THE LEBENSWELT IN MELANCHOLIC AND BORDERLINE DEPRESSION

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OBJECTIVES

Personal identity has been conceptualized as a useful fiction for our existence as human beings. In that sense it is not seen as a substance. Identification/deindentification with images or social contructed roles is the way human beings act coherently based on an abstract structure which is materialized by language and action.
The process of de/identification has variations that lead to different psychopathologies. We discuss two of these psychopatological organizations: the melancholic and the borderline. The former is grounded on the works of Tellenbach and Kraus. Its main features are conscientiousness, orderliness, hypernomia–heteronomia and intolerance of ambiguity. The later is based on psychodynamic theories, the concept of identity and personality organization. Its main features are identity diffusion, intense feelings of emptyness, fear to be abandoned, emotional instability, dysphoria, bursts of anger and self-harming behaviors.

METHODS

A better understanding of the melancholic and borderline existential modes is achieved by means of the discussion of two prototypical outpatients and the phenomenological concept of "life-world" (*Lebenswelt*), characterised by Schutz and Luckmann by a given 'pragmatic motive', by a 'meaning-structure' and a 'style of subjective experience'.

RESULTS

The phenomenological features of the melancholic organization are: a reified and desynchronized lived time, an overidentification with the body, a limited spatiality and an intersubjectivity that assumes the limitations of role hierarchies. The phenomenological features of the borderline organization are: an intra-festum lived temporality, a misrepresentation of the implicit other who is necessary to develop a stable attachment, a failure in the ability of the self to take control of ones own body experience, a limited spatiality by intense emotional impulses that attract/repel the external object.

CASE 1	CASE 2
A.B. is a 60-year-old man who was diagnosed with major depression which included symptoms of melancholia which was linked to acquired debts during the economic crisis. He also displayed feelings of guilt and regret about past events, loss of vital drive, motor inhibition, angst, and a severe circadian rythms' disorder. Traits such as conscientiousness, orderliness, hypernomia–heteronomia and intolerance of ambiguity were observed after the treatment and the remission of the episode. Furthermore an over-indentification with family and work responsibilities, along with a strong religious faith and an intense separation between what is morally good and bad were observed.	JL.J. is a 37-year-old man who was diagnosed with a long-lasting depression which icluded severe dysphoria and impulsive self-harming behaviour. This latter behaviour manifested itself in the form of bursts of anger directed towards family members and authority figures so as to be punished or hurt. He also had suicidal thoughts and displays of agitated behaviour that lead to his admission into hospital. Feelings of shame relating to a failure of achieving life expectations along with long-lasting feelings of emptiness were observed. He has smoked cannabis (7-8 uu/day) for many years. He has never had a stable intimate relationship and he has no friends. A fragmented life history, narrative and evaluative contradictions of his own actions as well as difficulties in the identification of his own emotions were also observed.

Table 1. Phenomenological features of melancholic and borderline organizations

	MELANCHOLIC	BORDERLINE
Temporality	Detention, desynchronisation, spatialitation.	Present continous, *intra-festum* temporality, *cyclic structure* without historical progression.
Embodiment	Inhibition, reification, chrematization, corporealization, hyperembodiment.	Out-of-control of self. Restlessness, disordered, voluptuous, crossed by attraction-repulsion vectors
Spatiality	Restricted, static, hierarchically ordered, stable, over-identified with spatial boundaries of home.	Crisscrossed by intense emotional impulses. Chaotic, disordered, instable and fragmented.
Intersubjectivity	Restricted, over-identified with social roles, responsibilities at work and private relationships.	Other as figure of validation or pursuer. Lack of reflective and emphatic capacities.
Feelings/emotions	Guilt and remorse.	Anger and dysphoria. Persecutory guilt. Boredom. Emptiness.
Existential orientation	Established social roles (family, work, society, religion).	Instability of partner, subculture, work, home.

Both organizations imply a disorder at the narrative identity level. The melancholic organization is conceptualized as a displacement to the "I" from the dialectic of the self and other, and a rigidification that leads to a vulnerability to the melancholic depression. The borderline organization is conceptualized as a fragmentation of the narrative identity due to dissociation mechanisms and a failure in the temporal integration of the lived experiences.

CONCLUSIONS

Psychopathology is understood as an active and never-ending process aimed at the creation of intelligibility rooted in the psychiatric interview. Phenomenology is used as a philosophical tool to put the subjectivity in the focus of our practice and approach. Different personality organizations express themselves in different kinds of depression though they can share some traits.

Table 2. Main features of depressed mood.

DEPRESSION	MELANCHOLIC	BORDERLINE
Vital drive	Corporeal over-identification, reification, diminished vitality.	Threatening sense of uncontrollable energy. Anonymous sense of vitality.
Anhedonia	Emotional anaesthesia. Loss of emotional resonance.	Hyperbolic character. Dysphoria. Emptiness and abandonment painful feelings. Actings-outs.
Moral pain	Self-referential guilt and shame (in front of themselses). Remorse.	Persecutory guilt. Humilliated and ashamed in front of others. Anger against the other.
Pathogenic situation	Experiences of loss (construed as own wrong behaviour).	Experiences of abandonment (construed as other person wrong behaviour).

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