and self-alienation, where emotional pain is displaced into the body and the self becomes fragmented or estranged. The fragmentation deepens into affective collapse, marked by emotional numbness, identity erosion, and a loss of meaning. In response, individuals develop coping and survival strategies, often avoidant, compensatory, or relationally reactive, that temporarily stabilize the system but may also perpetuate the cycle. These strategies are not endpoints but modulators: they can either reinforce the recursive loop or, under therapeutic conditions, interrupt it and initiate repair.

The model emphasizes that chronic emptiness is not a static condition but a dynamic, recursive system. Participants oscillate between phases depending on relational context, emotional

state, and therapeutic engagement. This fluidity underscores the vulnerability and plasticity of the self how it collapses, adapts, and seeks anchoring through relational and symbolic repair.

5. Discussion

5.1 From Analysis to Theory Integration

This study employed a grounded theory methodology to explore the experience of chronic emptiness among individuals with borderline personality disorder (BPD), with particular attention to how this phenomenon evolves. By integrating insights from prior research with participants' personal accounts, the project sought to develop a theory firmly rooted in lived experience.

Earlier chapters outlined the conceptual foundations of the study and situated chronic emptiness within key theoretical traditions. They described the methodological decisions guiding the examination of its subjective, relational, and developmental dimensions. This chapter now turns toward theoretical integration, linking the emergent model to existing scholarship, clarifying its contributions, and articulating how the findings refine current understandings of chronic emptiness within trauma-informed, developmental, and relational frameworks.

5.2 Overview of the Study and Key Findings

Building on the analytical structure from the previous chapter, this discussion transitions from descriptive mapping to theoretical integration. The results, based on participants' narratives and organized across somatic, psychic, affective, relational, and survival-related dimensions, highlighted chronic emptiness as a recursive system of collapse and adaptation. By identifying a core category and outlining developmental phases, the study showed that chronic emptiness is both an emotional experience and a recurring, structural pattern.

This chapter places those findings within broader theoretical, clinical, and cultural frameworks. It examines how chronic emptiness connects to existing research, reinterprets psychological distress through a relational-developmental approach, and considers implications for therapy and future studies.

Drawing from the lived experiences of individuals navigating the emotional, relational, and existential contours of chronic emptiness, this grounded theory study generated five emergent categories:

1. Embodiment of Chronic Emptiness
2. Relational Instability
3. Coping and Survival Strategies
4. Disruption and Reconstruction of Meaning
5. Developmental Trajectory

Together, these categories form a multidimensional theoretical model. Chronic emptiness appears not as a single emotional experience but as a structural breakdown shaped by early relational trauma, disrupted emotional development, and fractured meaning-making. Across narratives, emptiness showed up as an embodied erosion of affect, identity, and relational groundings sustained through cycles of avoidance, failed repair, and fragile coping.

The core theoretical insight, chronic emptiness as a multidimensional breakdown of self, affect, and meaning, provides a framework for understanding how developmental fragmentation and relational disintegration come together to shape a vulnerable, unanchored self. This chapter broadens that framework by engaging with relevant literature, exploring the clinical and theoretical

implications, and considering the ethical and methodological complexities of researching affective absence.

5.2.1 Discussion of Emergent Category 1. The Embodiment of Chronic Emptiness

Theoretical Integration: From Clusters (A-C) to the Core Theme (Unanchored Self)

- A. Somatized Emptiness** → The body as the site of emotional absence.
- B. Self-Alienation** → Identity fragmentation and intrapersonal disconnection.
- C. Affective Collapse** → Exhaustion of emotional vitality and persistence.

The first emergent category, Embodiment of Chronic Emptiness, forms the experiential bedrock from which all other conceptual clusters unfold. Participants did not describe emptiness as a transient mood or a cognitive appraisal but as a persistent, embodied disruption of selfhood. This category captures the foundational collapse of affective vitality, bodily coherence, and internal anchorage that gives rise to the broader construct of The Unanchored Self. Theoretical integration across the three clusters, Somatized Emptiness, Self Alienation, and Affective Collapse, reveals that chronic emptiness is experienced not merely as an absence of feeling but as a profound breakdown of the embodied infrastructure of selfhood. These embodied descriptions also align with the most recent affective science and momentary assessment studies, showing that emptiness is not merely a cognitive or emotional state but a dynamic, fluctuating disruption of internal presence.

Cluster A. Somatized Emptiness is consistent with Fulham and Fitzpatrick (2025), who demonstrate that emptiness is uniquely associated with emotional numbing and reduced access to internal states. Herron and Sani's (2022) psychometric work further validates emptiness as a

multidimensional construct involving identity loss, emotional disconnection, and diminished internal vitality all of which resonate with the embodied collapse described by participants.

This interpretation aligns with emerging evidence from diverse Western research contexts, including studies conducted in Germany (Bertsch et al., 2024), the United States (Fani et al., 2024), and Australia (Putica et al., 2024), all of which show that developmental trauma is associated with impaired identity integration, emotional dysregulation, and reduced bodily connectedness (Frewen & Lanius, 2015). Although these studies do not constitute global cross-cultural research, they demonstrate a consistent pattern across independent samples in different national settings. This interpretation also resonates with somatic trauma models that conceptualize emptiness as a dissociative or freeze-based adaptation to relational rupture (Van der Kolk, 2014; Levine, 2010), as well as neurophysiological findings documenting altered interoceptive circuitry in trauma-exposed populations (Fani et al., 2024; Putica et al., 2024).

More specifically, attachment-based models also help contextualize these findings. Levy (2005) and Fonagy and colleagues (2018) argue that early relational ruptures impair the development of a coherent internal self and the capacity to mentalize one's own affective states (Bateman & Fonagy, 2004, 2016; Schore, 2002). When caregivers fail to mirror or contain the child's internal experience, the body becomes a site of unprocessed affect rather than a source of anchorage (Ogden et al., 2006). This aligns with participants' descriptions of emptiness as a collapse of internal presence and a loss of embodied self-coherence.

Importantly, neurophysiological research has begun to demonstrate that freeze responses are not limited to physical threat contexts but also emerge in relational ruptures. Schmidt et al. (2008) identified freeze as a distinct human defensive reaction associated with heightened anxiety

and panic, while Porges (2022, 2024) has shown that relational ruptures can activate dorsal vagal immobilization, manifesting as withdrawal, dissociation, or silence. These findings suggest that the freeze response may underlie participants' descriptions of emptiness and disconnection, reflecting a neurobiological adaptation to relational threat when fight-or-flight responses are unavailable.

The present study, therefore, diverges by proposing that embodiment is not simply a pathway through which trauma exerts its effects, but rather the very ground on which the experience of emptiness is built. In other words, emptiness emerges when the body itself ceases to function as a reliable anchor for affect and identity. Within the construct of The Unanchored Self, participants' accounts suggest that emotional collapse and identity diffusion are intensified by freeze-based immobilization. This neurophysiological defence arises in the face of relational rupture. This convergence of relational threat and bodily shutdown produces a profound disconnection, leaving individuals unable to regulate affect or sustain a coherent sense of self.

Cluster B, Self Alienation, encompassing experiences of non-existence, defectiveness, and performativity, aligns closely with Kernberg's (1967, 1985) formulation of identity diffusion, in which early relational failures impair the integration of self- and object-representations, resulting in a fragmented self-image and chronic affective instability. Contemporary empirical work reinforces this connection. Elsner and colleagues (2018) describe chronic emptiness as a profound disruption of selfhood rather than a vague emotional complaint, a conclusion echoed by qualitative research showing that individuals with BPD experience emptiness as a collapse of agency (Miller, Townsend & Grenyer, 2021). Similarly, Herron and Sani (2022) conceptualize emptiness as a loss of identity coherence, consistent with systematic review findings that emptiness is central to the phenomenology of identity fragmentation in BPD (Miller et al., 2020). These converging lines of

evidence mirror participants' descriptions of estrangement from affect and identity in the present study, underscoring chronic emptiness as a core marker of identity diffusion and embodied disconnection within *The Unanchored Self* (Elsner et al., 2018; Herron & Sani, 2022; Kernberg, 1967, 1985; Miller et al., 2020, 2021; Peer et al., 2025). Participants' accounts of performativity also resonate with Winnicott's (1965) concept of the false self, in which strategic emotional display, compliance, and hypervigilance function as adaptive protections against relational injury. These performative adaptations allow individuals to navigate social demands while concealing a vulnerable and unintegrated core. Clinically, this interpretation aligns with research identifying chronic emptiness as one of the most persistent and debilitating symptoms of BPD (Elsner et al., 2018; Miller et al., 2020). Individuals frequently describe this emptiness as a mechanical, emotionless mode of moving through daily life, reflecting how the experience becomes embodied within the intrapersonal sphere (Herron & Sani, 2022; López-Villatoro et al., 2023). Taken together, the cluster of Self-Alienation situates emptiness not merely as a deficit but as an embodied rupture in self-relational continuity, wherein identity diffusion and performative adaptation coexist as survival strategies that mask profound vulnerability.

Cluster C. Affective Collapse reflects participants' descriptions of emotional depletion and psychic emptiness, which can be understood through Melanie Klein's (1946) concept of the paranoid-schizoid position. In this position, unresolved internal object loss and persecutory anxieties dominate psychic life, producing affective collapse and an inability to sustain emotional vitality. Klein describes how fragmented internal objects and the absence of a stable "good object" overwhelm the psyche, leading to a chronic sense of emptiness. The splitting of self- and object-representations prevents integration, rendering emptiness a structural pattern rather than a transient affect. Contemporary research on identity fragmentation and trauma-related dissociation echoes

this formulation, showing that chronic emptiness often reflects internal discontinuity, unintegrated affect, and unresolved relational loss (Herron & Sani, 2022; Miller et al., 2020; Van der Hart et al., 2006). Participants' accounts of emptiness as constant and inescapable resonate with this theoretical framework: emotional presence is eroded by the continual return of feared internal objects, leaving emptiness as a baseline state shaped by unresolved object loss and the inability to integrate good and bad aspects of self and others.

Participants' accounts of numbness, detachment, and collapse of vitality align with findings that chronic emptiness often persists even when other symptoms remit and frequently drives maladaptive coping such as impulsivity, self-harm, and suicidality (Blasco et al., 2013, 2015; Brown & Linehan, 2002; Klonsky, 2008; Peer et al., 2025). These patterns suggest that affective collapse extends prior conceptualizations by reframing emptiness not merely as affective instability but as a profound loss of vitality and coherence, an embodied and relationally mediated breakdown that is notably resistant to remission.

Collectively, these clusters (A-C) reframe chronic emptiness as both an embodied rupture and a collapse of vitality, moving beyond symptom description toward a unified, trauma-informed theory of emptiness. By situating emptiness as embodied disruption, fractured self-relation, and affective collapse, the construct of The Unanchored Self advances prior conceptualizations of emptiness. It highlights the developmental and relational mechanisms that sustain this experience. This framework underscores the clinical importance of addressing emptiness not as a secondary or derivative symptom, but as a central, enduring feature of BPD that shapes identity, affect regulation, and relational functioning.

Across Somatized Emptiness, Self-Alienation, and Affective Collapse, a coherent pattern emerges: chronic emptiness is not a singular symptom but a multilayered collapse of embodied presence, relational safety, and internal self-continuity. This multidimensionality helps explain why emptiness is both pervasive and difficult to treat; it is not confined to a single psychological domain but lies at the intersection of affect, identity, and embodiment. Clinically, this suggests that addressing chronic emptiness requires attending to the body as a locus of emotional absence and recognizing the fragmented self as an intrapersonal wounded entity. Interventions that cultivate somatic awareness, emotional coherence, and authentic expression while validating embodied experience and reducing reliance on performative adaptation may help restore affective vitality and strengthen relational safety with the self, ultimately reanchoring the person in lived experience.

5.2.2 Discussion of Emergent Category 2. Relational Instability

Theoretical Integration: From Clusters (A–B) to the Core Theme (Relational Disintegration)

A. Difficulty Forming Relationships → Impaired capacity for emotional bonding and sustained connection.

B. Fear of Rejection and Abandonment → Anticipatory withdrawal and internalized abandonment scripts.

This category functioned as a relational axis through which chronic emptiness was both maintained and protected. Participants described persistent difficulty forming and sustaining emotionally meaningful relationships, shaped by internalized fears of rejection, ruptured bonds, and a pervasive sense of disconnection. In this context, emptiness was not experienced as a purely intrapsychic void but as a relationally mediated phenomenon rooted in unmet needs for

attunement, safety, and enduring presence. Together, these clusters form the core theme of Relational Disintegration.

Relational Instability conceptualizes chronic emptiness as a phenomenon rooted in relationships perpetuated and defended through disrupted attachment, anticipatory withdrawal, and internalized abandonment scripts. Participants described persistent difficulty forming emotionally meaningful relationships, marked by fears of rejection, ruptured bonds, and a pervasive sense of disconnection. These narratives illustrate a breakdown in relational grounding, mutual recognition, and emotional safety, which this study interprets as Relational Disintegration. This fragmentation of self-in-relation appeared as oscillations between longing and withdrawal, hypervigilance and emotional numbing, highlighting emptiness as a lived consequence of relational rupture rather than mere loneliness. Empirical research supports this interpretation: attachment insecurity and disorganization are strongly associated with relational instability and chronic disconnection in BPD (Levy, 2005; Lyons-Ruth, 2008), while rejection sensitivity and anticipatory abandonment predict withdrawal and emotional shutdown (Gunderson, 2007).

Cluster A. Difficulty Forming Relationships revealed a fundamental absence: participants described impaired attachment capacity and persistent loneliness even when surrounded by others. Emptiness was experienced not as solitude but as a felt disconnection from relational meaning. Mahler's (1975) separation-individuation framework offers a developmental lens for understanding this disconnection. When the rapprochement crisis is not successfully resolved, the child remains caught between the need for autonomy and the fear of dependence, leaving the self fragile and relational bonds unstable. The failure to achieve object constancy heightens reliance on primitive defences, particularly splitting. As Kernberg (1968) notes, splitting functions to manage intolerable ambivalence by dividing objects into "all good" or "all bad." Without the

earlier consolidation of separation–individuation, the psyche struggles to integrate these polarized representations, resulting in chronic emptiness and relational disconnection. In this way, Mahler’s developmental theory and Kernberg’s account of splitting converge: the persistence of emptiness reflects both the developmental failure to establish a stable sense of self in relation to others and the defensive fragmentation that perpetuates isolation.

These findings align with contemporary clinical literature, which consistently identifies emptiness as a relationally anchored experience of psychic isolation and emotional detachment in BPD (Herron & Sani, 2022; Hudson et al., 2024; López Villatoro et al., 2023). Hudson and colleagues (2024) describe emptiness as a pervasive disconnection from self and others, marked by numbness, isolation, and loss of meaning. While emptiness may be transdiagnostic, their work shows that in BPD it is especially enduring and closely tied to identity disturbance and relational instability. Herron and Sani (2022) and López-Villatoro et al. (2023) similarly report that individuals with BPD often feel invisible, disconnected, and unable to contribute meaningfully to a world that feels distant and unchanged, descriptions that mirror participants’ accounts of relational rupture and emotional absence. Together, these converging findings support the interpretation of chronic emptiness as a relationally mediated collapse of connection, coherence, and internal presence. Cluster B. Fear of Rejection and Abandonment deepens this picture. Participants described anticipatory withdrawal as a protective strategy, disengaging early to avoid expected loss. This defensive adaptation illustrates how emptiness is maintained through relational avoidance, where fear of rejection keeps disconnection alive and reinforces internalized abandonment scripts. This pattern aligns with Bowlby’s (1988) account of insecure attachment and with mentalization-based models (Fonagy et al., 2011), which propose that early inconsistency or neglect fosters hypervigilance, relational avoidance, and difficulty interpreting others’ intentions.

One participant captured this paradox succinctly: “It’s like not having any friends at all because they will leave anyway.” In attempting to avoid abandonment, participants enacted isolation, thereby intensifying the very emptiness they feared. These findings resonate with Meares et al.’s (2011) observation that fear of abandonment, emptiness, and identity diffusion remain among the most persistent features of BPD, distinct from depressive states and better conceptualized as forms of “painful incoherence” rooted in fragmented self-experience. Kernberg’s (1968) model further clarifies this dynamic: splitting prevents the integration of positive and negative representations of self and others, leading to identity diffusion and unstable relationships. When splitting dominates, access to the “good” aspects of relationships is lost, leaving only the “bad” object in view. This collapse into a polarized mental state produces absolute isolation, reinforcing the pervasive emptiness participants described. Empirical work supports this mechanism, showing that rejection sensitivity, hypervigilance, and anticipatory abandonment predict relational withdrawal and emotional shutdown in BPD (Levy, 2005).

Relational instability also intersects with broader debates in personality psychology. Participants’ oscillations between longing and withdrawal reflect variability in relational functioning consistent with dimensional models of personality pathology (Bach & First, 2018; Lingardi & McWilliams, 2017). Recent research suggests that chronic emptiness is best understood dimensionally rather than categorically. Miller et al. (2020) argue that emptiness exists along a severity spectrum that shapes relational functioning and treatment outcomes. Qualitative studies similarly show that experiences of emptiness range from transient disconnection to profound relational voids (Miller et al., 2021), challenging traditional “present/absent” diagnostic boundaries and supporting more nuanced conceptualizations.

While prior research has framed emptiness as psychic isolation, identity disturbance, or affective instability (Elsner et al., 2018; Martin & Levy, 2022; Miller et al., 2020), this study extends these perspectives by proposing Relational Disintegration as a distinct dimension of chronic emptiness. This concept situates emptiness not only in disrupted attachment histories but also in current relational behaviours, withdrawal, hypervigilance, and defensive avoidance that perpetuate disconnection. By integrating psychoanalytic theory (Kernberg, 1967), attachment models (Bowlby, 1988; Fonagy et al., 2018), and trauma frameworks (Levine, 1997; Schore, 2002; van der Kolk, 2014), the study reframes emptiness as a relationally defended state, an adaptation to expected rupture rather than a purely intrapsychic deficit. Taken together, these findings suggest that chronic emptiness may function as a relational adaptation: emotional disengagement protects against anticipated loss but simultaneously erodes the possibility of genuine connection. Relational Disintegration, therefore, reframes emptiness not as a passive void but as an active, protective stance shaped by interpersonal rupture and defensive withdrawal. At the same time, this withdrawal often operates automatically, outside conscious intention, reflecting implicit defensive processes rather than deliberate choices. In this sense, emptiness is better understood as an involuntary adaptation to relational threat a structural pattern of disconnection rather than a transient emotional state.

Clinically, this implies that therapeutic work with chronic emptiness must attend to the relational scripts and somatic defences that sustain disconnection. Because emptiness is maintained through anticipatory withdrawal, hypervigilance, and embodied shutdown, treatment requires creating conditions of emotional safety in which these defences can soften. Interventions that challenge abandonment beliefs, strengthen reflective functioning, and support gradual relational re-engagement, such as attachment-based therapies, mentalization-based treatment, and

somatic approaches, may help reconstitute relational anchoring and restore the capacity for mutual recognition. Approaches that integrate the body, such as grounding, interoceptive awareness, and trauma-informed somatic work, can help patients reconnect with internal states that have long been muted or defended against. Likewise, relational therapies that emphasize attunement, consistency, and repair provide corrective experiences that counter internalized expectations of rejection. Together, these modalities support the slow rebuilding of affective vitality and relational trust, enabling the self to become reanchored in lived experience rather than defended through disconnection.

5.2.3 Discussion of Emergent category 3. Coping and Survival Strategies

The third emergent category, Coping and Survival Strategies, converges around the theoretical core of Struggling to Soothe the Void. This construct captures the diverse, often conflicted ways individuals attempt to manage chronic emptiness. Coping is not a singular or linear process; rather, it is a multimodal survival effort that encompasses relational repair, emotional suppression, sensation-seeking, and psychiatric intervention. These strategies reflect both agency and desperation, hope and collapse, and reveal the ongoing negotiation individuals undertake to contain, escape, or repair the affective disintegration associated with chronic emptiness.

Theoretical Integration: From Clusters (A–D) to the Core Theme (Struggling to Soothe the Void)

- A. Adaptive Efforts to Reconnect or Repair** → Intentional strategies to re-anchor the self through parenting, therapy, mindfulness, and social engagement.
- B. Avoidance, Withdrawal, and Emotional Suppression** → Defensive postures that protect against vulnerability but perpetuate emotional isolation.

C. Self-Medication and Sensation-Seeking → Embodied attempts to interrupt psychic deadness through substance use, self-harm, or intensity-seeking.

D. Psychiatric Intervention and Medicalization → Ambivalent experiences of stabilization, pathologization, and relational disconnection within medical care.

Together, these clusters form a theoretical model of Struggling to Soothe the Void, wherein coping emerges not as resolution but as fragile negotiation, an ongoing effort to contain, escape, or repair the affective disintegration of chronic emptiness.

5.2.3.1 Emptiness as Coping

Participants described emptiness itself, withdrawal, numbing, and psychic absence as a protective manoeuvre that shielded them from overwhelming affect or anticipated rejection. In this sense, emptiness was not only a symptom but also a defensive adaptation that preserved fragile self-cohesion. This aligns with psychoanalytic perspectives that conceptualize emptiness as a defensive posture (Didonna et al., 2009; LaFarge, 1989) and with trauma models that highlight dissociation and numbing as automatic survival responses (van der Kolk, 2014). Neurobiological evidence further supports this interpretation: dorsal vagal immobilization, often triggered by relational rupture, produces emotional numbing, withdrawal, and a collapse of internal vitality (Porges, 2022, 2024). Thus, participants' descriptions of bodily absence and emotional suppression can be understood as trauma-based survival strategies that preserve psychic integrity when affect becomes overwhelming.

Participants' narratives indicate that beyond being a response to distress, chronic emptiness can become an adaptive mechanism over time. Emotional numbing, detachment, and psychic withdrawal seem to serve as protections against overwhelming, rejecting, or unsafe experiences.

Despite its psychological costs, this adaptation helps reduce exposure to intense feelings, interpersonal disappointment, and traumatic emotions. Essentially, chronic emptiness may start as a survival tactic that enables individuals to cope with ongoing relational threats. However, what begins as an adaptive response can become persistent, lingering even after the original threatening conditions are gone.

5.2.3.2 Coping with Emptiness

Alongside emptiness as a coping mechanism, participants also described a range of strategies to manage the distress it generates.

5.2.3.2.1 Adaptive Efforts to Reconnect or Repair

Intentional strategies such as parenting, therapy, mindfulness, and social engagement served as scaffolds for emotional regulation and meaning-making. These findings align with those of Herron and Sani (2022) and López-Villatoro et al. (2023), who describe individuals with chronic emptiness as seeking ways to reconnect with a world that feels distant or unresponsive. Such adaptive efforts reflect attempts to re-establish embodied presence and relational anchorage. Research on recovery-oriented processes similarly highlights the importance of relational repair and meaning-making in restoring affective vitality (Gunderson, 2007; Zanarini et al., 2018).

5.2.3.2.2 Avoidance, Withdrawal, and Emotional Suppression

Avoidance, withdrawal and emotional suppression were adopted as adaptive efforts. These adaptive efforts often coexisted with avoidance behaviours; dissociation, distraction, and emotional suppression emerged as defensive postures that protected against vulnerability but reinforced psychic isolation. These patterns align with Bowlby's (1988) theory of insecure attachment, which posits that early relational inconsistency fosters hypervigilance and withdrawal.

Psychoanalytic perspectives similarly frame avoidance as protective: LaFarge (1989) conceptualized emptiness as a defence against psychic collapse, while Didonna et al. (2009) described it as an avoidance response to deep psychological suffering. Neurobiological trauma models further support this interpretation, emphasizing that emotional numbing and withdrawal reflect autonomic shutdown in the face of relational threat (Schore, 2002; van der Kolk, 2014).

5.2.3.2.3 Self-Medication and Sensation-Seeking

Self-medication and sensation-seeking behaviours, including substance use and self-harm, illustrate attempts to interrupt psychic deadness or provoke intensity. This aligns with Klonsky (2008), who found that self-harm often follows periods of intense emptiness, and with Brown and Linehan (2002), who identified self-injury as a means of expressing anger, self-punishment, or diverting from emotional pain. Peer et al. (2025) further demonstrate that momentary increases in emptiness predict heightened urges toward self-harm, particularly when mentalizing capacity is compromised. These behaviours, while often pathologized, reflect attempts to restore a sense of aliveness or disrupt unbearable internal absence.

Interestingly, while prior literature frequently identifies binge eating as a coping strategy associated with emptiness (Klonsky, 2008; López-Villatoro et al., 2023), none of the participants in this study reported using binge eating as a coping mechanism. This divergence suggests variability in coping repertoires shaped by cultural context, sample characteristics, or individual differences.

5.2.3.2.4 Psychiatric Intervention and Medicalization

The psychiatric intervention cluster underscores ambivalence about medicalized care. While some treatments offered stabilization, others were experienced as impersonal or coercive,

reinforcing a sense of being pathologized rather than understood. This tension is reflected in the broader BPD literature, where chronic emptiness is recognized as a clinically significant feature (Elsner et al., 2018; Miller et al., 2020) yet often addressed through symptom management rather than relational or existential understanding. Saunders et al. (2023) found that trauma-exposed individuals often experience psychiatric interventions as coercive or invalidating, underscoring the need for trauma-informed care that prioritizes relational safety and attunement. Similarly, Han et al. (2021) demonstrated that trauma-informed interventions are most effective when they integrate relational and culturally sensitive practices, moving beyond narrow symptom management.

Participants' accounts highlighted key aspects of helpful therapeutic environments. They consistently stressed the importance of feeling understood, validated, and emotionally safe during therapy. Positive experiences involved opportunities to explore identity, relationships, self-care, and emotions without fear of judgment. In contrast, invalidating, impersonal, or pathologizing experiences often increased shame and deepened feelings of emptiness. These insights suggest that participants sought more than just symptom relief; they craved relational attunement that promotes emotional safety, coherent self-awareness, and genuine connection.

5.2.3.2.5 Integrative Interpretation of Coping and Survival Strategy

Across these clusters, coping emerges not as resolution but as fragile negotiation, an ongoing struggle to contain, escape, or repair the void. Chronic emptiness demands both emotional scaffolding and relational attunement, yet many coping strategies fall short, leaving individuals caught between survival and disconnection. This is consistent with Martin and Levy's (2022) psychodynamic findings that chronic emptiness is closely tied to identity disturbance, emotional instability, and behavioural dysregulation. The convergence of these findings underscores that coping failures are not merely pragmatic shortcomings but manifestations of deeper structural

vulnerabilities in identity and relational capacity. These findings also align with dimensional models of personality functioning, which emphasize variability in severity and expression rather than rigid diagnostic thresholds (Bach & First, 2018; Lingardi & McWilliams, 2017; Trull, 2015). Coping strategies reflect a continuum of dysregulation and relational instability, core features of BPD that are better captured by dimensional frameworks such as the ICD-11. Rather than viewing coping behaviours as symptoms of a discrete disorder, this perspective supports a more nuanced understanding of chronic emptiness as a transdiagnostic phenomenon shaped by individual differences in affective regulation and relational capacity. Crucially, these coping behaviours can be understood as part of the fragile negotiation with chronic emptiness, attempts to manage or survive the void that simultaneously reveals the instability and vulnerability at its core. This dynamic echoes Bowlby's (1988) attachment theory and van der Kolk's (2014) trauma model, both of which highlight defensive withdrawal and emotional numbing as survival strategies in the face of relational threat.

While prior studies have documented coping strategies in BPD, particularly avoidance, self-harm, and impulsivity (Brown & Linehan, 2002; Klonsky, 2008; López-Villatoro et al., 2023), this study diverges in several ways. First, it situates coping within the experiential core of chronic emptiness, reframing strategies as survival efforts to manage the void rather than discrete symptoms of affective instability. Second, avoidance and suppression are interpreted not merely as maladaptive but as protective manoeuvres that preserve fragile self-cohesion, extending psychoanalytic and trauma perspectives (Didonna et al., 2009; LaFarge, 1989; van der Kolk, 2014). Third, the absence of binge eating in this sample challenges assumptions of uniform coping repertoires. Finally, participants' ambivalence toward psychiatric intervention underscores the limitations of medicalized care and calls for relationally attuned, trauma-informed approaches.

Clinically, this category underscores the importance of recognizing coping strategies as adaptive responses to affective disintegration, even when they appear self-defeating. Therapeutic engagement must validate the function of these strategies within the context of chronic emptiness, rather than pathologize them in isolation. Interventions should prioritize emotional regulation, relational safety, and somatic integration, supporting clients in gradually shifting from survival-based coping to reparative, connected relationships. This includes fostering embodied awareness, challenging internalized scripts of invisibility and defectiveness, and creating space for authentic emotional expression. Dimensional models of personality functioning may offer a more flexible framework for conceptualizing these patterns, enabling clinicians to tailor interventions according to severity, context, and individual variability. Ultimately, therapeutic work must honour the existential weight of the void while scaffolding the possibility of relational re-engagement and emotional coherence.

5.2.4 Discussion of Emergent Category 4: Meaning Making

This category examines how chronic emptiness impairs participants' ability to construct, sustain, or regain a sense of meaning in their lives. Meaning-making emerged as a multidimensional process, existential, relational, spiritual, and affective, yet was persistently interrupted by the recursive nature of emptiness. Participants described emptiness not only as a loss of purpose but as a force that obstructed the very processes relational, symbolic, and emotional through which meaning might otherwise be restored.

Theoretical Integration: From Clusters (A–E) to the Core Theme (Meaning-Making Capacity Interruption)

Five clusters converged into the core theoretical theme of Meaning-Making Capacity

Interruption:

- A. Existential Disruption and Loss of Purpose** → Emptiness as a barrier to self-actualization and existential coherence.
- B. Relational and Moral Anchoring** → Disconnection from relational significance and ethical frameworks.
- C. Spiritual and Cultural Interpretations** → Emptiness interpreted through divine punishment, cultural scripts, and symbolic meaning.
- D. Adaptive Meaning-Making Strategies** → Parenting, altruism, and study participation as efforts to reconstruct meaning.
- E. Affective Flattening and Meaninglessness** → Emotional numbness as a barrier to symbolic and relational engagement.

Together, these clusters form a theoretical model in which chronic emptiness disrupts both vertical systems (self-actualization, existential purpose) and horizontal systems (relational, moral, and cultural anchoring). Meaning-making appeared as a dynamic, iterative process shaped by emotional availability, relational context, and symbolic frameworks, yet repeatedly interrupted by the affective deadness at the core of emptiness.

Participants described emptiness as a collapse of existential coherence, a state in which the pursuit of purpose, dignity, and direction felt unreachable. Their accounts align with Miller et al. (2021), who found that emptiness hinders self-actualization and future orientation. Rather than hopelessness alone, emptiness was experienced as existential flattening, a loss of symbolic resonance that made life goals feel abstract or inaccessible.

Hazell's (2003) distinction between existential emptiness and psychological emptiness provides a useful interpretive lens. Existential emptiness, marked by "inner numbness" and confrontation with questions of meaning and purpose, echoed participants' descriptions of blocked self-actualization and spiritual confusion. Their yearning for coherence but inability to access it parallels existential models in which emptiness represents a destabilizing encounter with meaninglessness (Hazell, 2003).

An important distinction emerging from both the literature and the current findings concerns the difference between existential emptiness and chronic emptiness. Existential emptiness has traditionally been understood as a universal human experience involving questions of meaning, mortality, identity, and purpose. In contrast, participants in the present study described a more pervasive and enduring form of emptiness characterized by emotional disconnection, identity fragmentation, relational instability, and developmental disruption. While existential emptiness may catalyse personal growth, reflection, or meaning-making, chronic emptiness in BPD appeared embedded within the personality structure as a persistent aspect of subjective experience, closely linked to recurrent experiences of relational rupture, emotional absence, and difficulties with identity integration and affect regulation. Rather than being solely an experience that emerges in response to existential concerns, chronic emptiness in BPD appeared to function as an enduring mode of being and a pervasive strategy for coping with chronic affective overwhelm. Future research may benefit from examining distressing forms of existential emptiness among individuals without a diagnosis of BPD to clarify areas of overlap and divergence between normative existential struggles and the chronic emptiness described in this study. The present findings further suggest that this chronic form of emptiness is experienced psychologically as a profound sense of inner hollowness, disconnection, and affective deadness. Psychological

emptiness, characterized by hollowness, detachment, and dissatisfaction, aligned with participants' descriptions of affective flattening, relational disconnection, and moral disorientation. This form of emptiness has been linked to severe outcomes such as self-harm and suicidality (D'Agostino et al., 2020; Martin & Levy, 2022). Participants' accounts of emotional numbness and psychic deadness mirror prior descriptions of emptiness in BPD as a form of psychic absence, distinct from sadness or loneliness (Herron & Sani, 2022; Miller et al., 2020). These findings underscore how affective deadness obstructs symbolic and relational engagement, thereby disrupting meaning-making.

Participants' narratives suggest that existential and psychological emptiness are not discrete categories but interwoven dimensions. Existential emptiness obstructed symbolic and spiritual coherence, while psychological emptiness eroded affective vitality and relational engagement. Together, they produced a recursive disruption of meaning-making in which philosophical yearning and emotional detachment reinforced one another.

Maslow's (1968) theory of self-actualization, expanded in post-traumatic growth literature, emphasizes the integration of wounded parts of the self as a pathway to coherence. However, participants described emptiness as obstructing this process, flattening affect, erasing purpose, and severing relational ties. Emotional numbness emerged as a barrier to symbolic engagement, echoing Christensen and colleagues' (2022) findings that trauma-related affective blunting impairs meaning reconstruction.

Relational and moral anchoring were also disrupted. Participants described feeling disconnected from ethical frameworks and relational significance, suggesting that emptiness erodes the scaffolding that sustains values, belonging, and shared purpose. This loss of relational

and moral grounding reflects how chronic emptiness destabilizes the horizontal systems through which individuals typically derive meaning, relationships, community, and ethical commitments.

Spiritual and cultural interpretations of emptiness, ranging from beliefs in divine punishment to cultural scripts of failure, further complicated the meaning-making process, often reinforcing shame and existential confusion. These findings parallel Miller et al.'s (2021) observation that symbolic frameworks shape how emptiness is understood, even when they intensify distress. Cross-cultural perspectives similarly suggest that collective values around relationality, spirituality, and identity mediate experiences of emptiness, highlighting the need for culturally attuned interpretations (Millar et al., 2024).

These disruptions resonate with broader philosophical and existential understandings of emptiness. Hazell (2003) distinguishes between existential emptiness, a normative confrontation with inner numbness and questions of purpose, and psychological emptiness, characterized by emotional detachment and dissatisfaction. Participants' descriptions reflected both dimensions, suggesting that chronic emptiness is not only a clinical phenomenon but also a profoundly human experience. Philosophers such as Sartre and Kierkegaard framed emptiness as a confrontation with existential anxiety, while Frankl emphasized the importance of meaning-making in the face of suffering. These perspectives enrich the interpretation of Meaning-Making Capacity Interruption as a disruption of symbolic, emotional, and existential coherence.

Despite these disruptions, some participants engaged in adaptive meaning-making strategies. Parenting, altruism, and study participation emerged as intentional efforts to reconstruct meaning through relational and symbolic fragments. These acts reflect the possibility of growth through adversity, even as they reveal the recursive nature of emptiness, where coping both

sustains and interrupts disintegration. Such strategies extend beyond cognitive reframing emphasized in trauma and existential literature, highlighting relational and embodied pathways to meaning reconstruction.

While prior literature often treats existential emptiness as a normative developmental confrontation and psychological emptiness as a clinical state (Hazell, 2003; D'Agostino et al., 2020), this study diverges by showing how participants experienced them as inseparable. Emotional numbness, relational disconnection, and existential loss were intertwined, challenging the neat separation found in theoretical models. Meaning-making emerged as a fragile, iterative process continually disrupted by affective deadness and relational disintegration. These accounts enrich the theoretical model of Meaning-Making Capacity Interruption. Participants' experiences suggest that existential and psychological emptiness are not discrete categories but overlapping dimensions: existential emptiness obstructs symbolic and spiritual coherence, while psychological emptiness erodes affective vitality and relational engagement. Together, they converge to produce a recursive disruption of meaning-making, where philosophical yearning and clinical detachment reinforce one another.

Clinically, these findings indicate that therapeutic work must focus on the emotional and relational conditions that enable the reconstruction of meaning. Supporting clients in reconnecting with symbolic processes, relational significance, and emotional vitality can help restore coherence following chronic emptiness. This involves validating existential distress, exploring spiritual and philosophical frameworks, and fostering embodied presence. Meaning-making is not merely cognitive; it requires affective availability, relational anchoring, and symbolic resonance.

5.2.5 Discussion of Emergent Category 5 – Developmental Trajectory

This category traces the developmental antecedents of chronic emptiness, revealing how early relational ruptures, environmental instability, and emotional suppression shaped participants' internal landscapes. Chronic emptiness, in this context, is not merely a psychological state; it is a developmental condition shaped by cumulative disruptions to safety, continuity, emotional expression, and relational mirroring. These experiences converged into the theoretical model *Fragmented Foundations: The Shaping of Self Amid Chronic Disruption and Emotional Absence*, which conceptualizes emptiness as an emergent structure rooted in early relational and environmental fragmentation.

Theoretical Integration: From Clusters (A–E) to the Core Theme (Fragmented Foundations)

A. Relational Trauma and Emotional Neglect → Absence of safety, validation, and maternal attunement disrupts the formation of a secure, coherent self.

B. Environmental Instability and Disrupted Continuity → Chronic relocation and family chaos fracture relational anchoring and developmental coherence.

C. Suppressed Emotional Expression and Internalization → Bottled emotions and learned inexpressiveness protect against relational threat but inhibit affective integration.

D. Physiological and Cognitive Vulnerabilities → Neurobiological sensitivity and trauma-related cognitive disruption amplify emotional dysregulation.

E. Appearance-Based Validation and Identity Confusion → Externalized self-worth and performative identity contribute to fragmentation and disconnection.

Together, these clusters form a developmental model in which chronic emptiness emerges from fragmented foundations, a self built amid instability, emotional absence, and survival-based adaptations.

Relational trauma and emotional neglect emerged as foundational disruptions. Participants described the absence of maternal attunement, validation, and safety as leaving them emotionally invisible and unmirrored during critical developmental phases. Participant 1 recalled never feeling safe or valued at home, describing “missing parts of my personality that weren’t valued or nurtured” and a nervous system locked in fight, flight, or freeze. Participant 5 described an emotionally absent father who “didn’t ever tell us that he loved us,” leaving her “very, very confused” and un-reflected in her emotional development. Participant 6 recounted overt maternal rejection, including being called “fat” and “stupid” and humiliated with ice water, while expressing a persistent longing for the mother she “didn’t have.”

These narratives align with Mahler’s (1971, 1975) separation–individuation theory, which emphasizes the importance of maternal responsiveness during the rapprochement subphase. When children’s bids for comfort are met with rejection or emotional absence, developmental arrest may occur, laying the groundwork for vulnerabilities associated with BPD. Kohut’s (1977) concept of self-objects similarly underscores the role of empathic mirroring in fostering self-cohesion; when caregivers fail to provide adequate responsiveness, individuals may struggle with self-regulation and develop a pervasive sense of emptiness.

Environmental instability, frequent relocation, family chaos, and unpredictability further fractured developmental continuity. Participants described a lack of stable relational anchoring, compounding their sense of emotional rootlessness. These disruptions echo Mahler’s (1975)

emphasis on continuity and object constancy; when these are compromised, the self may struggle to differentiate, integrate, and emotionally stabilize. Research on early-onset BPD supports this interpretation. Bozzatello et al. (2020, 2021) demonstrate that neglect, abuse, and household dysfunction significantly impact personality development, with trauma exposure, regardless of severity, predicting poorer social functioning. Schulze et al. (2022) further show that emotional abuse and insecure attachment predict affective instability and identity disturbance, reinforcing the role of relational trauma in shaping fragmented self-structures.

Emotional suppression, often learned as a survival strategy, inhibited affective integration and reinforced disconnection. Participants described bottling emotions, silencing distress, and performing stability strategies that protected against relational threat but obstructed emotional authenticity. These patterns align with trauma literature, indicating that children exposed to chronic relational stress often develop defensive postures such as emotional shutdown, dissociation, and identity confusion (Didonna et al., 2009; LaFarge, 1989). Winnicott's (1965) concept of the false self and Kohut's (1977) self-object theory illuminate how these defensive adaptations preserve psychic integrity while concealing vulnerability. Over time, these strategies may crystallize into chronic emptiness, a state of emotional absence rooted in developmental survival.

Physiological and cognitive vulnerabilities further amplified emotional dysregulation. Participants described neurobiological sensitivity and trauma-related cognitive disruption that predisposed them to heightened reactivity and reduced affective resilience. Estric and colleagues (2022) show that early trauma disrupts executive functioning, attention, and emotion regulation, directly contributing to emptiness and identity disturbance. Recent research highlights the embodied dimensions of developmental trauma. Bertsch et al. (2024) provide cross-sectional evidence that trauma impairs identity integration and emotional regulation, with diminished body

connection mediating the link between childhood trauma and deficits in personality functioning. This underscores that emptiness is not only psychological but also rooted in disrupted interoceptive awareness.

Somatic models enhance this understanding: van der Kolk (2014) describes emptiness as a dissociative, somatically encoded response to relational rupture, while Levine (2010) views emptiness as a freeze response to unresolved threats. Both highlight the importance of restoring interoceptive awareness and embodied presence for healing. Neurophysiological research supports this view as well. Fani and colleagues (2024) found altered activity in brain areas crucial for interoception, such as the insula, anterior cingulate cortex, and somatosensory regions, among trauma-exposed groups, indicating that chronic interpersonal trauma can disrupt emotional integration. Putica et al. (2024) further corroborate this through a systematic review showing that interoceptive interventions can decrease posttraumatic stress symptoms and enhance bodily awareness. Physiological and cognitive vulnerabilities further intensified emotional dysregulation. Participants reported neurobiological sensitivity and trauma-related cognitive disruptions that made them more reactive and less resilient emotionally. Estric and colleagues (2022) demonstrate that early trauma impairs executive functioning, attention, and emotion regulation, directly leading to feelings of emptiness and identity issues.

Appearance-based validation and performative identity emerged as additional developmental disruptions contributing to chronic emptiness. Several participants described growing up in environments where worth was tied to physical appearance, compliance, or external achievements rather than intrinsic qualities. This externalized sense of self-worth fostered a fragile identity structure that depended on others' evaluations, making participants vulnerable to fragmentation when validation was missing or inconsistent. These patterns align with

developmental and psychodynamic theories, which suggest that when caregivers respond primarily to a child's appearance or performance rather than to the child's emotional needs, the child internalizes a contingent sense of self (Winnicott, 1965; Kohut, 1977). Over time, this leads to identity confusion, self-alienation, and persistent emptiness, as the individual struggles to access an internal sense of value independent of external approval. Appearance-based validation served both as a survival strategy and a developmental vulnerability, reinforcing disconnection from authentic emotional experience and contributing to a fragmented sense of self. Together, these findings position emptiness as a multidimensional adaptation, psychological, relational, and somatic, to early relational disruptions.

Taken together, these clusters suggest that chronic emptiness is not merely a psychological state but a developmental condition, an emergent structure shaped by cumulative disruptions in safety, continuity, emotional expression, and relational mirroring. The theoretical insight here is that the self, when formed in the absence of stable emotional and relational scaffolding, remains vulnerable to collapse, disconnection, and chronic emptiness across the lifespan. While prior literature has emphasized emptiness as a symptom of affective instability or identity disturbance (Martin & Levy, 2022; Miller et al., 2020), this study reframes emptiness as a developmental trajectory. Participants' accounts highlight how chronic emptiness emerges from fragmented foundations rather than appearing solely as an adult symptom. By integrating embodied and neurophysiological perspectives, this study extends existing models, situating emptiness as a structural vulnerability that is simultaneously psychological, relational, and somatic.

Clinically, this category highlights the critical need for developmental repair. Effective interventions must move beyond alleviating present-day symptoms to address the fragmented foundations of self. Trauma-informed approaches that prioritize relational safety, emotional

validation, and embodied integration are essential. Early intervention, particularly in contexts marked by neglect, instability, or insecure attachment, may help prevent the consolidation of emptiness as a developmental condition. In adulthood, therapeutic work should emphasize reconstructing continuity, fostering authentic emotional expression, and shifting identity anchoring from external performance toward internal coherence. Somatic modalities such as trauma-informed movement, body-based psychotherapy, and mindfulness offer particular promise in addressing the physiological imprint of developmental trauma, attending simultaneously to relational history and embodied experience.

5.4 Final Theoretical Synthesis: Chronic Emptiness as a Multidimensional Condition of Disintegration and Survival

This grounded theory study conceptualizes chronic emptiness as a multidimensional condition shaped by developmental trauma, relational rupture, somatic dysregulation, and existential fragmentation. Rather than a discrete symptom, chronic emptiness reflects recurring disruptions in affective vitality, relational stability, symbolic coherence, and self-integration. Across the five emergent categories, Embodiment of Chronic Emptiness, Relational Instability, Coping and Survival Strategies, Meaning Making, and Developmental Trajectory, a coherent theoretical framework emerges: emptiness is simultaneously a psychic wound and a survival adaptation, a state of disintegration that also testifies to the individual's capacity to endure.

Embodiment revealed emptiness as a somatically encoded disruption of selfhood. Participants described numbness, pain, and internal absence, echoing van der Kolk's (2014) model of trauma as a dissociative imprint and Levine's (2010) interpretation of emptiness as a freeze-state collapse. These embodied experiences undermined affective integration and contributed to self-alienation, where dissociation, defectiveness, and performative identity reflected Winnicott's

(1965) false self and Kernberg's (1968) identity diffusion. The body became both the site of collapse and the archive of survival, holding unintegrated affect that could not yet be symbolized.

Relational trauma and emotional neglect emerged as foundational developmental disruptions. The absence of attunement, validation, and safety left participants with a felt sense of emotional invisibility, impairing the formation of a secure internal world. Participant narratives illustrated how chronic hyperarousal and misattunement, consistent with Schore (2002) and van der Kolk (2014), undermined affective coherence and self-integration. Accounts of absent or rejecting caregivers resonated with Kohut's (1977) self-object theory and Winnicott's (1965) conceptualization of defensive false self-adaptation, in which unmet needs compel protective structures that simultaneously conceal and perpetuate emptiness.

Mentalization and epistemic trust were also compromised. Participants' experiences of rejection and neglect reflected developmental contexts in which the capacity to understand one's own and others' mental states could not fully form. Fonagy and colleagues (2018) argue that such impairments are central to borderline personality disorder, contributing to chronic emptiness, relational instability, and defensive withdrawal. Epistemic trust, openness to receiving social communication as meaningful, was similarly eroded (Kampling et al., 2022; Knapen et al., 2025). When epistemic trust collapses, individuals remain closed to corrective emotional experiences, even in therapeutic contexts designed to provide them. This dynamic intersects directly with chronic emptiness: both conditions restrict the capacity to internalize relational repair.

Relational instability further reinforced emptiness. Anticipatory withdrawal, abandonment scripts, and hypervigilance reflected insecure attachment, compromised mentalization (Bowlby, 1988; Fonagy et al., 2018), and Kernberg's (1967) descriptions of identity diffusion and unstable

relationships. Empirical studies confirm that neglect and relational trauma predict affective instability and identity disturbance (Bozzatello et al., 2020;2021 Schulze et al., 2022), positioning emptiness as a breakdown in mutual recognition and relational safety. Appearance-based validation and performative identity further fragmented the self, leaving participants dependent on external evaluation and disconnected from intrinsic worth.

Meaning-making was persistently obstructed. Participants described existential numbness, moral disorientation, and symbolic collapse, reflecting Hazell's (2003) distinction between existential and psychological emptiness. Cultural and spiritual frameworks shaped how emptiness was interpreted, sometimes reinforcing shame, at other times offering partial coherence (Hazell, 2003). However, the current study introduced adaptive meaning-making through parenting, altruism, and involvement in the study, indicating that coherence can be reconstructed via relational and symbolic elements.

The developmental trajectory situates emptiness as a structural vulnerability rooted in fragmented foundations. Early relational trauma, emotional suppression, environmental instability, and appearance-based validation impaired identity integration and body connection (Mahler, 1975; Kohut, 1977; Bertsch et al., 2024). Neurophysiological evidence (Fani et al., 2024; Putica et al., 2024) indicates that emptiness is a multidimensional adaptation encompassing psychological, relational, and somatic processes. Chronic emptiness thus emerges as a developmental outcome shaped by cumulative disruptions in safety, continuity, emotional expression, and relational mirroring.

Coping and survival strategies reflected fragile negotiations between repair and collapse. Parenting, therapy, and altruism coexisted with suppression, dissociation, and self-harm, aligning

with Didonna's (2009) and LaFarge's (1989) accounts of emptiness as avoidance. Dimensional models (Bach & First, 2018; Trull, 2015) contextualize these strategies as adaptive responses to psychic overwhelm, even when they perpetuate disconnection.

Importantly, these findings imply that chronic emptiness should not be viewed solely as a symptom of mental health issues. Participants' stories show that emptiness can be an adaptive response to intense emotions, ongoing relational issues, and emotional invalidation. In this context, emptiness acts as a protective mechanism, reducing emotional intensity and shielding individuals from repeated psychological pain. However, while this response can be helpful during times of threat, in BPD it tends to become more rigid over time, leading to disconnection, fragmented identity, and social isolation. As a result, chronic emptiness serves both as a survival tactic and a source of distress, protecting yet also restricting the self.

Taken together, this grounded theory positions chronic emptiness as a developmental, relational, somatic, and existential phenomenon, a complex adaptation to early relational rupture and ongoing affective dysregulation. Across the five categories, a unified picture takes shape: emptiness is lived in the body, enacted in relationships, defended against through fragile survival strategies, and continually negotiated through attempts at meaning making. This study extends existing models by demonstrating that emptiness is not merely a manifestation of affective instability or identity disturbance, but a multidimensional developmental condition that reflects both injury and adaptation.

Clinically, these findings underscore the necessity of interventions that restore epistemic trust, rebuild relational safety, and re-establish embodied presence conditions under which corrective emotional experiences can finally be received, integrated, and sustained. By

illuminating the pathways through which emptiness is formed, maintained, and at times transformed, this study offers a framework that deepens theoretical understanding while guiding more attuned, developmentally informed, and relationally grounded clinical practice.

6. Conclusion

This study sought to deepen understanding of chronic emptiness in Borderline Personality Disorder by examining its lived experience, developmental origins, and recursive dynamics. Across the analyses, chronic emptiness emerged not as a discrete symptom but as a multidimensional collapse of anchorage across affective, relational, somatic, and existential domains, shaped by early trauma and sustained by patterns of disconnection and survival. Existing clinical models have long acknowledged emptiness as a core feature of BPD, yet its underlying structure and developmental logic remain insufficiently theorized. By illuminating its developmental, embodied, and relational foundations, this study offers a more integrated framework that positions emptiness as a structural vulnerability rather than a surface-level symptom.

At the heart of this study is the insight that chronic emptiness functions as a recursive collapse of relational, somatic, and affective integration, sustained through coping strategies that both reflect and modulate developmental fragmentation. The Unanchored Self reframes emptiness as a dynamic, embodied, and relationally defended condition, one that requires integrative, trauma-informed, and relationally attuned approaches to repair. Theoretical integration identified chronic emptiness as both a wound and a survival mechanism. In Embodiment, participants described somatic pain, emotional numbness, and dissociation, aligning with trauma models that

conceptualize emptiness as a freeze-state disruption of interoceptive awareness (Bertsch et al., 2024; Levine, 2010; van der Kolk, 2014). Relational Instability highlighted anticipatory withdrawal, internalized abandonment scripts, and hypervigilance, which together underpin relational disintegration (Bowlby, 1988; Bozzatello et al., 2020; Klein, 1940; Schulze et al., 2022). Coping and Survival Strategies revealed the delicate balance between containment and collapse, with self-harm, suppression, and psychiatric intervention functioning as attempts to soothe or regulate the void (Didonna, 2009; LaFarge, 1989; Bach & First, 2018; Trull, 2015). Meaning Making demonstrated how emptiness obstructs symbolic engagement and existential coherence, resonating with Hazell's (2003) distinction between existential and psychological emptiness and Frankl's (1984) framing of meaning through suffering. Finally, Developmental Trajectory traced chronic emptiness back to early relational trauma, emotional suppression, and environmental instability, forming the developmental model Fragmented Foundations (Bozzatello et al., 2021; Fani et al., 2024; Kohut, 1977; Mahler, 1975; Putica et al., 2024).

6.1 Addressing the Research Questions

1. What are the core concerns expressed by individuals diagnosed with Borderline Personality Disorder (BPD) who experience chronic emptiness, how do they experience it, and what processes do they engage in to navigate or resolve these concerns over time?

The first research question concerning core concerns and relational dilemmas was addressed through participants' descriptions of emotional invisibility, anticipatory withdrawal, and fragmented self-states. These concerns were most evident in the categories of Relational Instability and Coping and Survival Strategies, where participants described fears of abandonment, ruptured bonds, and protective strategies such as dissociation, emotional suppression, and sensation seeking. The processes they engaged in to navigate these dilemmas included relational repair,

therapeutic engagement, symbolic meaning-making, and embodied regulation, captured in the theoretical models Relational Disintegration and Struggling to Soothe the Void. These strategies reflected both agency and desperation, revealing how individuals attempt to manage psychic disintegration and relational loss over time. Importantly, participants' accounts also highlighted limitations in accessing corrective emotional experiences, as recursive collapse and compromised epistemic trust often re-emerged within therapeutic contexts, underscoring the fragility of repair processes even in settings designed to foster safety.

2. What recurring patterns, relational dynamics, and processes shape the emergence, experience, and development of chronic emptiness in individuals with BPD across time and context?

The second research question, which focused on recurring patterns, relational dynamics, and intrapsychic processes, was addressed through the categories Embodiment, Meaning Making, and Developmental Trajectory. Participants described chronic emptiness as a somatically encoded experience of numbness, collapse, and disconnection, shaped by early relational trauma and emotional neglect. The model Fragmented Foundations revealed how environmental instability, lack of caregiver attunement, and emotional suppression disrupted the development of affect regulation, identity coherence, mentalization, and relational trust. These intrapsychic processes were recursive and context-sensitive, evolving over time and across relational environments. The disruption of symbolic and existential frameworks captured in Meaning Making Capacity Interruption further illustrated how chronic emptiness impairs the ability to construct coherence, purpose, and emotional vitality.

Together, these findings offer a grounded theory of chronic emptiness that reframes it not as a static symptom but as a multidimensional condition of disintegration and survival. The study

directly addresses both research questions by illuminating the core relational dilemmas and coping processes individuals engage in, and by mapping the developmental and intrapsychic patterns that shape chronic emptiness over time and across contexts. This theory contributes to clinical practice by offering a framework for trauma-informed, developmentally attuned, and symbolically engaged therapeutic care, while also emphasizing the need to address epistemic trust and rupture-repair dynamics as central barriers to treatment. These findings not only clarify the developmental and relational processes underpinning chronic emptiness but also raise pressing clinical questions about how therapists can engage with recursive collapse, compromised epistemic trust, and fragile repair processes, issues explored in the following section on clinical implications.

6.2 Clinical Implications

6.2.1 Relational Dimensions

The centrality of relational disintegration underscores the need for relational attunement in psychotherapy. Emotional safety, empathic mirroring, and mutual recognition are vital to counteract the erosion of relational anchoring and to support the reconstitution of self in relation. Emptiness is not resolved through insight alone but through sustained relational presence and co-regulation. Participants' accounts suggest that emptiness is often relationally triggered and recursive, meaning collapse may occur within the therapeutic relationship despite efforts to foster safety. This presents a nuanced clinical challenge: how can therapists engage clients during moments of collapse without reinforcing withdrawal or disconnection? The present model suggests that rupture and repair must be expected rather than avoided. Micro-attunements, gentle invitations to co-regulate, grounding through shared presence, or naming the collapse without demanding immediate re-engagement, allow clients to experience repair even while in states of emptiness. This approach also offers a way of working with splitting: rather than challenging

polarized states cognitively, therapists can help clients track embodied shifts between presence and absence, supporting gradual integration across dissociated self-states.

Participants consistently highlighted that feeling truly understood during therapy is crucial. Their experiences indicate that effective therapy relies not only on particular techniques but also on the therapist's ability to maintain emotional attunement, show non-judgmental curiosity, and be present relationally. From their point of view, therapy is most beneficial when it provides a safe and validating space to explore identity, emotions, and relational dynamics. These insights underscore the significance of therapeutic relationships as tools for healing, beyond just managing symptoms.

A central implication concerns how existing evidence-based treatments for BPD conceptualize and respond to chronic emptiness. Dialectical Behaviour Therapy (DBT), Mentalization-Based Treatment (MBT), and Transference-Focused Psychotherapy (TFP) each offer important contributions, yet the present model highlights areas where these approaches may require augmentation. DBT excels in stabilizing behavioural dysregulation and reducing self-harm, but its skills-based structure may not fully address the identity diffusion and somatic absence described by participants. MBT aligns with the relational disintegration highlighted in this study, yet mentalizing presupposes a minimal sense of internal presence, which may be absent during collapse. TFP's focus on identity integration maps onto the Fragmented Foundations model, but interpretation alone may be insufficient when emptiness is accompanied by profound somatic disconnection. These findings suggest that emptiness requires relational, embodied, and existential interventions beyond cognitive reframing.

6.2.2 Embodied Dimensions

The embodied dimension of emptiness calls for somatically informed interventions. Participants described numbness, dissociation, and a felt sense of absence experiences consistent with neurobiological and somatic trauma models. Approaches such as sensorimotor psychotherapy, mindfulness practices, grounding exercises, and interoceptive training may help restore coherence between bodily sensations and emotional experience, transforming the body from a site of absence into a site of repair. Somatic work also provides a non-interpretive bridge between fragmented self-states, complementing Transference-Focused Psychotherapy's (TFP) identity-focused interventions and Mentalization-Based Treatment's (MBT) relational focus.

6.2.3 Existential Dimensions

The existential disruption of emptiness highlights the therapeutic role of meaning-making. Clinicians can scaffold symbolic, spiritual, and narrative processes that validate existential distress while fostering coherence and vitality. Meaning-making interventions may complement Dialectical Behaviour Therapy's (DBT) behavioural focus, deepen MBT's reflective stance, and enrich TFP's interpretive work by addressing the symbolic and existential void at the heart of emptiness. For example, logotherapy (Frankl, 1985) emphasizes meaning-making through suffering and can help clients symbolically reconstruct a sense of coherence. Narrative and group therapies allow participants to reassemble coherence through shared symbolic fragments, transforming emptiness into collective meaning.

6.2.4 Developmental Foundations

The developmental roots of emptiness emphasize the need for trauma-informed, identity-sensitive formulations that address the unmet developmental needs. The model of Fragmented Foundations illustrates how early relational trauma and neglect impair the formation of a coherent

self, requiring therapeutic work that validates survival strategies while gently integrating fragmented self-states. This aligns with TFP's focus on identity integration but extends it by emphasizing the somatic and existential dimensions of fragmentation. In this view, emptiness is not only a disruption of affect regulation but a collapse of meaning, coherence, and embodied anchorage, an existential wound that necessitates therapeutic approaches capable of restoring continuity, grounding, and a sense of inner presence.

6.2.5 Medicalization Considerations

Participants' ambivalence toward psychiatric intervention calls for caution with medicalization. While pharmacological support may stabilize acute symptoms, therapeutic care must remain person-centred, relationally attuned, and responsive to existential dimensions of distress. The findings suggest that future treatment development for BPD may benefit from integrating the strengths of DBT, MBT, and TFP with somatic, relational, and meaning-oriented approaches. Such integration acknowledges that chronic emptiness is not merely a symptom cluster but a multidimensional disruption of selfhood, coherence, and existential grounding.

6.2.6 Integrative Framework

Across modalities, the findings indicate that emptiness requires not only cognitive and relational insight but also embodied reanchoring, affective co-regulation, and symbolic reconstruction. This underscores the limitations of therapeutic approaches that rely primarily on cognitive reframing. Instead, interventions that integrate existential therapy (addressing meaning, purpose, and symbolic coherence), somatic therapies (fostering embodied reanchoring), and attachment-based or relational therapies (supporting affective co-regulation) may be more effective. Taken together, these findings highlight the value of an integrative therapeutic framework that attends to cognitive, relational, embodied, affective, and symbolic dimensions

simultaneously. Taken together, these findings highlight the value of an integrative therapeutic framework that attends to cognitive, relational, embodied, affective, existential, and symbolic dimensions simultaneously. Emptiness is transformed not through any single modality but through a coordinated process that restores emotional resonance, relational grounding, bodily presence, and the capacity to generate meaning.

6.4 Contributions to the Literature

Theoretically, this study makes several original contributions to the understanding of chronic emptiness in BPD. It reframes emptiness not as a symptom but as a developmental condition, rooted in fragmented foundations of attachment and relational continuity. It introduces the grounded theory, *The Unanchored Self*, which conceptualizes emptiness as a recursive collapse across somatic, relational, affective, and existential domains. By mapping chronic emptiness as a looping process of collapse and survival rather than a linear trajectory, the study highlights its embodied and existential dimensions.

This work integrates trauma, somatic, existential and neurophysiological perspectives to position emptiness as a multidimensional adaptation. Collectively, these contributions address a critical gap in the literature by presenting a theory of chronic emptiness that integrates developmental, affective, relational, and existential dimensions and offers clinically relevant insights for trauma-informed, attachment-based, and integrative interventions.

By conceptualizing emptiness as a recursive collapse of anchorage rather than a discrete symptom, this study challenges existing clinical frameworks. It highlights the limitations of current evidence-based treatments in addressing the full complexity of the experience. *The Unanchored Self* offers a new lens for understanding how chronic emptiness is formed, maintained, and

negotiated, and provides a foundation for integrating relational, somatic, and meaning-oriented interventions into therapeutic practice. In doing so, the study advances the field toward a more structural, process-oriented, and clinically actionable understanding of emptiness that more fully addresses the lived realities of individuals with BPD.

6.5 Limitations and Future Considerations

This study presents a nuanced, multidimensional theory of chronic emptiness, rooted in the depth and intricacy of participants' lived experiences. As with all qualitative research, the results are influenced by the study's context and limitations. The sample included only women from various racial and cultural backgrounds. This homogeneity supported coherent conceptual understanding and enabled a focused investigation of the gendered and sociocultural aspects of chronic emptiness. However, future studies should explore how emptiness appears among men, nonbinary, and gender-diverse individuals, as well as across different cultural and socioeconomic settings. Such research would assess the model's applicability across populations and highlight similarities and differences.

This study used retrospective self-report, a method ideal for examining long-term developmental and existential phenomena. Participants' stories offered valuable insights into the subjective, relational, and symbolic aspects of emptiness. However, future research could enhance these findings by using mixed-methods approaches that include psychological measures, aiming to gain a more comprehensive understanding of chronic emptiness.

Five of the six participants kept their cameras off during the interviews, so data were mainly gathered via audio recordings. This likely increased participants' comfort, privacy, and willingness to share emotionally sensitive topics, but it prevented observation of nonverbal cues.

Consequently, key elements of participants' presentation such as facial expressions, posture, gestures, and visible emotional shifts were unavailable for analysis. Nonverbal communication offers valuable contextual insights and can enhance understanding of emotional processes, especially with complex phenomena like chronic emptiness. The drawback of this is that interpretation of the verbal data could not be strengthened, contradicted (as in the case of inconsistent verbal and nonverbal information) or nuanced by non-verbal cues. Future studies could consider including video participation as a requirement to participation during the recruitment and informed consent process. Access to both spoken and nonverbal data might yield a more detailed and nuanced understanding of chronic emptiness as an embodied and relational experience.

Finally, the cross-sectional design captured chronic emptiness as participants understand and inhabit it in the present, offering a detailed structural map of collapse, survival, and meaning-making. While this design was appropriate for generating a grounded theory, it could not trace how emptiness shifts across developmental stages, relational contexts, or therapeutic processes. Longitudinal research, whether developmental, clinical, or process-oriented, would allow future studies to examine how individuals move in and out of states of emptiness, how relational anchoring is built or lost over time, and how therapeutic engagement may support integration. Incorporating neurobiological or interoceptive measures may further clarify the somatic dimensions of emptiness and the mechanisms by which regulation and coherence are restored. By diversifying samples, integrating longitudinal and mixed-methods designs, and examining chronic emptiness across cultural and developmental contexts, future research can build on the grounded

theory of The Unanchored Self and continue to refine clinical and theoretical understandings of this complex phenomenon.

6.6 Reflexivity and Final Reflection

As a clinician and researcher working at the intersection of emotional regulation, autonomy, and qualitative inquiry, I approached this study with deep sensitivity to the lived experience of chronic emptiness. A commitment to honouring participant voices shaped my analytical stance, keeping me open to emergent conceptual frameworks and integrating clinical insight with methodological rigour. Throughout the research process, I remained mindful of how my therapeutic orientation and relational values might have influenced data interpretation, particularly when exploring themes of attunement, fragmentation, and meaning-making. This reflexive awareness served as a source of ethical responsibility and enhanced understanding, ensuring that participants' accounts were interpreted with care and respect.

This study began with a question that has accompanied my clinical practice for over fifteen years: What is the nature of chronic emptiness? Inspired by clients' voices, who struggled to articulate this experience, I sought to develop a grounded theory that would capture emptiness not as a pathology but as a recursive system of disintegration and survival. The findings revealed that chronic emptiness is not a void to be filled but a sign of unmet relational and developmental needs. Participants' narratives illuminated emptiness as both a wound and a survival strategy an embodied, relationally defended, and existentially disruptive condition sustained through fragile coping and adaptive negotiation.

In closing, engaging deeply with these stories required me to confront the paradox of emptiness: its simultaneous role as both collapse and endurance. Approaching chronic emptiness

as a nuanced, multi-layered experience, one that manifests in different textures and flavours beyond a categorical, symptom-based model, helped me see its complexity more clearly. As a researcher, I leave this project with a renewed appreciation for relational attunement, embodied presence, and meaning-making in clinical practice and scholarship. By honouring participants' lived experiences, this work fosters a more compassionate and integrated understanding of psychological distress. Finally, I hope that the theory of The Unanchored Self will inform future research, enrich clinical practice, and provide greater clarity, dignity, and humility for those experiencing chronic emptiness in BPD.

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Appendix A

Participant Consent Form

Informed Consent Form

TITLE OF RESEARCH STUDY: An In-Depth Understanding of Chronic Emptiness in Borderline Personality Disorder

STUDY RESEARCHERS: Sogol Kafi, PhD Candidate, Faculty of Human Studies, Department of Counselling & Spirituality, Email: skafi075@uottawa.ca Phone: 613-884-7692) and Research Supervisor (Stephanie Wiebe, PhD, Associate Professor, Saint Paul University, Email: swiebe@ustpaul.ca Phone: 613-236-1392 extension 2369)

Invitation to Participate: You are being invited to participate in the abovementioned research study. This research has been approved by the Research Ethics Board of Saint Paul University. If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON, K1S 1C4; tel: (613) 236-1393. This research is conducted by *Sogol Kafi as the primary researcher and her supervisor Dr. Stephanie Wiebe.*

Purpose of the Study: The study aims to gain a firsthand understanding of chronic emptiness by exploring each participant's unique definition and inquiring about how it came about.

Participation: If you decide to participate in this study, you will be required to attend three interview sessions, each lasting a maximum of 1.5 hours, during which the researcher will ask you questions about your lived experiences in detail. (The sessions will be scheduled to coordinate with participants to schedule interview sessions at times convenient for them).

Risks: The level of risk for participating in this study is minimal. By participating in this study, you will be required to share personal information, which may lead to feelings of inconvenience, as well as emotional and psychological discomfort, including fatigue. If you experience emotional distress at any time during or following completion of the study, you can contact your therapist and/or access the following resources:

- **Distress Line/Crisis Line** <https://www.dcottawa.on.ca/>
Phone numbers
613-238-3311
613-722-6914
1-866-996-0991
- **Mood Disorders Ottawa** <https://www.mooddordersottawa.ca/>

Info Line: 613-526-5406

- **Suicide Crisis Helpline** <https://988.ca/>
Call or text 988
- **211 Ontario** <https://211ontario.ca/>
confidentially connects people to social services and community programs across the province through calling, texting or chat options.

- **Walk-in Counseling**
walkincounselling.com

The researcher will make every effort to minimize these risks. The researcher will take the following steps to enhance your comfort during the study:

1. Keep interview sessions concise and focused.
2. Schedule interviews at times that are convenient for participants.
3. Allow participants to take breaks if they feel tired.
4. Provide clear instructions and support to ensure a smooth process for the remote/online interview such as technical support if required. In addition, the interviewer will help ensure that the participant is in a safe and confidential location before beginning the interview.
5. Emphasize that participation is voluntary and that participants can withdraw at any time without any repercussions.

Benefits: Your participation in this study may help you gain a better understanding of your experiences and will contribute to the advancement of treatment for borderline personality disorder for clinicians and researchers.

Confidentiality and anonymity: The data you provide in the study will be kept secure and confidential. The content will only be used only for a PhD research project and that your confidentiality will be protected by ensuring that the data collected will be stored securely and identities are not disclosed and the data will be discarded after the study. **Anonymity** will be protected in the following manner:

Data will be anonymized, meaning identifying information will be removed or masked.

Conservation of data: The data collected will be stored securely as encrypted digital files on a password protected and encrypted flash drive, which will be stored in a locked cabinet. Only authorized members of the research team will have access to the data. If a participant withdraws, they can request that their data be removed from the study, provided it is still possible to identify their data. The encrypted files on the password

protected and encrypted flash drive will be kept until all the interviews are transcribed (approximately 3 months). The data on the flash drive will then be permanently destroyed without the option of reversing it. In addition, the flash drive will be physically destroyed by opening the casing and destroying the circuit board.

Voluntary Participation: You are under no obligation to participate and if you choose to participate, you can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If you choose to withdraw, all data gathered until the time of withdrawal will be discarded upon withdrawal from the study.

If you have any questions about the study, you may contact the researcher or her supervisor.

If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4

Tel.: (613) 236-1393

SIGNATURES

I have read the preceding information and have had a chance to ask questions to help me understand what my participation will involve. My signature below indicates that the research study and related procedures have been explained to me and that I freely give my consent to participate in the research study, unless I decide otherwise. I will receive a signed copy of this consent form.

_____	_____	_____
Participant (Print Name)	Signature	Date

RESEARCHER STATEMENT

I certify that I have explained the research study to the above individual, including the purpose, the procedures, the possible risks and potential benefits associated with participation in this research study. Any questions raised have been to the individual's satisfaction. I believe that the participant fully understands my explanations and has freely given informed consent.

_____	_____	_____
-------	-------	-------

Participant (Print Name)

Signature

Date

Appendix B

A. Demographic Questionnaire

Pronoun(s)____ SEX __

AGE__

Current occupation____

a. Last grade completed in public school or high school ____

b. Level of post-secondary education 1. Some university/college

2. Community college diploma

3. Undergraduate university degree

4. Graduate University Degree

8. Cultural/social/racial/spiritual background _____ :

9. How do you know you have BPD _____ Diagnosed? __Self-Report?__

10. How long has it been since you know or have been diagnosed with BPD?

11. Do you experience chronic emptiness? Yes/No

Appendix C

Telephone Screening Protocol

Hello. My name is Sogol Kafi. I am a PhD student at Saint Paul University, and I am conducting a study on the experience of chronic emptiness in people diagnosed with Borderline Personality Disorder. Is this a good time to talk?

Before we proceed, I want to let you know that this call will take about 10-15 minutes. The purpose of this call is to determine your eligibility to participate in this study. Your participation is voluntary, and you can stop at any time. All the information you provide will be kept confidential. Do I have your permission to continue?"

1. Are you over the age of 18?
2. Have you been formally diagnosed with Borderline Personality Disorder (BPD) by a healthcare professional?
3. Do you frequently experience feelings of chronic emptiness?

In the upcoming section of this interview, I will ask you to assess the extent to which each of the five statements aligns with your emotions and actions over the previous two weeks. Your responses should indicate whether you have encountered the emotion or behavior, rather than how frequently it occurred (Price et al., 2022). Please provide the first answer that comes to mind.

Statement	Not at all true	Somewhat true	Mainly true	Very true
-----------	-----------------	---------------	-------------	-----------

1. I feel empty inside
2. I feel absent in my own life.
3. No matter what I do, I still feel unfulfilled.
4. I feel like I am forced to exist.
5. I feel all alone in the world.

You may be eligible to participate in this study based on your responses. The researcher will contact you once it is determined that you are eligible for this study based on your answers today. If you are eligible and interested, you will be contacted to schedule a more in-depth interview at a convenient time. This interview will help us understand your experiences in more detail. Do you have any questions? I will call you once your eligibility is determined. Have a great day.

Phone script for eligible participants

Hello, my name is Sogol Kafi. I am a PhD student at Saint Paul University, and I am calling to follow up on our earlier phone conversation about your participation in the study on the experience of chronic emptiness in people diagnosed with Borderline Personality Disorder. Is this a good time? I was

wondering if you are still interested in participating in this study. If so, I would like to invite you to schedule an in-depth virtual interview with me at your convenience. What is your availability like?

Phone script for non-eligible participants

Hello, my name is Sogol Kafi. I am a PhD student at Saint Paul University, and I am calling to follow up on our earlier phone conversation about your participation in the study on the experience of chronic emptiness in people diagnosed with Borderline Personality Disorder. Is this a good time? Unfortunately, based on our first phone conversation, you are not eligible to participate in this research. I would like to thank you for your interest and time, and I wish you all the very best.

Appendix D

Interview Questions

First set

1. Can you tell me in as much detail as possible what comes to mind when you hear "chronic emptiness"?
2. When you hear the term "chronic emptiness," how does it correspond to your experience?
3. When you hear the following description, "Chronic emptiness is a sense of a disconnect from self and

others," how does this definition correspond to your experience?

4. Can you describe the thoughts, feelings, or physiological sensations (if any) you experience along with chronic emptiness?
5. If you could assign any meaning to chronic emptiness, what would that be for you?
6. Based on your description of chronic emptiness, what do you think has contributed to this experience as far back as you can remember?
7. What experiences in your life do you think might have contributed to chronic emptiness?
8. If you could change anything about your experience with chronic emptiness, what would you change?

Second set:

- 1) How would you relate chronic emptiness to other emotional experiences you've had?
- 2) Can you think of times when chronic emptiness felt different, (maybe lighter or heavier)?
- 3) How does the feeling of chronic emptiness shift in different settings or around different people?
- 4) What role does thinking about your life play in how you feel chronic emptiness?
- 5) If you were to explain chronic emptiness to someone new to the concept, how might you describe it?
- 6) How has chronic emptiness influenced your sense of who you are?
- 7) Are there certain triggers or situations that seem to bring out feelings of chronic emptiness more strongly?
- 8) What efforts have you made to address chronic emptiness, and how have those experiences been?

Third Set:

1. How has chronic emptiness shaped your understanding of yourself and your life journey?
2. In what ways has chronic emptiness influenced your daily life and interactions with others?
3. Can you describe a moment when chronic emptiness felt particularly profound or transformative?
4. How do you perceive the relationship between chronic emptiness and your sense of purpose or meaning in life?
5. How has living with chronic emptiness impacted your personal growth and development?
6. Are there specific experiences or memories that stand out as defining your relationship with chronic emptiness?
7. How do you make sense of chronic emptiness in the context of your overall life story?
8. What does chronic emptiness mean to you on a deeper, (maybe more existential level)?

Appendix E



Recruitment Poster

Individual participants needed to help people with a sense of chronic emptiness who are diagnosed with Borderline Personality Disorder (BPD), get an in-depth understanding of this phenomenon.

Topic of the study:

An In-Depth Understanding of Chronic Emptiness in Borderline Personality Disorder Study Seeking Participants

Do you experience a sense of emptiness & have received a diagnosis of Borderline Personality Disorder (BPD), would you like to help us understand this phenomenon in-depth?

Eligible participants

- Over 18 years of age
- Willing to participate in 3 sessions of interviews (1.5 hours each)
- Has a diagnosis of BPD
- Experience a sense of chronic emptiness
- Fluent in English

When will the study take place? Jan 2025 to Jan 2026

Where will the study take place? Saint Paul University Counselling Center

How long is the study? Participation in the study may take approximately Three sessions each lasting 75 minutes.

This research will be used to help build our understanding of what it means to feel empty and how it has come about

If you are interested in participating or have any questions, please contact:

Sogol Kafi, PhD (Candidate), RP,CCC

Sogol.Kafi@ustpaul.ca

(613) 884-7692

ustpaul.ca

Appendix F



**CERTIFICAT D'ÉTHIQUE
ETHICS CERTIFICATE**

SPU-Ethics Certificate Number: 1360.32/24

Student: Sogol Kafi
Student ID: 3107970

**"An In-Depth Understanding of Chronic Emptiness in
Borderline Personality Disorder"**

- Doctoral Thesis -

March 20, 2025
Université Saint Paul University
223, Main Ottawa (Ontario) Canada K1S 1C4
Tel 613 236-1393 Fax 613 782-3005
ustpaul.ca



CERTIFICAT D'ÉTHIQUE | ETHICS CERTIFICATE

SPU-REB Number: 1360.32/24

Last name	Name	Affiliation	Role
Kafi	Sogol	Faculty of Human Science	Ph.D. Candidate
Wiebe	Stephanie	Faculty of Human Science	Thesis Director

Type of project Doctoral Thesis

Title An In-Depth Understanding of Chronic Emptiness in Borderline Personality Disorder.

	Approval date	Expiry Date	Decision ¹⁶
Initial Approval	26-02-2025	25-02-2026	1 (Approved)
Modification to Protocol	20-03-2025	25-02-2026	1 (Approved)

16 Approves:
The Saint Paul University Research Ethics Board (SPU-REB) approved the modification to the project.
Recruitment and data collection may resume as outlined in the application. Please use SPU-REB Protocol 1360.32/24.
The ethics approval applies for one year. However, any modification to Research Project must be approved by the REB before the changes can be implemented.
The SPU-REB must be notified of all changes or unanticipated circumstances (Unanticipated Issues / adverse events report) that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.
An Annual Report for ongoing projects must be submitted.
The researcher must provide a Final Report for projects that have been approved by the Research Ethics Board (REB) in order to close all REB-approved files.

- In accordance with the Ta-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 and other applicable laws and regulations, the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.
- Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.
- Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project.

Université Saint Paul University | 313, Main Ottawa (Ontario) Canada K1S 1C4 | ☎ 613 236-1393 | 1 800 668-0000, Fax 613 782-3005



CERTIFICAT D'ÉTHIQUE | ETHICS CERTIFICATE

SPU-REB Number: 1360.32/24

Investigator's Name: Louis Perron, Ph.D.
Chair: Research Ethics Board (REB)

Investigator's Signature: 

Investigator's Title: Louis Perron, Ph.D.
Chair: Research Ethics Board (REB)

Investigator's Contact Information: Université Saint Paul University
223, Main Ottawa (Ontario) Canada K1S 1C4
Tel 613 236-1393 Fax 613 782-3005
ustpaul.ca

Université Saint Paul University | 313, Main Ottawa (Ontario) Canada K1S 1C4 | ☎ 613 236-1393 | 1 800 668-0000, Fax 613 782-3005