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Research Note

Reflections from "Revisioning Feminist Engagements with Madness": Borderline, Futurity, and Debility

by Erin Tichenor

Abstract: This commentary builds on my presentation in the panel "Revisioning Feminist Engagements with Madness" at the 2023 Women's, Gender, and Social Justice annual conference. In doing so, this piece grapples with several debates surrounding the stigmatized psychiatric label of "borderline personality disorder (BPD)." While feminists have long called for the diagnosis to be removed or replaced, Mad-affirmative scholars are reconceptualizing borderline as a cluster of insightful experiences and psychocentric activists are trying to destigmatize and raise awareness about "BPD." The latter two efforts are very different from each other, yet both seem to be located in white, globally elite spaces. This piece suggests that we can learn from other reclamation movements that, co-opted by the colonial state and neoliberal market, have mainly benefited elites, and thus cautions against any attempt to universally reclaim, reject, or reconceptualize borderline. That is, rather than unpacking what borderline really *is* or *should mean*, this piece asks what borderline *does,* for whom, in which contexts, and towards what ends. Drawing from Gilles Deleuze's ethological method and Jasbir Puar's work on debility and capacity, this article acknowledges the sociopolitical patterns of borderline, as well as the broader systems we might be serving in our seemingly progressive discourses.

Keywords: borderline personality disorder; debility; ethology; futurity; Mad Studies; reclamation

Résumé : Ce commentaire fait suite à ma présentation au sein du groupe « Revisioning Feminist Engagements with Madness » lors de la conférence annuelle Women's, Gender, and Social Justice de 2023. Ainsi, cet article aborde les nombreux débats concernant l'étiquette psychiatrique stigmatisée du « trouble de la personnalité limite (TPL) ». Alors que les féministes demandent depuis longtemps que l'on élimine ou remplace le diagnostic, les spécialistes de la folie conceptualisent de nouveau le trouble de la personnalité limite comme un ensemble d'expériences révélatrices et les militants pour le psychocentrisme tentent de déstigmatiser le « TPL » et de sensibiliser les gens à ce trouble. Ces deux derniers efforts sont très différents l'un de l'autre, mais ils semblent tous deux appartenir à des milieux blancs de l'élite mondiale. Cet article indique que nous pouvons tirer des leçons d'autres mouvements de revendication qui, cooptés par l'État colonial et le marché néolibéral, ont principalement profité aux élites, et met donc en garde contre toute tentative visant à revendiquer, à rejeter ou à conceptualiser de nouveau de manière universelle le trouble de la personnalité limite. Autrement dit, plutôt que de décortiquer ce que le trouble de la personnalité limite signifie ou *devrait signifier*, cet article cherche à savoir ce que ce trouble *fait*, pour qui, dans quels contextes et à quelles fins. Inspiré de la méthode éthologique de Gilles Deleuze et des travaux de Jasbir Puar sur la débilité et la capacité, cet article tient compte des schémas sociopolitiques du trouble de la personnalité limite, ainsi que de l'ensemble des systèmes que nous pourrions servir dans nos discours apparemment progressistes.

Mots clés : trouble de la personnalité limite; débilité; éthologie; avenir; études sur la folie; revendication

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Introduction

What does taking back the future mean if the state has never imagined a future for you? In her astute critique of neoliberal rights-based discourses, transnational queer theorist and disability scholar Jasbir Puar (2017) cogently writes that neoliberal states "discriminate which bodies are vested with futurity, or more accurately, they cultivate (some/certain) bodies that can be vested with futurity" (17). Reclamation movements (e.g., queer, disability, or Mad pride) have importantly shifted discourses about difference, reclaimed futures, and pushed the state to grant rights. However, people have been incorporated along lines of racial, citizenship, class, and gender advantage into colonial states and neoliberal markets that rely on the mass disablement—or debilitation—of specific populations (Puar 2007, 2017; Ferguson 2018). Rights assume futurity, assume capacity, and assume the state—all things that are systematically denied to structurally vulnerable populations. Puar (2017) asks, "What happens when 'we' get what 'we' want" (xvii)? In other words, "What happens when the disavowed and perverse are not denied nationhood but become emblematic of it" (Ben-Moshe 2018)? The nation that grants rights and professes its progressive exceptionalism is the same nation that debilitates populations through the endemic violence of racial capitalism and settler colonialism. What do rights-based movements do, how are they co-opted, whose futures are we reclaiming, and on whose backs?

This commentary piece is a reflection on feminist engagements with Madness, the topic of Redikopp et al.'s (2023) panel at the Women's, Gender and Social Justice conference, where I presented on the contested and gendered psychiatric diagnosis of "borderline personality disorder (BPD)." Guided by Redikopp's (2018) writing and the feedback she has given on my graduate work, I differentiate between the stigmatizing psychiatric construction of "BPD," and borderline, which can be a liberating and non-pathologizing "identification with, or subjectivity of being/having borderline" (78). Borderline offers a unique lens through which to explore the relationship between Madness and intersectional feminism, particularly given movements to destigmatize 'BPD.' As such, this commentary interrogates neoliberal reclamation, futurity, and structural violence, in the context of borderline and 'BPD.'

Four years ago, I first encountered the pervasive stigmatization of borderline (traits and "PD") while being trained as a frontline social services worker. Two years later, I was provisionally diagnosed this "diagnosis-that-must-not-be-named" (Cannon and Gould 2022; Johnson 2015), and have since been grappling with "BPD's" social patterns, discourses about trauma, and the implications of reclamation and destigmatization. Like other psychiatric labels, "BPD" seems to be a swift mechanism of social control for some (e.g., intersectional "others" deemed pathological, criminal, or otherwise deviant), and can be a nuanced pathway to care, or even a neoliberal identity for others (H 2018; search "bpd baddies" online). As an affluent,

white, cisgender woman, there is great difference in how I have navigated the psychiatric system, and how "BPD" was deployed *against* transgender, Indigenous, and racialized women at the housing organization where I worked. Simultaneously, my social media feed has been full of white therapists and patients raising awareness about "BPD" as a trauma-related pathology and advocating for people to get properly diagnosed and treated—with some building platforms around a "BPD" identity. While these are important moves, they obscure the vast critiques of the diagnosis, the harms of the psychiatric system, and non-pathologizing or affirming perspectives of borderline (Johnson 2021; LeFrançois, Menzies, and Reaume 2013; Mulder and Tyrer 2023; Lewis 2023; Redikopp 2018; Shaw and Proctor 2005). Following several Mad scholars, this commentary thus explores how we might affirm borderline subjectivities *and* respond to distress with greater socio-political nuance (Eromosele 2020; Gorman 2013; Tam 2013; White and Pike 2013).

What Can Borderline Do?

While twentieth-century Mad activism made important moves towards valuing emotional, psychological, and neurodiversity, "BPD" was largely left in the hands of mainstream (white, elite) feminists (LeFrançois, Menzies, and Reaume 2013; Johnson 2015). Feminists have long denounced the diagnosis due to its misogynistic origins, gendered deployment, and maltreatment by clinicians and society (Becker 1997; Shaw and Proctor 2005; Ussher 2013; Wirth-Cauchon 2001). More recently, borderline scholars have offered more nuanced accounts, reminding that the diagnosis can be uniquely resonant and relieving, and that borderline affects can be valuable and insightful: ethically, politically and onto-epistemologically (Johnson 2021; Lester 2013; Lewis 2023; Redikopp 2018). Still, reclaiming borderline or "BPD" without a socio-political analysis of how emotional distress and psychiatric labels move disparately around the world can reinforce the futurity of acceptable (globally elite) borderlines: "The future is already here, but it is unevenly distributed" (Puar 2017, 86; see also Redikopp 2021).

Borderline's movements as a reassuring categorization, institutionally-imposed iatrogenic diagnosis, a valued way of knowing and/or a form of neurodiversity necessitates a paradigmatic intervention that understands that the concept is contextual, as are its material and physical consequences. The ontological work of process philosopher Gilles Deleuze ([1970]1988) and critical race theorists such as Mel Chen (2012) and Jasbir Puar ([2012]2020) help us to reconceptualize borderline as an intersectional and fluctuating concept, as opposed to a fixed, pre-existent diagnostic truth. Recognizing concepts and identities as "events, actions, and encounters between bodies, rather than simply entities and attributes of subjects" draws attention to the changing nature *and* effects of "BPD" and borderline across different contexts (Puar [2012]2020, 411). This shift also pushes us to ask not what borderline or "BPD" essentially are but *ethological* questions about what they do, for whom, in which contexts, and towards what ends. Conducting an ethology (Deleuze [1970]1988), or asking what a concept *does,* could unsettle how we understand, use, avoid and deploy what are often described as fixed, agreed-upon, and a-contextual psychiatric labels (see Buchanan 1997; Duff 2014; Fox and Alldred 2021; Novak 2021; Reyes 2017). While "BPD" may be a unique concept in the Diagnostic and Statistical Manual (DSM) and other classification systems, being diagnosed and identifying with that diagnosis is modulated by access to healthcare, the internet, racial and economic privilege, and so on. Ethology is also a useful tool for exploring what borderline affects and worldviews do or might do beyond pathologizing discourses about 'BPD.' For example, the DSM diagnostic criteria of an "unstable sense of self," counters constraining logics embedded in Western mandates that one *should* be a "stable, sovereign, and entirely self-governed entity" (Lajoie 2019, 559). Francesca Lewis (2023) reminds that this borderline perception may disrupt European humanist and neoliberal onto-epistemologies that have undermined a variety of ontological and cosmological perspectives, causing harm to many people—borderline and otherwise (Redikopp, 2018; Smith [1999] 2021; Wynter 1984). This analysis could be repeated for each diagnostic criteria.

Debility-Capacity-Borderline

Increasingly, (some) people diagnosed with "BPD" are granted better access to treatment and greater compassion through "BPD's" etiological relationship with childhood trauma (Emotions Matter 2016; Yuan et al. 2023). These growing psychocentric *and* Mad-affirmative emphases on childhood trauma, awareness, identification with 'BPD,' and affirmation of borderline traits, however, all seem to be located in elite spaces that often neglect analysis of how racial capitalism, empire, and settler colonialism traumatize and create psychological distress – including distress that is pathologized as "BPD" (Gunuratnam 2021, 1826; Redikopp and Smith 2022). Focusing on rights, inclusion, and access for people diagnosed with "BPD" in colonial and imperial nations like the US and Canada uplifts the psychiatric industrial complex and fuels these nations' narratives about their "exceptional" provision of mental healthcare—even as they actively debilitate populations—psychologically and physically—for profit and control: "Capitalism, war, forced migration, settler colonial occupation ... are the generators of much of the world's disability, yet contribute unruly source material for rights discourses that propagate visibility, empowerment, identification, and pride" (Puar 2017, 65; see Beresford and Rose 2023). At the same time, what does it do to imply that various types of trauma *cause* 'BPD?' Should borderline be prevented? Or, as narrative practitioner Tiffany Sostar suggested to me while discussing my graduate work, should we prevent the trauma and distress caused by the invalidation of borderline (and other non-normative) experiences *and,* as well as the trauma and distress caused by structural oppression? We can de-pathologize neuro and physical diversity from European humanist conceptualizations of the self, while preventing widespread corporate and state violence (Meekosha 2011).

I thus want to foreground Puar's (2017) work on debility-capacity-disability (repurposed as debility-capacity-borderline) in order to untangle the relationship between affirming borderline, responding to distress, ending violence, and the limits of neoliberal analytics for 'BPD.' For Puar, disability, like 'BPD,' is often made legible through official diagnosis, state recognition, and rights. *Debility* highlights the endemic nature of physical, psychological, and socio-economic impairment that is naturalized to specific populations by the neoliberal state (Livingston 2005; see Mohamed 2020). As health sociologist Gunaratnam (2021) reminds, "Wide ranging injuries inflicted by settler colonialism are not accorded recognition or rights as debilitating conditions" (1846). Further to Puar's (2017) analysis is that debilitation is a built-in mechanism of the neoliberal, colonial state, which both make specific populations "available for injury" (218) (extracting their labour) *and* targets them for injury in order to "produce, sustain and profit out of disability" (Meekosha 2011, 668). Populations made "available for injury" are those whom the state never intends to incorporate with rights but whose debilitation is pre-calculated into the upkeep of empire. If rights are granted, they are for the profitability of humanitarian aid interventions, the medical industrial complex, and/or returning to workplaces that reenact physical and psychological violence (Puar 2017, 152). In the context of borderline, *psychological debilitation* is perpetuated by the same Euro-American powers that grant rights to elite populations *and* whose financial power relies on the continuous traumatizing and rehabilitation of subjugated populations (Government of South Africa 2023, 35; Giacaman 2018).

Capacitation, in contrast to debility, increases the possibilities of "what a body can, could, or should do" (Puar 2017, xv). For "BPD," this could look like neoliberal rights-based incorporation, corporate co-option of "BPD" pride, or increases in diagnosis and treatment. The problem is not capacitation but who is capacitated, who is debilitated, and who is made to undergo repeated cycles of debilitation and capacitation, where the neoliberal state "repurposes illness and disability for profit" (Gunaratnam 2021, 1847). Structural violence creates mental distress, leading to both over- or under-treatment of people based on specific calculations of extraction, profit, and disposability (Puar 2009). Debility and capacity are modulated across populations, meaning that the "BPD" label and borderline can both debilitate and capacitate;

they are both shaped by "assemblages of capacity and debility, modulated across historical times, geopolitical space, institutional mandates, and discursive regimes" (Puar 2017, xiv).

The debility-capacity-borderline triad helps us analyze what the "BPD" label and borderline do, for whom, in which contexts, and towards what ends. Borderline does not have to be doomed to the trope of the "crazy ex-girlfriend" but affirming borderline also cannot be separated from preventing the imperial psychological debilitation of certain populations—many of whom never get diagnosed or only do so for corporate benefit. I thus conclude with a curiosity about what it might do to not only affirm borderline outside of the psychiatric frame of "BPD" (Redikopp 2018) but to make sense of borderline as an *intolerance of domination over bodies, minds, and communities*. This necessitates that borderline is an insightful, useful—and sometimes distressing—cluster of affects, as well as a *socio-political force*, as Tim Barlott has helped me articulate, that can be mobilized against psychiatric violence, settler colonialism, racial capitalism, Euro-American empire, and other debilitating systems (see also Barlott and Turcotte 2022). These arguments have implications for how we discuss prevention, how we respond to borderline affects and worldviews, how and whether clinicians engage the borderline concept with patients, and for how borderlines, particularly elite "BPD" activists, might mobilize against debilitation and respond to neo-colonial calls in global mental health agendas (Beresford and Rose 2023; Eromosele 2020; Meekosha 2011; Mills 2013; Puar 2017). People who identify with or who have been identified as borderline deserve to be asked "What are your affects and worldviews doing?" rather than be immediately pathologized. Elite borderlines like myself deserve to imagine our futures in ways that many of us will have struggled with throughout our lives. Yet, we must not forget that "to claim unfettered access to futurity is already predicated upon the genocide or slow death of others" (Puar 2017, 149).

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