

Renaturalizing the Individual with Borderline Personality Disorder

by

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A thesis
presented to the University of Waterloo
in fulfillment of the
thesis requirement for the degree of
Master of Arts
in
Philosophy

Waterloo, Ontario, Canada, 2013

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract:

Borderline Personality Disorder (BPD) is among the most troubling Personality Disorders. Individuals with the disorder have exaggerated fears of abandonment, distorted self-identity and problems in interpersonal relationships, and are prone to self-abuse, suicide ideation and attempts, rage and aggression. Furthermore, these individuals have an exceptional aversion to admitting that these problematic behaviours are symptomatic of an underlying disorder, and therefore in accepting responsibility for their behaviour. Using a Spinozist approach, I analyze that we the public share in the responsibility for having a population with BPD. Under the guidance of Hasana Sharp's Politics of Renaturalization, I argue that the individual with BPD resists accepting responsibility because she is not completely to blame. Spinoza's radically relational ontology shows that no individual can act without affecting and having been affected by the myriad of other beings, especially other humans. We the public share in the blame for having a population with BPD, and I argue that admitting so will help the individuals with BPD gain self-knowledge and accept their respective share of the responsibility for these problematic behaviours. This will serve the best interests of the public by affording more credence and adding new voices from these personalities in collective conversation.

Acknowledgements:

It is a pleasure to express my gratitude for the support and encouragement of my thesis advisor, Dr. Shannon Dea. Our meetings and discussions provided the inspiration for this project, and our motivational mentoring provided the fuel I needed to complete this project. I am deeply grateful for the helpful input from my thesis readers, Dr. Mathieu Doucet, and Dr. Christopher R Lowry. Finally, this thesis would not have been possible without the tireless support of my life-partner, B. Thank you for all that you have done to see me through this process.

Dedication

To Mom.

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Introduction:

“[Borderline Personality Disorder] is due to a transaction where both the individual and the environment co-create each other over time with the individual becoming progressively more emotionally unregulated and the environment becoming progressively more invalidating.” –Marsha Linehan, 2003ⁱ

“I should attempt to treat human vice and folly geometrically... the passions of hatred, anger, envy, and so on, considered in themselves, follow from the necessity and efficacy of nature... I shall, therefore, treat the nature and strength of the emotion in exactly the same manner, as though I were concerned with lines, planes, and solids.” Spinoza, *The Ethics*, Part III introduction

For Spinoza, the boundless totality of Nature is inseparable from every being that exists.

Since humans, like every other finite being, are both corporeal and ideal in parallel (one is not reducible to the other), it does not make sense to operate with the belief that the mind has some unique power over the body, as is the case under Cartesian philosophy and psychology that are still prevalent today. God, for Spinoza, is nothing but the boundless totality of Nature, a position that found him in a lot of trouble in his time. Consequentially, humans are but parts of this boundless totality of Nature. Hasana Sharp refers to these principle points as “the twin pillars of Spinozism” and explains that for Spinoza, existence is horizontal.ⁱⁱ That is, there can be no beings in existence that operate outside of the determinations of Nature, and cause and effect. Humans are not exceptional mid-beings between an almighty and watchful God and the beasts of the Earth. Humans do not have free will, and are intricately tied to each and every other finite being in an affective power relationship. In *The Politics of Renaturalization*, Hasana Sharp seeks to determine the consequences of holding such positions in the social world. In the spirit of this “philanthropic posthumanism” exercise, it is my goal consider the consequences of renaturalization on a certain problematic population of people with mental disorders, those with Borderline Personality Disorder.

An oversimplified but still useful analogy for conceptualizing the relationship between the physical brain and the mind is that the mind is to the brain what computer software is to computer hardware. Perhaps it would be helpful, then, to consider that personality is to the mind what applications are to computer software in general. That is, like application-code, personality includes sets of instructions to perform useful tasks that extend beyond the scope of basic computer functioning. A personal computer may not need particular application software in order for it to run its basic programming, but downloading an app is really useful in order to open a certain kind of file, for example. Similarly, humans do not need a distinct personality to eat, breathe, ensure our hearts are beating etc. But, a distinct, pleasant personality is very useful when relating with human and nonhuman others in our world. If it makes sense to conceptualize these relations in this way, then personality disorders are not most appropriately analogous to malware that is designed to disable the functioning of the computer as a whole. Instead, personality disorders are better thought of as wildly out-of-date applications that are not as useful as perhaps they once were, and may be more susceptible to malware threats and therefore need updating. As complex systems, we are not only subject to the design of the forces of Nature but we program and are programmed by the myriad of other finite beings in existence. Who is responsible for updating the out-dated systems?

The politics of renaturalization provides tools to help progress treatment for individuals with Borderline Personality Disorder (BPD). By accepting the role and responsibility of the public for having a population with BPD, and recognizing that as a society we too have BPD, we might help individuals with Borderline Personality Disorder to accept their own due personal responsibility. In doing so, the individual with Borderline Personality Disorder becomes more likely to be able to fruitfully join in the collective conversation, as we are less likely to exclude

them or afford them less credibility. This would thereby facilitate more diverse voices contributing to the conversation, both revealing the affects that influence our lives, such that we can better understand how reason can moderate these affects, and empowering true ideas by having them shared by many distinct individuals. ‘Affects’, for Spinoza, are feelings and emotions, the most basics being desire/appetite, pleasure and pain. The affects reflect changes in the body, for better or for worse, resulting from an interaction with another body. (EIIIdef3)

Revealing affects and empowering true ideas both serve our global interests as we can thus move closer to an ideal world of harmony and plenitude, rather than the contemporary world of conflict and lack. Accepting a bounded-responsibility benefits those individual with Borderline Personality Disorder by easing the discomfort of self-incomprehensibility, as well as the experience of being included and affording these individuals with more credibility in the conversation. Accepting responsibility benefits those people close to someone with BPD, who have yet another way to try and best communicate and cooperate with their loved one with BPD. Finally, accepting the societal responsibility for having a population with BPD will benefit society by appropriately permitting these bright, and diverse voices to speak, revealing how these individuals have been affected by others and how they affect others. This could lead to helping to prevent emotionally vulnerable others from being so disordered via developing treatment ideas (like Marsha Linehan), philanthropy and activism (like Princess Diana) and sharing and illuminating the public about the intimate realities of having a Borderline Personality Disorder (like author Susanna Kaysen). By investigating the role of responsibility under the lens of Sharp’s politics of renaturalization, it becomes clear that finite beings are intricately related to one another such that no one can act without affecting of having been affected by another cause. A consequence of the politics of renaturalization is that as a group of corporeally similar beings,

we hold some of the responsibility for having members of our population afflicted with borderline personality disorder. Another way to put it is that as a group we hold some of the responsibility for members of our population behaving in ways symptomatic of borderline personality disorder because we all share a common good.

In Chapter One, I explain the difference between a disordered personality and healthy personalities. I will then introduce the 10 personality disorders as listed in the American Psychiatric Association's guide the Diagnostic and Statistics Manual (DSM-IV-TR) and how these 10 disorders are currently classified. Attachment theory is reviewed in a discussion of theoretical explanations for personality disorders, thereby illustrating the effects of early childhood experiences, and early models for interpersonal relationships. I will briefly touch on the DSM revision, issues with the categorical model and hopes for the future. I then go into more depth on one of the troubling disorders, Borderline Personality Disorder analyzing the four categories in life where these individuals have the most difficulty; 1) emotional dysregulation (i.e. emotional responses that are poorly modulated and differ significantly from social convention) 2) impulsivity 3) impaired perception and reasoning and 4) markedly disturbed relationships; so as to illustrate the complexity of this disabling condition.

In Chapter Two, Spinoza's basic ontology is introduced, describing his notion of Substance, Attributes and Modes, as well as the pivotal role of the conatus and the affects. Hasana Sharp's interpretation of Spinoza's ontology is then explored. Sharp's goal in Spinoza and the Politics of Renaturalization is to provide an alternative and radically relational psychology to avoid the traps of what she refers to as "the antinomian dialectic". The antinomian dialectic refers to the pull of the idea that the human mind has a unique power over the human

body, that we are somehow exceptional from the rest of Nature, and the counterpull of the opposing extreme that we ought to look toward nonhuman animals for models of appropriate human behaviour. I then focus on Sharp's arguments regarding the freedom of speech, and the ecosystem of ideas to show why it is in our best interests as individuals and as a society of humans to bring together as many others as possible to engage in collective conversation.

Finally, in the spirit of Sharp's project of renaturalization, Chapter Three describes how we are all responsible (within limits) as a society for having a population with Borderline Personality Disorder, and I hypothesize that accepting this responsibility will afford individuals with Borderline Personality Disorder to free themselves from their defensive blaming stance so as to be more welcome in this collective conversation. In so doing, the individual with Borderline Personality Disorder benefits by having the stress of self-incomprehensibility eased, the significant others in the disordered individual's life (whom I will refer to herein as significant others), and human society at large.

A note about terminology: When referencing these individuals, I will not use the term "the borderline" out of respect for the unique experiences of individuals who are diagnosed with Borderline Personality Disorder. Instead, I will use a variant of "the individual with Borderline Personality Disorder".

Chapter One:

Personality Disorders General:

Many personality theorists agree that we are born pre-programmed with a temperamentⁱⁱⁱ: a psychological-biological based emotional and behavioural disposition to act in predictable ways. Personalities are elaborate, cognitive level constructs that encompass ways of thinking about the self and others, commonly used coping mechanisms and dispositions to experience certain emotions.^{iv} When a personality characteristic is typically displayed over time and across various contexts, the features are called “personality traits”. One’s personality is described by the combination of these traits. Patterns of highly maladaptive personality traits are known as personality disorders. According to the DSM-IV-TR, personality traits are “enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts”.^v People with personality disorders typically have personalities that are more rigid and inflexible across various contexts, and are more likely to be characterized by a single trait. Personality disorders are characterized by “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable overtime, and leads to distress or impairment.”^{vi} These individuals have chronic impairments in their sense of self, and with interpersonal relationships.^{vii} For a diagnosis of an Axis I mental disorder such as major depressive disorder, or schizophrenia, patients must present to their health service provider with subjective distress. This is not the case for certain personality disorder diagnoses. In fact, egosyntonicity (believing that one’s symptomatic behaviour is not problematic) is feature of several of the personality disorders such as Antisocial Personality

Disorder, Borderline Personality Disorder and Schizoid Personality Disorder. Individuals with these disorders are more prone to arguing that the victims of antisocial behaviour deserve to be victimized (in Antisocial Personality Disorder), or that others are responsible for one's personal misbehaviour (in Borderline Personality Disorder), or simply that there is good reason to avoid interacting with others (as in Schizoid Personality Disorder).

The DSM-IV-TR lists six criteria in defining personality disorders. Criterion A states that there must be impairments in at least two of the following areas: cognition, emotion, interpersonal functioning, or impulse control. Criterion B requires that the pattern of behavior be enduring, rigid, and consistent in a variety of contexts. Criterion C requires that the behavior lead to clinically significant distress. Clinically significant distress is not the same as subjective distress; what the American Psychiatric Association argues is a symptom of distress, a patient may argue is simply life as usual, and that they are not the ones who need to change. Criterion D states that the problematic symptoms be stable and present and typically first noticed in adolescence. Criterion E states that the behavior cannot be attributed to the presence of another mental disorder, nor, as per criterion F, can it be due to the direct physiological effects of a substance (drug abuse, medication, toxic exposure) or a general medical condition.

The DSM-IV-TR lists ten personality disorders in three "clusters" based on descriptive similarities. The personality disorders in Cluster A are considered odd, or eccentric because individuals who have disorders that fit in this cluster tend to fear social relation, and can be prone to fantasy and delusions. The disorders in this cluster include the following: **Paranoid Personality Disorder**, which is characterized by a pattern of distrust and suspiciousness. Individuals with this diagnosis assume others will harm, exploit or deceive them. This leads to reading hidden meanings that are demeaning or threatening into benign remarks or events.^{viii}

Those with **Schizoid** Personality Disorder are detached from social relationships and have a restricted range of emotional expression. They prefer mechanical, abstract tasks and seem to be oblivious to the normal subtleties of social interactions.^{ix} **Schizotypal** Personality Disorder is characterized by “ideas of reference”: interpreting casual incidents and external events as having particular, unusual or specific meaning specifically for this person. People with this disorder are anxious in social situations because of suspiciousness and distrust. Cluster B disorders are characterized by their dramatic and emotional qualities. The personality disorders in Cluster B include the following: **Antisocial** Personality Disorder is characterized by a pattern of disregard for, and violation of the rights of others. This is demonstrated in aggression toward people, cruelty toward animals, destruction of property, and deceitfulness or theft.^x Those with a **Borderline** Personality Disorder diagnosis show a pattern of instability in interpersonal relationships and self-image. These individuals fear abandonment, are hypersensitive to their environments and are known for their explosive anger. Other notable characteristics include self-mutilating behaviours (i.e., scratching, or burning their skin, bulimia etc), and suicidal ideation, or history of suicide attempts.^{xi} Excessive emotionality and attention seeking characterize **Histrionic** Personality Disorder. These people are extremely uncomfortable when not the center of attention, and will go to great lengths to achieve their goal (by making up stories or throwing a tantrum to make a scene, for example).^{xii} Finally, the individual with **Narcissistic** Personality Disorder overestimate their abilities and inflate their accomplishments. They are preoccupied with fantasies of unlimited success and power, and require excessive admiration. They are also known for their extremely fragile self-esteem.^{xiii} The Cluster C disorders share a common fearful or anxious quality. The personality disorders in this cluster include the following: **Avoidant** Personality Disorder is characterized by a pattern of social inhibition coupled with feels of

inadequacy. Persons with this disorder are intensely anxious in social interactions due to fears of criticism, disapproval or rejection. They have a low threshold for detecting criticism, disapproval and rejection, and therefore more likely to interpret benign event as negative.^{xiv} Someone with a pattern of submissive, clingy behaviour related to an excessive need for caregiving, above and beyond that which is age and/or situation appropriate, would likely meet the criteria for a **Dependent** personality disorder diagnosis.^{xv} **Obsessive-Compulsive** personality disorder is characterized by a preoccupation with rules, trivial detail, procedures, lists, schedules or forms to the extent that the major point of the activity is lost.^{xvi} Finally, outside of the cluster system is **Personality Disorder Not Otherwise Specified**, which can be diagnosed based on one of two criteria: either the individual presents with a personality patterns that meets the general criteria of a personality disorder, has traits for several different personality disorders, but does not meet the criteria for any one of the personality disorders, or; their personality meets the general criteria of a personality disorder, but the person is considered to have a personality disorder that is not included in the DSM Classification (e.g. passive aggressive personality disorder).^{xvii}

Comparisons of prevalence data from the United States and Europe suggest that approximately one person in every ten meets the standard for a personality disorder diagnosis.^{xviii} Persons more at risk of developing a personality disorder include those of Indigenous descent, African and Black Americans, and other historically marginalized groups, such as those with a low socio-economic status.^{xix}

Precise causes of personality disorders are largely unknown. Like the mental disorders, many personality disorders show familial pattern. That is, often a person is more likely to develop a personality disorder if a relative (especially first-degree relatives) also meets the criteria for having a personality or mental disorder.^{xx} Researchers have investigated the possible

hereditary component to the development of a personality disorder. A 2001 monozygotic and dizygotic twin study found that if one twin qualified for a personality disorder diagnosis, then the likelihood of the other twin also meeting the criteria for a personality disorder was between 50-81%.^{xxi} A 2012 twin study supports this high probability by concluding that genetics are a more accurate predictor of personality disorders than strictly environmental factors.^{xxii}

Attachment Theory:

Still, one's environment still plays an important role in the development of personality disorder. There are clear links between those individuals diagnosed with a personality disorder and individuals who have had an abusive or otherwise traumatic childhood, and attachment theorists agree that these behavioural links are rooted in early childhood relationships.

Attachment theory maintains that the parent-child bond serves as a template for all later relationships.^{xxiii} It has been demonstrated that if parent-child attachments are poor, then children will typically be ambivalent, fearful, or avoidant when relating to others as an adult.

When this parent-child bond is strong, then the child tends to develop a healthy social skill-set necessary to effectively relate with others.^{xxiv} Much of the criteria for personality disorder

diagnosis relies on impairments in interpersonal functioning, whether the individuals who were overly dependent on others, highly avoidant of others, or vacillating between idealizing and vilifying others. If these impairments are rooted in poor attachment bonds with parents, it is plausible that such poor child-parent bonds are a cause of a disordered personality made manifest via inappropriate interpersonal functioning. Bowlby (1970) argued that the ways in which the primary caregiver responds to what he calls "proximity-seeking behaviour" (such as crying, throwing a tantrum etc) impacts one's beliefs about one's own worthiness, and competence, and one's expectations about others.^{xxv} There are four categories of attachment patterns present in

adults: secure, preoccupied, dismissing and fearful.^{xxvi} **Securely attached** adults have a positive view of themselves and of others; they affirm their self-worth, and expect people to be generally good-natured and responsive. It is likely that a securely attached adult experienced her primary-caregiver as available, responsive, comforting and safe. **Preoccupied** adults also have a positive view of others, however, they feel personally worthless, and frequently offer externally ordered definitions of self (e.g. identifying primarily as “Jane’s dad”, or “Frank’s partner”). They likely experienced their respective primary caregivers as inconsistently available, or as unreliable in times of stress. Adults with a **dismissive style of attachment** often display an inflated view of self, but not always. In some cases, it appears as though the bravado with which a dismissing adult describes herself is a defensive front masking a deeper negative self-view. Adults with this attachment style are also characterized by their mistrust of others and the world. These features are likely the result of perfectionist parenting styles, styles emphasizing personal achievement over personality, and/or when the child is routinely indulged and inconsistently corrected. Parents who are abusive or rejecting often influence their children to adopt a **fearful attachment** style later in life. This is characterized by a sense of personal unworthiness coupled with the expectation that others will be abusive, rejecting, and untrustworthy. Individuals who exhibit characteristics from two or more styles of attachment are categorized as having a **disorganized** attachment style.^{xxvii}

Lyddon & Sherry have used this four-category model to demonstrate the relationships between personality disorders and insecure attachment styles.^{xxviii} Parenting styles and environmental influences shape us all, but individuals with a genetic vulnerability to developing personality traits symptomatic of a personality disorder are especially sensitive to these influences. Personality disorders thought to display **preoccupied** attachment styles include

Dependent, Obsessive Compulsive and Histrionic Personality Disorders. Avoidant Personality Disorder uniquely features characteristics from both **preoccupied and fearful** attachment styles. While only Paranoid Personality Disorder displays characteristics from strictly **fearful** attachment style. Personality disorders associated with both a **fearful and dismissing** attachment style include Narcissistic, Schizotypal, and Antisocial Personality Disorders. Schizoid Personality Disorder is associated with **dismissive** attachment style, and those diagnosed with Borderline Personality Disorder typically qualify as having a **disorganized** attachment style.^{xxix}

Through categorizing the personality disorders by their associated attachment styles, Lyddon and Sherry categorize the beliefs personality disorder sufferers held about themselves and others. Persons with **Dependent Personality Disorder** have an inadequate, fragile sense of self that motivates their belief that need to be taken care of by others. Viewing themselves as extremely reliable, persons with **Obsessive-Compulsive Personality Disorder** struggle with interpersonal relationships due to the belief that others expect them to be perfect. Since those with **Histrionic Personality Disorder** operate as though their self-worth comes from the attention of others, they are typified by a belief that they are insignificant and unimportant when they are alone. Fearfully attached **Avoidant Personality** disordered individuals feel both that they are inadequate, and also have the belief that others ought to be avoided. **Paranoid Personality Disorder** is associated with persons who believe that they are unique and different, and that others cannot be trusted. **Antisocial Personality Disorder** is associated with feeling both unlovable and entitled, and that others will never care or have love for them. The overzealous confidence that those with **Narcissistic Personality Disorder** exhibit seems to hide an extremely fragile feeling of self-worth. They believe that others expect greatness from them. Individuals diagnosed with a **Schizotypal Personality Disorder** generally complain of feeling

like they are ‘self-less’, unworthy because they experience these crises of identity. They expect that others will not have good intentions. Those with a **Schizoid Personality Disorder** have a positive, unaffected self-view. However, this positive affect does not transfer to others; they are not emotionally responsive to others, nor are they bothered by their solitary lifestyle. **Borderline Personality Disorder**, as characteristic of a disorganized attachment style, has a self-view that vacillates between positive and negative, which leads to complaints of profound emptiness. Further, persons diagnosed with Borderline Personality Disorder sometimes hold these contradictory beliefs about themselves (‘I’m worthy’, ‘I’m worthless’) at the same time. This inconsistency is paralleled in their beliefs about others. For example, on Monday a spouse may be glorified as a hero, but on Tuesday the spouse is no longer worthy of the patient’s trust. Lyddon & Sherry maintain that when conceptualized in this way, it becomes clear that many of the symptomatic behavior displayed by individuals with personality disorders served as survival tools, and adaptive strategies for their (often) troubled early life environments. The challenge, for these individuals, lies in the fact that these beliefs no longer apply to their current life contexts.^{xxx}

DSM revision:

There are a number of problems with the categorical model of the current DSM. The criterion sets for the individual disorders allow for “diagnostic overlap”, which refers to the similarity of symptoms in two or more different disorders, without including an explanation for their belonging to distinct categories of disorder. The sets also allow for “diagnostic comorbidity” which describes the co-occurrence of two or more disorders in one person, again, without providing a justification for this phenomenon. Perhaps most concerning, these frustrations have made the DSM-IV-TR difficult for clinicians to use when diagnosis and planning a course of treatment.

The likelihood of gender, cultural, or economic bias when clinicians diagnose personality disorders under the current classification is another of the problems prompting calls for its revision. Clinicians are required to ensure that a patient's behaviour is not simply a reflection of a foreign cultural standard, nor a societal sub-group standard; nevertheless clear ethnic, socio-economic and gender biases exist when reviewing prevalence rates under this current classification system. Determining whether these differences are the results of a social bias inherent within the DSM-IV, or whether they are in fact relevant organic differences across gender, ethnic, and socio-economic groups has been wrought with challenges. Abandoning a categorical approach for a trait and functionality dimensional approach is likely to help negate the effects of any personal social bias as the criteria are less open to interpretation.

Currently under the categorical approach, the DSM is organized into diagnostic categories where a person either meets the conditions for a particular diagnosis, or they do not. This method of classification has a number of limitations, especially on the Axis II personality disorders. For example, Canadian researcher W.J Livesley argues that even though criterion sets have been, and continue to be repeatedly modified, diagnostic overlap (when a number of symptoms affecting multiple systems, i.e., cognitive, interpersonal, impulse control etc., are features of more than one disorder) continues to be a frustrating problem for clinical professionals formulating potential treatment plans. Advocates of the categorical approach must also account for the lack of empirical backing for the categorical model, and the failure of multivariate studies fail to yield the factors resembling the diagnostic categories.^{xxxii} Widiger & Trull (2007) echo this concern, and argue that the failure of the categorical system has led to individuals who can be appropriately diagnosed in more than one category, while there also being an excessive amount of diagnoses of "Personality Disorder; Not Otherwise Specified",

when a person's symptoms are not adequately represented by one of the diagnostic categories. Furthermore, they criticize the traditional approach for its arbitrary and unstable boundaries with normal psychological functioning allowing for subthreshold cases. Subthreshold cases involve individuals who are clearly suffering, but not meeting the minimum amount of the criteria for an appropriate diagnosis, are therefore left with potentially fewer options for relief. The authors contend that these troubles are either explained or eliminated if the traditional DSM-IV-TR categories were revised as describing overlapping constellations of maladaptive personality traits, distributed within the population, rather than distinct diagnostic categories.^{xxxii} Many personality theorists argue that personality disorders ought to be conceptualized based a trait dimensional approach modeled, for example, via Costa & McCrae's famous "Big Five" Five-Factor Model of Personality (Reynolds & Clark 2001, Ball 2001), coupled with measuring impairments in personality functioning. The "Big Five" personality traits include (1) openness to experience, (2) conscientiousness, (3) extraversion, (4) agreeableness, and (5) neuroticism.^{xxxiii} A trait dimensional approach measures individuals along a scale of these five traits. Participants in these measures respond to short descriptions relevant to the Big Five traits by filling in whether and to what degree they agree or disagree with the statement. These trait dimensional approaches encourage clinicians to consider the full range of symptomatic behavior with which their clients present, and not simply those symptoms relevant to a particular diagnosis, thereby alleviating many of the frustrations brought on by the DSM-IV-TR's categorical approach.

The DSM has been revised a number of times since its initial publication in 1952. It is currently undergoing another revision, due to be published in 2013 in order to make room for the ongoing advances in neurology, genetics, the behavioral sciences, and other relevant scientific technologies. Members of the APA's 'DSM-5 Task Force' are also working to clarify the

boundaries between the various mental disorders, as well as the boundaries between mental disorder and healthy psychological functioning. After reviewing the empirical evidence of researchers and anecdotal evidence and recommendations from clinicians, the APA has abandoned the categorical approach to diagnosing mental and personality disorders, for a trait dimensional approach.^{xxxiv}

Borderline Personality Disorder:

Borderline personality disorder (BPD) is an especially problematic personality disorder. According to the DSM-IV-TR, between 8% and 10% of individuals with BPD commit suicide, and 75% participate in self-mutilation such as cutting. A BPD diagnosis is based on an individual presenting with at least five of the following nine criteria from the DSM-IV-TR: (1) The person makes frantic efforts to avoid real, or imagined abandonment; (2) She engages in “splitting”, that is, assessments characterized by alternating between extremes of idealization and devaluation, and shows a pattern of unstable relationships; (3) His sense of self, and self-image are confused and unstable; (4) She is impulsive in at least 2 areas that are potentially self-damaging. For example, she may shoplift; have unsafe sex with multiple partners; binge eat etc; (5) has hinted, threatened, or attempted to take his own life. Or, she cuts herself, pulls out her hair or eyelashes and eyebrows, and does not let her scars heal, or other self-injurious behaviour; (6) the patient describes herself, or is described as hypersensitive and moody. This instability in mood marked by “intense episodic dysphoria”, irritability or anxiety lasting no longer than a few days. (7) The patient complains of chronic feelings of emptiness, and (8) is chronically angry and occasionally experiences episodes of rage ; and (9) especially when facing extreme stress, the patient is paranoid, or experiences severe dissociative symptoms.

BPD shares several characteristics with the other personality disorders, especially Anti-social, Dependent, Histrionic, and Narcissistic Personality Disorders. Like individuals with Anti-social Personality Disorder (ASPD), individuals with BPD exhibit anger, impulsivity and recklessness. People from both groups tend to have similar backgrounds. Unlike BPD, which is diagnosed mostly in females, ASPD has a much higher incidence in males. Individuals with ASPD, further, do not seem to feel guilty, or are not as deterred by feelings of guilt, and seem to lack a conscience. They are also more aggressive and manipulate largely to gain power, not the nurturance sought by individuals with BPD. Like persons with Dependent Personality Disorder (DPD), individuals with BPD go to excessive lengths to obtain nurturance and support from others, and feel uncomfortable or helpless when alone. However, they can be distinguished from persons with DPD by displaying self-destructiveness, rage and affective instability. Individuals with a Histrionic Personality Disorder (HPD) diagnosis have rapidly changing, excessive emotions, like persons with BPD, and also share the tendency for self-dramatization and charming seductiveness. However, persons with HPD are less angry, and less self-destructive than persons with BPD. Excessive rage, a sense of entitlement and an intense sensitivity to criticism (real or perceived) are the common attributes between Narcissistic Personality Disorder (NPD) and BPD. Absent in the person with BPD is a sense of superiority accompanying entitlement. ^{xxxv}

The precise causes of BPD, like the causes of the other personality disorders, are unclear and varied. Currently, some of the best explanation of the causes of BPD hypothesizes that an individual is born with particular genetic vulnerabilities and tendencies for symptomatic behavior coupled with environmental factors that influence genetic expression and determine whether this individual exhibits any BPD symptoms. There is a clear heritable component to

several of the key characteristics of BPD, especially in affective instability and impulsivity, as demonstrated by twin studies.^{xxxvi} Similarly, many individuals with BPD have first-degree relatives with “impulsive disorders” such as anti-social personality disorder, or substance abuse disorders.^{xxxvii} Brain-imaging studies have suggested that persons with BPD show abnormalities in the size of the hippocampus (area of the brain thought to deal with memory and spatial navigation) and the amygdala (part of the brain thought to deal with emotional and social learning)^{xxxviii}, but the precise nature of this correlation has yet to be determined. Other studies suggest that abnormal levels of the neurotransmitter serotonin (which plays a role in mood, appetite and sleep) accompany the increased impulsivity and aggression, and that this sensitivity is especially pronounced in women.^{xxxix} Researchers have also looked into the connection between autoimmune disorder inflammation and BPD.^{xl} Environmental risk factors include traumatic events in childhood such as early separation from one or both parents, repeated emotional, physical or sexual abuse, and inconsistent, invalidating or unsupportive care. However, it is important to note that not all individuals with a BPD diagnosis report such trauma in childhood, and community studies show that many individuals who have suffered such traumas in childhood do not develop BPD.

The frantic efforts to avoid real or imagined abandonment uniquely characterize this personality type, and the erratic, often baffling moods typical of persons with BPD stem from this overwhelming anxiety. These characteristic symptoms are commonly grouped under one of four categories: affective, impulsive, interpersonal and cognitive.

Characteristic Symptoms of Borderline Personality Disorder:

Researchers typically group the key symptoms of borderline personality disorder into between 3-5 behavioral dimensions.^{xli} For the purposes of this discussion, I will adopt a 4 behavioral dimension model, and aim to shine a light on the complexities of these personalities.

1) Emotional dysregulation: People with borderline personality disorder differ dramatically in their ability to control their emotions and moods, not just from the non-clinical population, but also from people with other mood disorders. This is marked by *affective instability*, the extreme and frequent changes in mood. Affective instability has been shown to be the strongest and most consistent predictor of troubling symptoms of Borderline Personality Disorder over time.^{xlii}

Individuals with borderline personalities tend to be hypersensitive, which results in a remarkable empathy for others, and is often the source of much of the expression of charity and creativity they tend to exhibit. But this hypersensitivity also lowers the threshold for tolerating stress, and is often the reason those with BPD are easily overwhelmed and perhaps why it takes them longer to calm down.^{xliii} Hypersensitivity may be a reason people with borderline personality disorder experience frequent or even chronic anxiety. This chronic anxiety is experienced by the borderline as a constant nervousness, tenseness, tightness and agitation. It is also a contributing factor to the physical complaints often present people with BPD including irritable bowel syndrome, migraine headaches, and insomnia.^{xliiv} Chronic and pervasive shame is another hallmark emotion for people with bpd, especially women with the disorder.^{xliv} Both anxiety and shame have been reported as contributing factors in the triggering of a sudden episode of extreme rage. Interestingly, it has also been posited that the anger felt by a borderline personality is chronic and pervasive, much like their experiences of anxiety and shame, and it is only when it is hampered neither by anxiety nor shame that *the anger is inappropriately intense, and difficult to control*. The individual with borderline personality disorder may feel angry nearly all of the

time, and this can be reflected in their behaviours. Often, people with the disorder are resentful, grumpy, irritable, sarcastic and short tempered, or else their anger is suppressed out of the fear of rejection, or shame.

When anger is suppressed, the person with borderline personality disorder is vulnerable to victimization, as they become “hyper-people-pleasers”. During episodes of extreme suppression, and due to fears of abandonment, an individual with borderline personality disorder gladly pays whatever the personal cost to sustain an important social connection, even if it means a one-way relationship where she is the only one giving, and the friend is the only one receiving. For example, after experiencing the thrill of connection and all that it means for the identity of the borderline individual, he lends money excessively to his new colleague at work such that he can no longer afford to pay his rent without dipping into debt, but it does not stop him from lending more money. These behaviours are learned responses from childhood. In households where there is little consistency with regard to discipline, and/or if the child has been abused, personalities prone to high reactivity learn to do whatever it takes to avoid the pain of punishment (whatever that meant in the particular household-physical discipline, a care-giver threatening to leave or give up the child for adoption), even if it means putting up with some suffering in the meantime. These individuals take the phrase “no pain, no gain” seriously when it comes to their relationships.

The anger someone with borderline personality disorder feels is pervasive and chronic, but the same is not true of his or her infamous episodes of rage, which are context related. It has been noted in the DSM that these furious episodes are precipitated by the experience of an important person perceived as “uncaring, withholding, neglectful, abandoning”^{xlvi} coupled with the already nearly constant feeling of frustration from not having ones needs met in the world.

Being the object of this rage is a harrowing experience. Once the individual with BPD is in a rage, it will take her longer than others to calm down again. So, even if the situation arousing the outburst is corrected, the intense rage remains. Frustrated now that she cannot be soothed, even when the problem is solved, her anger, shame and anxiety are compounded into a seemingly tireless circuit of fury. Until the storm has passed, either through physical exhaustion, or a helpful substance, the person with BPD and her interlocutor are trapped in a no-win situation. It is no surprise that these rages lead to self-destructive behaviours and are ultimately destructive to the relationship.

Chronic feelings of emptiness further characterize the emotional dysregulation inherent in borderline personality disorder. Describing the experience of emptiness for a borderline personality has been a challenge for researchers and personality disorder theorists, and it seems to be a particular challenge to describe for people with the disorder too.^{xlvii} The experience is similar to feelings of boredom, alienation, meaninglessness, and loneliness, which result in an underlying feeling of dissatisfaction with one's life, and an intense seriousness that is out of proportion. Famed BPD researchers and authors Jerold J. Kreisman, and Hal Straus offer case studies featuring stories of people with borderline personality disorder in Sometimes I Act Crazy: Living with Borderline Personality Disorder(2004). The experience of emptiness described in these case studies demonstrates that it feels like the individual who is suffering has within them a bottomless pit. It is described as unbearable^{xlviii} and like being in a prison^{xlix}. It has been likened to what it must feel like for the abyss to gaze into you, referencing Nietzsche's famous parable: "Battle not with monsters, lest ye become a monster, and if you gaze into the abyss, the abyss gazes also into you" from "Beyond Good and Evil"¹

(2) Impulsivity Due to the physical threats common to behaviours associated with impulsivity, this group of behavioral symptoms accounts for the most destructive and threatening aspects of this disorder. For someone with Borderline Personality Disorder, indulging in impulsive behaviours is typically destructive-to themselves, to significant others and to society as a whole. They may engage in binge drinking or eating, reckless spending or gamble too much. They may engage in acts of physical or verbal aggression, or engage in unsafe sex with a number of different partners. They may shoplift, damage property or drive recklessly just for a thrill. Impulsivity is seen especially in patients who have also been physically or sexually abused as children. Although a persistent feature of the disorder, longitudinal studies have demonstrated that older individuals with bpd are less impulsive than younger individuals with the disorder.^{li} Whether this shows simply that the younger have more energy to expend than the older, or whether the older individuals have developed new and healthier coping mechanisms for their anger, shame and anxiety is unclear. Without a doubt the characteristic of Borderline Personality Disorder that most horrifies those without the disorder *recurrent suicidal gestures, threats and self-injurious behaviour* highlight the very real dangers of having this disordered personality. Overdosing on purpose, intentionally cutting or burning one's skin, trichotillomania (i.e. pulling out eyebrows, eyelashes and hair), suicidal ideation and other self-mutilations are often stigmatized as being attention seeking, but much like every other key symptom the individual's reasons are more complicated than mere attention seeking. Often these desperate acts are coping mechanisms to handle the intense distress they can no longer tolerate. Self-mutilation also helps provide the individual a sense of control in their own lives, and can help the feelings of dissociation and depersonalization that sometimes accompany periods of extreme stress. Humans in distress are not unique in this unexpected coping mechanism, it is also seen in

animals in captivity.^{lii} So, though baffling to those who have not felt this particular kind of intolerable captivity to one's distress, it is not an unheard of response in the animal kingdom. Nevertheless, if severe cognitive and developmental disabilities are ruled out, and the patient is not psychotic at the time, self-mutilation is almost a sure indicator of borderline personality disorder. What may have begun as a spontaneous method of relieving extreme stress can quickly turn into an addiction as the endorphins produced during a self-injurious event have an opiate effect causing relief from pain (both physical and emotional), and a sense of euphoria. The next time the individual experiences this kind of extreme distress, she may crave the rush of endorphins and euphoria that helped to relieve her pain last time, and engage in self-mutilation, thus creating another seemingly insurmountable obstacle to wellness. The dangers of these coping mechanisms land individuals with BPD frequently in the emergency room of their local hospital, and are typically treated as burdens to the already overtaxed medical systems. Both long-term and short-term stays in the psychiatric ward prove to be unhelpful, even detrimental to borderline personalities who engage in these self-mutilations. Daily outpatient treatments, psychotherapy, and psychopharmaceuticals provide better outlooks for these individuals. The best treatments for Borderline Personality Disorder focus on reducing these self-injurious symptoms and frequent emergency room visits, and when these particular symptoms are controlled, the treatment is said to have been a success.^{liii} Dialectical Behaviour Therapy (DBT) is one of the best available treatments for BPD, and focuses on a cognitive behaviour style therapy, with an emphasis on mindfulness meditation techniques to manage intense emotional states. DBT is based on a theory that supposes that the distress leading to problematic behaviours like self-abuse stem from persistent cognitive distortions. DBT was developed by Marsha M. Linehan (who has since come out as an individual with Borderline Personality Disorder), and it

involves a year-long commitment to intense weekly group therapy and individual therapy under a team of psychotherapists.^{liv}

Approximately 10% of individuals with borderline personality disorder commit suicide, making Borderline Personality Disorder a potentially fatal condition. There are certain risk factors that increase a borderline's chances of completing a suicide attempt. Those who are especially impulsive pose a great risk of completed suicide, even more so if they are using uncontrolled drugs or alcohol, or if they have co-morbid mood disorders. And, like many of the more dangerous symptoms of the disorder, completed suicide is most common in individuals who were physically or sexually abused as children.

(3) Impaired Perception and Reasoning: When taxed with intense emotions, even the most level-headed individual must work harder to recall important details, make rational decisions, and even just to concentrate on the task at hand. As individuals later diagnosed with Borderline Personality Disorder were faced with constant stress while during their development as children, either through a family trauma or simply from being a highly reactive, hypersensitive type, their cognitive systems develop in ways that can put these individuals at a disadvantage. They may show signs of attention deficit hyperactivity disorder, and they may experience memories in intrusive and emotional flashbacks, rather than just information recall. They habitually misperceive neutral statements, and even neutral facial expressions as negative.^{lv} They become very suspicious of others due to a history of mistreatment, and this is especially true when they perceive the threat of rejection and abandonment. In extreme stress, people with Borderline Personality Disorder may experience auditory or visual hallucinations, such as seeing in the corner of your eye bugs crawling up the walls, or hearing a conversation in a silent room. Periods of time may pass where the person has no recall as to what had just happened, or what

they were just doing, much like the experience commonly had when you find yourself in your drive-way at the end of the day but can't recall the drive home from work. These experiences are referred to as *dissociative*.^{lvi} *Depersonalization* is closely related to dissociative events, and can be described as a feeling that one is not in reality, feeling like a ghost haunting, or like being one must be in a movie or a dream.^{lvii} Also not uncommon among people who frequently engage in dissociative events and depersonalization is a soothing practice similar to child's play: the individual may imagine fictional characters, or perhaps more aptly, fantasized characters and situations from their favourite books, shows etc and incorporate them into their own everyday life. Not having a wellspring of healthy social connections and supports, it is not unusual to overhear these individuals speak of these characters as though they are best friends-much like a young child speaks of his imaginary friend.^{lviii}

Instability of the individual's self-image and identity disturbances are other examples of impaired cognitive ability in those with Borderline Personality Disorder. They are constantly bothered by thought and beliefs saying that they are imposters who have been fooling everyone in their lives, and it is only a matter of time until they are exposed.^{lix} For example, often people with Borderline Personality Disorder are shown to be highly intelligent, and it is not unusual for a pre-borderline child to receive high grades in school. However, she may feel as though she doesn't really deserve the grades, that rather, she is simply the teacher's pet, and as soon as the next pet is chosen, she will be revealed to be as terrible as she feels she must be. She feels a sense of lingering inauthenticity. She may be overly flexible in her values and preferences, have little self-esteem and be unable to give due credit for past accomplishments.^{lx} For example, when she is with her romantic partner, Betty is a staunch animal advocate and passionate vegan, but when her friends from work order chicken wings to share at some after-work get-together, Betty

has no qualms about enjoying her portion of the wings, and will likely offer to foot the bill. Another common sign that the individual experiences identity disturbance is a pattern of breaking commitments, like changing majors at the post-secondary level a number of times, frequent changes in jobs and housing. They may be quick to enter into new relationships and just as quick to leave them just to start a new relationship with somebody else. These people seem like they do not have an identity of their own, and this likely stems from an overbearing parenting style while they were children, or else having to prematurely adopt an adult role while they were children.^{lxi} Individually these qualities may not be indicative of a disordered personality, however, if there is a clear pattern of these shifts in attitudes, values and beliefs, it is likely that the individual will experience the consequences of a life of instability.

Psychotherapists treating people with borderline personality disorder often fret with the decision of telling the patient about the diagnosis, as these identity problems can be compounded, as is discussed in Louis Charland's A Madness for Identity: Psychiatric Labels, Consumer Autonomy and the Perils of the Internet (2004)^{lxii}. Charland discusses how once diagnosed, people with BPD especially flock to internet forums, chatrooms, weblogs and the like to seek community with other individuals with BPD. In some ways this is beneficial, as we will see, individuals with BPD have an especially difficult time in interpersonal relationships, so at face value, seeking community online seems good for these individuals. However, Charland notes that these forums, chatrooms and blogs may serve, instead, as places where people with Borderline Personality Disorder can go to indulge their most problematic symptoms to take advantage of the first solid identity they may have had.

(4): Markedly disturbed relationships: *Frantic efforts to avoid real or imagined abandonment:*

There are two horns to the borderline abandonment dilemma. On the one horn: The individual

with Borderline Personality Disorder has an extremely intense fear of being abandoned. This desperate fear, I contend, is at the heart of all of the symptoms of this disorder. When threatened with abandonment, or when recalling a past abandonment, these individuals are most likely to engage in impulsive actions, self-mutilate, experience rage, dissociation, depersonalization, and panic attacks.^{lxiii} It is as though the life of those with the disorder are motivated entirely by this fear. Even a short time apart from a significant other can cause deep feelings and fears of abandonment, and set off a wave of maladaptive soothing techniques described above. Often these fears have their roots in a traumatic loss or abandonment in childhood, but such a history is not necessary. There are clear cases of abandonment, such as when an overwhelmed new mother asks her sister to babysit the new baby for an hour, but then boards a plane to another country to begin her life anew. She has clearly abandoned her child, and the baby has experienced a case of real abandonment. There are also clear cases of imagined abandonment, for example: when he doesn't call or send a text message for a couple of hours, Ben panics and assumes he has been abandoned by his partner. When Ben's partner returns home, Ben rages about his partner's disloyalty and questions his commitment to the relationship. The abandonment Ben perceives would be imagined in this case; he was left alone, but he was not abandoned. But there are also unclear cases, and this is especially so for somebody who has been diagnosed with Borderline Personality Disorder. For example, a person with Borderline Personality Disorder might take it to be real abandonment when friendships organically evolve from being deeply close to being less close, as when one loses touch with a childhood best friend. But it is not clear that this friendship was obligated to continue; friendships change all the time and people typically lose touch gradually. So is it really abandonment, or does it just feel like a real abandonment to the person with Borderline Personality Disorder, but is in fact an imagined abandonment?

On the other horn: People with BPD have an equally intense and desperate fear of engulfment i.e. losing their individuality and fear of rejection that result in the person with BPD isolating himself from his social world. Having an unstable identity, individuals with BPD cling to fragments of their identity. They may be overly rigid in ways that do not cohere with other aspects of their lives. For example, a student with Borderline Personality Disorder may have a rule to always sit in one spot during her Philosophy class, and when someone else takes her spot, the otherwise (possibly) over-friendly, people-pleasing individual who is phobic of social rejection may react curtly, barking that the seat belongs to her. The once idealistic image of this seat-taker that the individual with BPD might have had prior to this encounter is changed to the image of a rude, inconsiderate jerk who should respect her (mostly unspoken) rules. Other isolating factors are the thoughts and beliefs that stress to the person with BPD that he is a burden to those few significant others who have not abandoned him. He can see how his actions have affected these significant others-the horror in the face of friends who see his cutting scars; he has seen the panic in a lover's eyes when he threatens to kill himself if the lover ever leaves; he has sensed the exhaustion in the voice of a parent who in the middle of the night has to soothe their adult-child like an infant over the phone so he can resolve his anxiety. The feelings of incompetence and shame only aggravate the individual's already excruciating experience, and many times people with BPD isolate themselves to avoid these experiences.

The resulting efforts to resolve this dilemma frequently lead to what is referred to as *splitting* i.e., vacillating between idealizing and devaluing some person, event or thing, very rarely balancing these perceptions for a more realistic portrayal. This is the epitome of black-or-white thinking. And splitting, as one would expect, leads to unstable interpersonal relationships. For example, the object of a borderline's unrequited love may vacillate from being God's gift, all

good, such that even his flaws are good, to being a villainous monster with no capacity for goodness at all. A boss may be first beloved as a mentor, parent-substitutes, and as a genius in their field, and with one misperceived glance, suddenly be thought of as fascist slave-drivers with a superiority complex.

Personality Disorders in general provide interesting grounds for discussions of responsibility especially since researchers typically agree that Personality Disorders are influenced both by hereditary influences and the early childhood environment. Borderline Personality Disorder is especially problematic as these individuals are prone to attack themselves, their significant others (friends, family, co-workers etc) and the public at large. Accepting personal responsibility means that individuals with Borderline Personality Disorder are cognitively able to sort through these behaviours to better apply the techniques taught in DBT, resulting in fewer attacks of self and others. It is in the best interest of the public to include these voices in our collective conversation in order to better learn how to alleviate suffering. In the chapter that follows, I will introduce Spinoza's basic ontology, and I will show how Hasana Sharp's Spinozan project of renaturalization undermines the "antinomian dialectic". In do so, Sharp argues for a radically relational politics that has far reaching consequences for speech, ideology, social justice and, I argue, for the public's relationship with its population of individuals with BPD.

Chapter 2:

“As renaturalists, we do not aim primarily to be understood and valued by our fellows. We pursue strength, affinities with other vital forces, and alternative futures. ...We depend upon and affect innumerable forces, human and nonhuman. The measure of our agency that is determined by other’s perceptions may be significant, but it is hardly the totality of our power and freedom. [We look to] siphon enabling energy and power where it happens to find it. It infects and enjoins whichever beings and forces might aid in the construction of a joyful insurgency against patriarchy, misanthropy, imperialism, and yes, “crippling self-hatred” (Sharp page 184).”

The Ethics: Spinoza’s Basic Ontology

Spinoza’s aim with *The Ethics* was to investigate the manner of all things in the same fashion as one examines “lines, planes and bodies”, that is, in a rigorous geometric method of axioms and the propositions that follow. Spinoza is fundamentally a monist; in his system, there is only one Substance, God or Nature, which he defines as “that which is in itself and is conceived through itself; that is, that the conception of which does not require the conception of another thing from which it has to be formed.” (E1def3) Substance exists necessarily and is self-caused (E1p7), infinite (E1p8), indivisible (E1p13) and the cause of all things (E1P15pr). There are two aspects of Substance, a productive aspect and a produced aspect. The productive aspect, referred to as *Natura naturans* or “Nature naturing”, produces *Natura naturata*, or “Nature natured”. These two aspects are necessarily related, as Substance causes all things (Substance natures Nature), and therefore all things that can exist in Substance are in Substance.

The essence of Substance can be expressed in infinitely many ways, but, Spinoza claims that we can only know two, namely, Extension and Thought, as we can only know the qualities that make up our own ideas of our particular bodies. Extension and Thought are not fundamentally distinct, as they are both ways of expressing the infinite Attributes of Substance, although they are autonomous. They are autonomous in that it would be a mistake to assume that

what happens in realm of Thought can affect what happens in the realm Extension, or that Extension can affect Thought, rather they are parallel. The appropriate characterization of the relationship between these Attributes becomes clear when considering the characterization of the expressions of Thought and Extension.

The eternal and infinitely many Attributes of Substance are also expressible in infinitely many ways, and these modifications Spinoza called Modes. There are infinitely many Modes, and only two ways in which they can relate to Substance: the modes can follow directly from the Attributes, and as such are considered infinite (for example, the laws of physics, or the principles of logic); or the modes can be finite due to their being more causally remote from Substance, and include particular bodies and ideas.^{lxiv} Bodies are the modification of Extension, while Minds or Ideas are the modifications of Thought. As previously mentioned, the relationship between Thought and Extension is made clear through discussion of the Modes. The essence of Thought is the mind, and the object of study in the mind is its corresponding body. Spinoza maintains that our Minds and Bodies are subject to the same powers and laws of Nature, considered via the Attributes of Thought and Extension, respectively. (E2P7) Our mental states reflect how other external bodies are affecting our body; all of our thoughts coincide with the affectations of our particular bodies. The mind is therefore the idea of its own body; “the idea that we are is to thought and to other ideas what the body that we are is to extension and to other bodies.”^{lxv} More specifically, the mind perceives how the body *feels*. At least two things follow from this: first, that the mind and body are governed via the same order and connection expressed either through Thought or Extension; and second, that when there is activity in the body, there is also activity in the mind, and when there is activity in the mind, there is activity in the body. This unique way of characterizing the relationship between the mind and the body is referred to as “parallelism”.

Parallelism is described by Deleuze as “one and the same *modification* is expressed by one mode under each attribute, each mode forming an *individual* together with the idea that represents it under the attribute of thought.”^{lxvi} Bodies can only affect and be affected by bodies, and minds can only affect and be affected by other minds (E3P2), and this is because the mind and the body are strictly one and the same thing, expressed as the attribute Thought in the case of the mind, or as Extension in the case of the body.

Therefore, for Spinoza, there is one Substance with two knowable Attributes (out of an infinite many of unknowable Attributes), Extension and Thought. All finite modifications of this one Substance necessarily have the same Attributes, as all things are dependent on and can be understood through Substance. Therefore, any particular individual mode can be appropriately considered as a physical thing, and as the idea of the physical thing, or an ideal thing. That is, Nature is made up of extended things and the awareness of those extended things. The individual modes are diverse and can undergo changes, but Substance nevertheless entirely determines these varieties and changes without itself being varied or changeable because of their dependence on and inherence in the one Substance. But how can one distinguish between the various modes? Clearly, although all modes are expressions of the power of Substance, individual modes are not identical. Consider, for example, a typical human individual, a mode of Substance that can be properly understood as both an extended and a thinking thing. The extended Attribute of a human individual undergoes radical changes throughout the individual’s life, such that most tissues in the human body replace cells several times in an average life, and in parallel the thinking aspects of an individual human undergo radical changes in awareness. Nevertheless, Spinoza maintains that there is a unique relationship between the parts that undergo such changes that maintains the identity of a typical human individual.

Particular modes can be distinguished based on composite parts bordering one another and these composite parts exhibiting a proportion of movement unique to the overall individual. (E2L1) This proportion of movement is referred to as “the ratio of motion and rest.” Even though modal changes are continuous, an individual mode can maintain its autonomy as long as the ratio of motion and rest is maintained (E3L5). An external body/idea is considered to be one that has a different ratio of motion and rest. Individuals are constantly affecting and being affected by other external bodies/ideas, and when confronted, the external body /idea has the potential to increase the individual’s power of action, or the potential to decrease the individual’s power of action.

Deleuze describes this process in Spinoza: A Practical Philosophy (1970):

The object that agrees with my nature determines me to form a superior totality that includes us, the object and myself. The object that does not agree with me jeopardizes my cohesion, and tends to divide me into subsets, which, in the extreme case, enter into relations that are incompatible with my constitutive relation (*death*).^{lxvii}

Important to Spinoza’s overall thesis is the idea that no finite mode can be destroyed except by an external cause (E3P4). This is because the essence of every finite mode is the conatus (E3P7). The conatus is the tendency for individual, particular modes to strive to persevere in being. That is, individual modes strive to pursue other external modes, which enhance one’s power of action, and avoid the potentially dangerous external modes that threaten one’s survival. (E3P6) One’s power of action is identical with one’s capacity to be affected. (E3def3) The conatus of the mind is called “Desire”, and the conatus of the combination of both mind and body is called “Appetite”.

There is nothing in the conatus of a particular mode that affirms finitude, only indefiniteness; that is, although there is nothing in the essence of a mode that entails destruction from an internal cause, nevertheless, there is a limit to the power of one’s striving to persist. A particular mode, as long as it continues to exist as itself, will continue to demonstrate its conatus

until another particular mode radically changes the ratio of motion and rest in the original particular mode, such that it can no longer be rightfully identified with its former self. If one were capable of destroying oneself, then, for Spinoza, this would be reflected in one's nature. This is an absurdity, for one's nature cannot contain the contrary principles of striving to survive and striving to self-destruct. So, for Spinoza, there are no *real* suicides, but only the bodies/ideas that have affected one's body/mind in such a way as to corrupt one's striving to survive. Suicidal motivations, then, are symptoms of one's being affected by intense oppositional forces. For example, when an individual with BPD is motivated toward self-harm, Spinoza would maintain that this motivation cannot come from the individual. Rather, the collection of traits and behaviours that determine the disorder are disabling to the body and mind of the individual such that self-harm is the most enabling option for relief. The pain that precedes the act of self-harm is so intense that it prevents the individual from optimal performance. It perverts and distorts the individual's perception to make self-harm the most enabling option. The forces of Nature and the determinations of the myriad of other beings in existence have "gummed up" the conatus machinery in these individuals.

Spinoza notes that humans tend to judge something as "good" only when they strive for it, desire it, etcetera, and "evil" when they do not. (E3P9sch) In this way, "good" and "evil" serve as cognitive organizers, or "modes of thinking", that arose from our habit of comparing things. (E4Preface) However, when reconsidered as movements toward either pleasure or toward pain, and relabeled "the good" and "the bad", the labels then serve as relational tools, expressing the effects of the bringing together of two or more bodies. (E3P39sch) For Spinoza, "the good" is simply when those bodies/ideas that compound with my body/idea in a way that corresponds to my nature and increases my power; "the bad" is characterized by the body/idea

encounters my body/idea in a way that does not correspond to my nature, and therefore decreases my power. The more complex the body the more complex the system of relations between the parts of the body-therefore giving rise to the possibility of one body/idea being both good and bad at once for one's own body/idea in different respects.^{lxviii}

One of Spinoza's goals is to renaturalize human action, human thought and human affectations. He argues, "Nature is always the same, and its force and power of acting is everywhere one and the same; that is, the laws and rules of Nature according to which all things happen and change from one form to another are everywhere and always the same...I shall, then, treat of the nature and strength of the emotions, and the mind's power over them...just as if it were an investigation into lines, planes, or bodies." (E3Preface) "Emotions" refer to a mode's power of action increasing or decreasing, and the idea of these affectations. (E3def3) When a mental state is clearly and distinctly understood (i.e., caused by adequate ideas), and originates or follows directly from the nature of one's idea of one's own body, then the mind is considered "Active". However, the mind is "Passive" when understanding of its state is confused (i.e., caused by inadequate ideas), or when the state follows from the idea of an external body affecting the body. (E3D2). For example, my mind is Passive if I believe that ice is simply the frozen version of liquid water because of the way in which my body is affected when it compares the colour of liquid water and ice, and how the ice feels cold when in the palm of my hand. If I believed that ice is simply the frozen version of liquid water because of its identical chemical formula of one oxygen atom and two hydrogen atoms for every one molecule, then my mind would be Active. If one learns adequate novel ideas, then a passive mind can become active. If a Passive mind gains adequate knowledge of the chemistry of water, and then uses this adequate knowledge to form one's beliefs about water, then that mind can no longer be

considered Passive. Therefore, with respect to emotions, passions are confused ideas that are associated with increases or decreases in one's power of activity. There are also active emotions, and they are clearly and distinctly understood ideas originating from reason alone, and are always associated with an increase in one's power of activity. (E3P58) As Spinoza's examination of emotions plays an important role in the next section, I will now briefly review the passions.

There are three primary passions, and from these all other passions can be derived. The primary passions involve changes in one's power of activity. (E3p11) **Desire**, the first primary passion, is exactly the conatus of an individual, plus the awareness of the conatus. That is, desire is the striving toward that which preserves the being of its host. The second primary passion is **pleasure**, which refers to the experience of the mind moving from lesser to greater perfection, from less power to act to more power to act. Finally, **pain** is the experience of moving from a greater power to act to a lesser power of action. (E3P11sch) We have a tendency to promote the things that will lead to our pleasure, and avoid or destroy the things that we imagine will lead to our pain. (E3P28) As a result, we are biased toward thinking of those things that bring us pleasure (E3p12), and biased either against thinking of those things that bring us pain, or toward thinking of the destruction of those things that bring us pain. (E3P12, E3P13). With this understanding, the passion **love** is derived as pleasure, as well as the idea of some external cause; **hate** is pain combined with the idea of some external cause. (see appendix for the rest)

Spinoza observes that passions can be so strong as to surpass one's power of action completely (E4P6), but such an emotion can be overcome by a stronger contrary emotion (E4P7). Further, emotions are stronger when they are thought to be presently self-caused, rather than caused by another either in the past or the future. (E4P9, P10)

As we now have a description of the affects, Spinoza uses Part 4 of the Ethics to explain why the passions affect us as they do. In Part 4 of the Ethics, Spinoza investigates why we are enslaved to the callings of our passions, and why, instead, we do not use our capacity for reasoning to free ourselves from passions' clutches. While promoting the striving to be passion-free, Spinoza maintains that the actual achievement of this goal is likely impossible, but he insists that we can moderate and restrain them in order to become more active beings. (E3Preface) He notes that our human habit of comparison has led to the use of the labels "perfection/completion" and "imperfection/incompletion", much like it led to the "Good" and "Evil" labels, only the comparison is between some particular thing and the general idea, or ideal type of the same particular thing. This habit can lead to the inadequate idea that Nature also holds these general ideas and ideal types, such that when something deviates from the ideal model, we tend to assume that Nature has failed and created an imperfection. For Spinoza, this assumption is clearly a fiction, "For nothing belongs to the nature of any thing except that which follows from the necessity of the nature of its efficient cause; and whatever follows from the necessity of the nature of its efficient cause must necessarily be so." (E4Preface) Rather than relying on this inadequate conception of perfection and imperfection, Spinoza advocates understanding perfection as the essence of a definitely existing particular thing. That is, perfection is that which completes the goal of increasing pleasure and the power of activity.

Spinoza equates virtue with one's power of action, and as such claims that reason dictates that we seek our own true advantage. From this, Spinoza claims that those who commit suicide exemplify the consequence of being overcome completely by external forces that oppose their respective natures. Suicidal motives do not arise from an individual's essence; it is impossible because the essence of every finite mode is to persist in being. We can never be such that we

need nothing outside of ourselves, and there are many advantageous relations to strive toward including community with similar beings. This is why we humans are the most useful to one another, for in joining together we can affect one another so as to be more and more powerful together than we ever could be individually. This motivation for increased power of activity leads rational individuals to seek their own advantage, while seeking nothing that they would not also want for the rest of humankind. (E4P18sch) From this it follows that unless overcome by external forces contrary to one's nature, nobody will seek what, for them, is disadvantageous (E4P20sch).

Spinoza argues that the essence of reason is 'understanding' and that the highest good for the human mind is to have adequate knowledge of God/Nature (E4P26, P27). The influence of the passions leads to misunderstandings and differences between individuals (E4P34), but those who live by the dictates of reason always necessarily agree in nature (E4P35). By virtue of this agreement in nature, it follows that we can be most advantageous to one another when we are devoted to pursuing our respective true advantages. (E4P35cor2) Regardless of our tendency for passionate conflict and difference of opinion, Spinoza insists that we will always come to see that it is only by coming together to help one another that we can more easily satisfy our individual and collective needs, and protect ourselves for individual and collective perils. (E4P35sch) Therefore, we should promote living under the guidance of reason for all human beings (E4P37). One can only come to this conclusion if one is operating by the dictates of reason. For we understand that one cannot act in a vacuum, rather we are influenced and we influence the other myriad of finite beings. To achieve what will promote my personal striving, I must admit that I require certain others to be successful in *their* strivings. For example, even though it may appear to be in my best interest to isolate myself from personalities prone to

attack, like those with Borderline Personality Disorder, I am best served if there are fewer personalities that are disordered in these troubling ways. Therefore, it is consistent with my own personal striving to seek to alleviate the suffering of these individuals with BPD to promote more enabling emotional and cognitive responses.

If we understand that our collective force is a powerful tool for our individual and collective survival, then we strive to live in harmony and to help each other. In order to do this, however, we have to give up some of our natural rights; for example we have to refrain from acting in ways that could be harmful to others. In doing so, we give up our natural right for revenge on society at large by means of prohibitions enforced by stronger, contrary threats, rather than through reason alone. (E4P37sch2) Furthermore, since it is through our individual judgments of what is conducive to pleasure and what is conducive to pain that determines what is good and what is evil, the same is true for what society judges to be good and what it judges to be evil. That is, for Spinoza, what society considers ‘good’ and ‘evil’ are precisely those behaviours that are ‘pleasurable’ and ‘painful’ to society respectively. However, Spinoza again insists that the same is not true in Nature; for in a determined Nature there is no wrong-doing (E4P37sch2). Therefore, for Spinoza, “wrong-doing is therefore nothing other than disobedience...” and, “...in a state of nature nothing can be said to be just or unjust; this is so only in a civil state, where it is decided by common agreement what belongs to this or that man.”(E4P37sch2) One can be led to bad behaviour by the influence of one’s passions, however, one can also be led to the same bad behavior under the dictates of reason. (E4P59) Therefore, the ratio of behaviours condemned by society to things that are bad for one’s striving to persevere in being is not fixed, evident of the importance of the cause (internal, external, mixed) of behaviour when making these judgments.

Spinoza then provides a critical examination account of the affects: which are good, which are bad, which can be excessive or deficient, etc, and concludes that when met with hatred, anger, or contempt, the person living under the guidance of reason responds with love and nobility. Nobility, recall, is the striving to be a friend to and help others by the dictates of reason alone. So, to respond with nobility when confronted with hatred, anger or contempt means to respond by trying to help the person who has perpetrated the harm. (E4P46) Nor does the person living by the dictates of reason pity another whom they perceive as distressed, for pity can be paralyzing. Furthermore, the person who lives according to the dictates of reason understandings that all things, even events perceived as misfortunes, follow from necessity, and in accordance with the eternal laws and rules of Nature (E4P50sch). Spinoza comments that there are some who can rightfully be called inhuman, whereby the rational individual is justified in refusing noble assistance. Whereas, when one is known to have helped others, especially those perceived as misfortunate, it is rational to be disposed to benefit this helper, so as to encourage this kind of harmonizing behaviour in others. (E4P51)

Spinoza defines **self-contentment** as the pleasure arising from one's contemplating oneself, and one's own power of activity, i.e., one's reason. (E4P52) In virtue of the customs of the human social world, self-contentment is best fostered by honour: by living a life conducive to being praised rather than blamed. (E4P52sch) Those who experience either extreme pride, or extreme self-abasement are pained because they compare their own weaknesses to the strengths of others, and relieved from this pain when they consider the faults of others. The proud and those who are prone to extreme self-abasement confess their own self-ignorance (E4P55) and weakness of spirit (E4P56). Spinoza concludes that the proud and the self-abased are the most subject to emotions (E4P55cor).

Ultimately, Part 4 of the Ethics affirms that everything, including all human endeavors and desires follow from the necessity of our nature and can be understood through our nature alone, or, can be understood through other parts (E4Appx1), and that evil can only affect us insofar as we are affected by external causes (E4Appx6). Therefore, it is better for each of us to live in a community with residents who are in harmony with our natures, in order to best foster our power of activity. Without radically changing our constitutions, we cannot thrive in communities where people are not in harmony with our natures (E4Appx7). Spinoza insists that it is of primary importance that we establish harmonious relationships with one another, uniting together to serve to strengthen friendships (E4Appx12), even though it is not often easy to endure the disadvantages of living in the human social world (E4Appx14).

In Part 5 of the Ethics, Spinoza considers the degree to which reason and the human mind can control or moderate the influence of the passions. He concludes that the human mind can control the emotions in five respects: first, the mind has the power to have the very knowledge of emotions; second, it is in our ability to detach from the emotion the idea of its external cause. Third, we are also able to distinguish emotions related to a superior understanding from those related to things we understand in a confused or fragmented way. Fourth, our mind has the capacity to consider the number of causes whereby those emotions flourish, which are related to God, or the property common to all things. Finally, the order wherein the mind can arrange its emotions and associate them with another demonstrates the power reason has over the passions. (E5P20sch) The strength of a particular emotion is determined by the comparison of the power of the external cause to one's own power. Spinoza describes how distress and anxiety stem from one's excessive love toward an unstable thing that one can never completely possess. He notes, "For nobody is disturbed or anxious about anything unless he loves it, nor do wrongs, suspicious,

enmities, etc., arise except from love toward things which nobody can truly possess.”(E5P20sch)

The anxiety an individual with BPD experiences regarding his or her abandonment-engulfment dilemma provides a good example of this distress. On the one hand, the individual with BPD fears that she cannot possess her significant other, resulting in anxiety that the significant other will abandon the individual with BPD. On the other hand, she fears she cannot possess a stable self-identity, resulting in the anxiety that the significant other will engulf the individual with BPD.

Sharp and the Politics of Renaturalization:

The overall goal of the project of renaturalization is to see minds and bodies in terms of the complicated web of powers and counterpowers in which they are embedded, such that it no longer acceptable to believe that our exceptional human minds have the ability to control and therefore be responsible for the acts of our distracting animalistic bodies.^{lxix} Sharp’s main concern in the Politics of Renaturalization is with this psychology underlying much of social and political thought that typically culminates in self-hatred, misanthropy and civil unrest.^{lxx} She refers to this psychology as the “antinomian dialectic”. On the one hand, the antinomian dialectic motivates the belief that human beings are exceptional from nature, and that our capacity for reason, language and complex emotions belong to an exclusively human essence such that we are thought to be midway between the beasts and the gods. On the other hand, it can also motivate misanthropes to look toward nonhuman Nature as models for appropriate behaviour. The former push is the behind the motivation to measure ourselves against an unattainable norm^{lxxi}, and to believe that we have a radically free will^{lxxii}. Descartes substance dualism is the grandfather of this psychology, but it remains ever-prevalent today, and can be found behind the majority of advertising campaign messages we are bombarded with daily. It is evident in free

will discourse, for example in campaigns to raise self-esteem; i.e. “Love Your Body” campaigns that suggest that it is absolutely in the power of the body-conscious/shamed individual to not be affected by the hundreds of images shown that inform us our bodies are not good enough as is. It pops up in environmentalist rhetoric that maintains it is our special human responsibility to repair the planet. Again this psychology rears its head within material for animal rights activism when the presense of a “proto-rational mind” of some particular creature is *the* reason to protect its rights. We hear it out in the social world when someone with distasteful behaviour is described as “a beast” who “acts like an animal”, or when we plead “have some humanity!”. It is clear then that this attitude, no matter how philosophically problematic, has been difficult to dissipate. The latter concern, recall, is with the opposing extreme of rejecting human civil society and looking toward nature and the animals as models for appropriate behaviour. These misanthropes reject certain ideas and things exactly because they are human, and this leads them away from the Spinozistic life of reason, toward a life ruled by the variable and precarious passions. This aspect describes the attraction toward “uncultivated savagery precisely because it is nonhuman or...antihuman”^{lxixiii}. Using Spinozist ontology of the conatus, affect and power, Sharp shows that humans are no less a part of nature, subject to the same determinations, cause and effect etc, and that the awareness of our inescapable dependency on both human and nonhuman others counters both aspects of the antinomian dialectic thereby resolving this self-hatred and misanthropy.

For Spinoza, since there is nothing outside of the boundless totality of Nature, and finite modes of Nature are subject the natural forces and determined by cause and effect (E1p28), a finite mode can only exist and act if it has the power to affect (E1p36) and be affected by others (E1p38). Being and action are therefore inextricably tied to our relations with human and nonhuman others. Sharp argues that according to this interpretation of Spinoza’s ontology,

“...action is not an individual exercise but the consequence of an enabling affective milieu, comprising of infinitely many human and nonhuman forces.”^{lxxiv} Unless we recognize that we are but a small part of the boundless totality of Nature, we do not have proper understanding of the limits of our power (E5p4), we are necessarily more subject to the influence of the passions, and less likely to be able to moderate them to maximize our highest advantage. Sharp argues that because each particular finite modes strives to persevere in existing as that particular finite mode, and because being is intricately tied to both human and nonhuman others, the most enabling way of life is one of nurturing relationships with similar finite modes.

Giles Simondon’s concept of “transindividuality” is central to the politics of renaturalization. Transindividuality is an ontogenic approach to considering what makes one individual distinct from others, i.e. considering the individual via the process of individuation (36) as opposed to considering the individual using an radically independent atomistic approach or as intricate parts of the whole approach. Using this ontogenic approach, it becomes clear that we only become “individuals” in relation to others, or more precisely from our differences when relating to others. (36) Thinking about individuation in this fashion renaturalizes the individual to emphasize that to live as in individual is to relate to other individuals. (37) This idea very clearly resembles Spinoza’s tripart levels of individuality (E2P13s) made up of the most basic simple bodies, followed by the coming together of more than one individual that are similar enough to form a larger meta-individual, and finally the boundless totality of Nature whose parts can be changed without any change to the whole. For Spinoza then too individuals can only be understood when considered in the context of other individual modes (E3P9). Sharp explains, “Being is a system of relations that is excessive, always incomplete and uncompleted, and perpetually differentiating.”^{lxxv} Since transindividuals cannot be considered independently of the

myriad of other modes, nor from the boundless infinity of Nature, individuality is described as that which emerges from a “preindividual reserve from which it cannot be distinguished”^{lxxvi}. The transindividual admits ‘I am only because of the myriad of human and nonhuman others who influence my force of being’. Affect is central to this way of considering individuality. It is through affect that one can determine whether or not the others encountered enhance or diminish one’s being. Individual modes are distinguished from one another based on their relative complexity of both body and mind. The more complex the individual, the more it can relate to other modes in many ways. Recall that the conatus motivates each mode to actively pursue its highest advantage. It is in our highest advantage to promote and enhance our force of being, and since humans can be distinguished from many nonhuman others because of immense complexity of our bodies and minds, our power of being is intricately tied to our relations with others. It is a premise of Sharp’s project that unless we affirm we are parts of the boundless totality of Nature, we cannot understand our power or lack of power (E5p4).^{lxxvii} Only by understanding our power can we inventory what reason can do to moderate the affects. The boundaries surrounding one individual mode are fuzzy, blurry. This is because our bodies are made up of billions of smaller more simple bodies, which agree with one another to such a degree that they become one individual. However, these composite individuals are in constant flux due to being perpetually relating to human and nonhuman others. Some of these relations are enabling, and some are disabling. An upshot of this is that the process of individuation is really never complete, and that all relations are power relations^{lxxviii}, in spite of the strivings of the conatus to maintain one’s distinctness among infinitely many other singular beings.^{lxxix}

Complex bodies are more able to be affected and more able to affect others, and therefore complex minds are more able to perceive than those minds which are not as complex. As a

result, the more a being is able to be affected and is able to affect, the more it is capable of acting (E3p13s). Human beings are distinguished from other creatures by the relative complexity of our bodies and of our minds. Since we are so distinguished, Spinoza argues that we are in greater need of others. We need others in order to determine the bodies and ideas that are enabling, and those that are disabling. When each human individual obeys the dictates of reason, and seeks their own respective advantages, it becomes clear that it is necessary to do things that are good for their human natures, which are the same things that are good for other humans. (e4p35d). This is why Spinoza maintains that “man’s greatest utility is man” (e3p18s). We humans are most useful to one another when we are enabled to affect and be affected in increasingly diverse ways that will enhance the receptive and active powers of our bodies and minds (e4p38). Further, it is advantageous to join together because we are not yet sure what the human body and the human mind can do, so, Spinoza urges that we ought to experiment. Reason dictates that to live best is to cherish life, friendship and to live among others in a state. (e4p73). The most inclusive practice of deliberation is the best, and most worthy of pursuit. However, neither Spinoza nor Sharp admits that the task of joining together will be easy. Sharp argues that the process of empowerment and engendering the liberating conditions that enable or constrain the passions of the whole society will be arduous and precarious.^{lxxx} Spinoza maintains that even though human beings share a similar human nature in virtue of our relative corporeal similarities, finite modes cannot help but struggle against other opposing finite modes (E3p6), and that humans are in particular naturally inclined to hate and envy (e3p55s). Still, unless we are able to know our power, we will be unable to determine what reason can do to moderate the affects, and therefore be less effective in living maximally well.

Community considered under the lens transindividuality is understood to be a collection of finite modes with enough corporeal similarity to enable effective communication and cooperation. Since human bodies are similar such that we can communicate and cooperate effectively (relative to those creature who cannot speak...not against the ideal effective communication and cooperation whatever that might be), Spinoza maintains that other humans are the most useful to the individual human striving to live well. Similar creatures are most useful to one another because the similar parts of their bodies share common notions, and therefore have the potential to enhance our agency. Sharp states, “the dictates of reason teach us to dedicate our energies to the preservation of any being that enhances our agency understood as our active and passive powers to affect and to be affected by other bodies”.^{lxxxix} For Spinoza, reason refers to those ideas that are accompanied by strong feelings such that one cannot consider doing otherwise (E5p66). Therefore, if we are properly attending to the lessons taught by the affects, then we won’t be able to help but nurture our relationships with others.

Speech, Ideology and Collective Conversation

Using the unpredictability of human speech as example, Sharp demonstrates how we benefit and why we need to come together and engage in collective conversation. Sharp renaturalizes speech as part of nature subject to the same natural forces and affective determinations just as like every other finite mode. Speech is embedded in the constellation of cause and effect and thereby has the power to reveal to us our respective powers to be affected and to affect others.^{lxxxii} Sharp draws from Spinoza the doctrine of the unfreedom of speech. We are inclined to assume that speech is personal, that it comes from within/from the self, however, Spinoza shows that this is not true. Speech emerges from the myriad of affective relations paired with the relative complexity of the human body and mind (and also necessitates relations with

others). We only speak because we are necessarily affected by human and nonhuman others. Speech is not only a “citation of social practices constrained by norms and linguistic structures that it also produces”.^{lxxxiii} Sharp’s project of renaturalization emphasizes the natural affective aspects that constrain and enable speech, especially among people who are together physically (it is not enough to just communicate online/telephone/correspondence). Spinoza maintains that our words have the power to lead to new self-awareness and can reveal our own affective characters and the affective character of one’s community. (E1App). So, in this way we cannot espouse a belief in the “freedom of speech” with respect to the will, although Spinoza in no way advocates for censorship. Rather, he maintains that the best method of governance is whichever permits the most diverse and the largest collective deliberation with respect to political freedom. Similarly, collective conversation reveals the affective characters of the individuals who constitute the community. Collective speech benefits the community by exposing “entrenched antipathies” that cannot be countered by the individual alone, and permits solutions to these antipathies be satisfactory. Learning about how we are affected and affect human and nonhuman others via joining together in collective conversation provides the tools to effectively manage those forces and determinations that negatively affect the individual or the community and therefore lead to more passivity, and those that promote positive affectivity the individual or the community and therefore lead to more active reasoning. In this way, “animation of our tongues is key to collective self-determination”.^{lxxxiv} Collective deliberation brings us closer to the goal of properly understanding our best interests and the development of a world of “radical cooperation and collective striving to know and love nature”^{lxxxv}, instead of a “world of conflict over scarce resources”^{lxxxvi}.

Further, the renaturalization of ideas posits ideas as the results of “a decentralized play of human and nonhuman forces, direct and indirect knowledge, and pleasure and strength” (67). Considered this way, it becomes clear that the truth of an idea does not guarantee its acceptance as true. Individual ideas are only measured, therefore, by their force of being and whether and how the idea affects others and it is for this reason that Sharp maintains that collective deliberation is interesting from the perspective of renaturalization. Since bodies and minds are not reducible to one another, and only bodies can affect bodies, only ideas can affect ideas, ideas are woven in a constellation of other ideas as bodies are woven in a constellation of other bodies. Therefore it is possible for a true idea to not be accepted as true because it is incompatible with the other myriad ideas in the ecosystem of ideas. Sharp states, “...no matter how clear and distinct [ideas] cannot take root in the mind without a fertile environment.”^{lxxxvii} Only by dislocating ideas noxious to the true idea, or including ideas that are more compatible with those already in the web, can new true ideas be accepted as true both at an individual level, and at the social level. An individual may not believe some fact proven true through a series of scientific studies, because it does not correlate with his or her deeply entrenched religious beliefs, for example. At a social level, a community may not accept reports that one of its prominent members was involved in some illicit scandal because it does not correlate with her upstanding reputation. Moreover, a true idea may be rejected both personally and socially because it is disabling, rather than enabling to the individual or community. It might be disabling, for example, for an individual to accept the truth that his marriage is over/he has gotten divorced. It may cause paralyzing depression that prevents him from going to work, seeing friends, eating nutritiously etc. Because of this, the individual might continue to wear his wedding ring, and still refers to his ex-spouse as his “wife”. Certain groups of conspiracy theorists might be disabled,

for example, by accepting the truth of the human tendency for a “confirmation bias”. As before, in order for true ideas to be accepted as true, they must fit in to the rest of the ecosystem of ideas. Therefore, Sharp concludes, “that effort to think and live well requires attention to the collective dimensions of thinking life”.^{lxxxviii} Collective deliberation is necessary for the optimal wellness of both individuals and communities. This is so because diverse and large assemblies of people accept diverse ideas as true. Powerful ideas are those that are shared among many minds, plus many minds together can think of ideas that cannot emerge from solitary meditation and it is for these reasons that it is enabling to join together in diverse collective deliberation. Sharp aligns with Spinoza in arguing that the minds of individual modes cannot even think without first affirming its radical dependence of other finite modes. This implies that Descartes’ famous pronouncement “I think therefore I am” is more accurate if tweaked to state instead that “I think if and only if we think”. (67, E2ax2) The public can have false but powerful ideas in the ecosystem of ideas, but through the dictates of reason this practice of collective conversation will bring more to the way of true ideas by means of sharing ideas, criticizing etc.

Sharp goes on to argue for nonhuman utility in Spinoza. She maintains that we ought not draw conclusions from the off-hand (and sexist) remarks Spinoza makes regarding the “womanish sentiment” underlying moral prohibitions against eating meat.^{lxxxix} Instead, Sharp reaffirms that Spinoza’s remarks on nonhuman animals served as a response to the temptation to look toward nonhuman animals as models for appropriate human action. Spinoza’s ethics of similitude prompts Sharp to further investigate the political repercussions of the renaturalization project. These conclusions have a clear significance for the deep ecology movement, whose members often raise the status of nonhuman animals above humans in order to combat the profound damage to the planet caused by humans. Sharp continues to show the differences

between the accepted practice of a Hegelian politics of recognition and the Spinozist relationship of composition between human and non-human forces. The Hegelian politics of recognition suggests that humans strive to be uniquely recognized in the social sphere, whereas Spinoza's politics hinges on the concept of the conatus. We are not looking to be recognized by the way we represent ourselves, rather, we are looking to combine with other enabling human and nonhuman forces, and to remove ourselves from disabling relationships. The politics of renaturalization have a lot to offer feminism, as evident in Sharp's discussion of Elizabeth Grosz's impersonal politics. Grosz advocates to completely abandon the master-slave dialectic prevalent in Hegel's politics of recognition, which Sharp refers to as a "self-hating endeavor"^{xc}, in favour of a politics of imperceptibility that "privileges acts, forces, energies, and bodies...embraces opacity, dissolution, indiscernibility and departicularization".^{xci} Grosz's project shares with Sharp's the insistence that we are radically dependent on both human and nonhuman forces. Rather than women (and other marginalized groups) striving to be recognized properly as "persons" as is the case under the politics of recognition, the politics of imperceptibility has women striving to pursue alignments with compatible forces that serve to stabilize the identity of women as a group. The politics of renaturalization, ultimately, insist that humans are not special parts of the boundless totality of Nature, exempt from the determinations of cause and effect, nor are humans "a perversion of nature's order"^{xcii}. By thinking of our relationships with human and nonhuman others using renaturalization frame, we can significantly lower the self-hatred and misanthropy that disables us individually and socially.

Although no direct works have been written on the subject, I contend that both Spinoza and Sharp would agree that individuals with Borderline Personality Disorder are better served under the lens of a radically relational model like the politics of renaturalization, than they would

be served under any model that suggests that the human mind has a special status and power to control its instrument, the human body. Those in the medical and psychological communities are expected to demonstrate a certain level of objective detachment, and to refrain from making moral judgments about their patients. However, many people in the lay public assume that the problematic behaviours enacted by an individual with BPD (and most other individuals) are under his or her control, thus fueling stigmas that people with BPD are manipulative in that their melodramatic reactions are fake, and that their tendency to blame others for their personal behaviour is reason enough to mistrust what they say and exclude them from collective conversation accordingly. These perceptions examined under the mainstream lens tainted with residue from the antinomian dialectic might seem accurate to the lay public. ‘We aren’t animals’, the layperson might say, ‘we have a free will and a choice to behave humanely and civilly, even in the face of an emotionally-fraught situation.’ Examined, however, through the lens of the politics of renaturalization these stigmas lose some of their punch. When renaturalized, human action and thought is subject to the same determinations as the rest of Nature, and individual behaviours affect and are affected by the myriad of finite modes in existence. Just as Spinoza and Sharp emphasize the unfreedom of our tongue given the influences of our affective and social milieu, they too would emphasize the unfreedom of our emotional reactions, given the myriad of power relations in one’s milieu, especially if an individual is swayed more by the passions than by the active affects.

Therefore, I contend that Spinoza and Sharp would agree that there are some individuals born with inherent sensitivity; that is, there are some people who experience strong affects relative to the reactions of other people. Due to the myriad of forces, including but not limited to an emotionally invalidating or abusive childhood environment, and a social world that is not

prepared to meet the unmet needs of these sensitive individuals, there are individuals who are more prone to disable and be disabled by relations with other humans. This view of BPD is compatible with what the medical and psychological communities currently theorize about the disorder. The best theories on BPD agree that there are both elements from Nature and from early childhood environments that put certain emotionally vulnerable individuals at risk for developing the disorder. Although there is still considerable debate over the limits of personal control these individuals typically have over their reactions to emotionally volatile situations, the neuro-cognitive similarities between individuals with BPD in crisis and individuals with certain frontal cortex damage^{xciii} suggests that Spinoza and Sharp are right to question the idea of a radically free will.

In the section that follows, I hope to show that given the politics of renaturalization, it is in the best interests of the public to abandon the antinomian dialectic that keeps the voices of people with BPD from being more appropriately heard and trusted, and to begin to accept the public and societal role and responsibility for having a population with BPD. This will benefit individuals with the disorder access and accrue self-knowledge, and will help to loosen their grip on egosyntonicity and its consequences. It can benefit the significant people in the lives of individuals with BPD by offering novel ideas and methods to better cooperate and relate with their loved one with the disorder. Finally, the public as a whole will benefit from the new trustworthy voices in the collective conversation, in the hopes of determining reason's power to temper the passions that enable the proliferation of this disorder.

Chapter Three: Renaturalizing Borderline Personality Disorder

I propose that because of our radical dependency on human and nonhuman others, it is our responsibility as a society to accept some of the blame for having members of our society who have a borderline personality disorder. , Accepting this responsibility as a society benefits both the individual with a borderline personality, nonclinical friends family and coworkers, and the society as a whole. In doing so, we renaturalize the borderline personality through an understanding of those conditions that have contributed to the development of borderline personality disorder, and determine whether and what reason can do to moderate these conditions to prevent the disorder from being as disabling, creating fewer disabling personalities and inviting more voices to our collective conversations.

As is clear from both Sharp and Spinoza, the conatus dictates that we pursue those things that are advantageous to our force of being, and reject those things that are disabling to our force of being, and it is in our best interest to pursue enabling relationships with other humans because of our corporeal similarity. But what of those personality types who exceptionally struggle to have healthy enabling relationship with other humans? As you recall, borderline personality disorder is typified by markedly disturbed social relationships. What's more is that the other characteristic symptoms of borderline personality disorder relate in some way to others as well as a result of their attempts at resolving the distressing abandonment/engulfment dilemma. Individuals with borderline personality disorder are prone to attack: attacking themselves, attacking others, and attacking the cohesion of the social system itself. Someone with BPD attacks himself when he engages in purposeful physical harm like cutting, but also in participating in lifestyles that are not conducive to a life of wellness, such as substance abuse, eating disorders, etc. Relationships with those with borderline personality disorder can be

disabling for close others for they are usually the recipients of the person's infamous rage, sometimes even being subject to domestic violence. Individuals with BPD attack the cohesion of the system by engaging in shoplifting, pathological lying, being notoriously difficult psychotherapy patients therefore making it challenging to eradicate the disorder, and frequent uses of medical health services for mental health distresses such as panic attacks, suicidal ideation and attempts, and self-harm injuries.

Keeping in mind the above considerations, it is no wonder then that as a society we have developed several systems to classify and manage these potentially disabling individuals, the most relevant to our purposes is the DSM-IV-TR. However, if we are living under the dictates of reason, we know that we ought to diversify our body to afford us the opportunity to affect and be affected by an increasing myriad of other beings, and thereby increasing our power of being. We know that we need as many voices in the conversation as possible so that we may better attend to the forces that move us to think and act, so as to modify our social worlds to afford more freedom.^{xciv} So, having approximately 2 percent of the general population suffering from borderline personality disorder (with three times as many women as men, and commonly (though not necessarily) in marginalized populations) may not be as effective in the satisfaction of our societal conatus as we originally designed.

In order to best learn and understand our affectations in order to determine how reason might moderate the affects, both Spinoza and Sharp advocate for joining together in collective deliberation. At present, individuals with borderline personality disorder make up a small percentage of the voices in our social-chorus because of their tendency to attack themselves, others, and the system itself. Further, the quality of credence afforded to these borderline voices is less than those in the nonclinical population, and even among others with mental disorder, and

this is no surprise when considering the characteristic features of the disorder. Borderline personality disorder is among the personality disorders that commonly features ‘egosyntonicity’, i.e the opinion that one’s symptomatic behaviour is not problematic. This can be manifest in a poor attitude toward seeking or staying in treatment, a pattern of making excuses for poor behaviour, entitlement etc. The individuals who demonstrate this attitude operate under the power of a false idea. Not only that, but they tend to expect significant others (friends, family, co-workers), or the social system itself (legal settings), to tolerate their disabling behaviours; they don’t accept responsibility for their actions. This attitude is at odds with those nonclinical others and society who tolerate and excuse poor behaviour only to an extent, and even then most of this generosity is afforded to those who are already privileged with high status in society. Affording any more tolerance threatens to undermine the both the significant other’s composition, and the composition of the social community. The significant other is threatened with emotional abuse, physical abuse, harassment etc. It need not even be as dramatic as abuse and harassment, however. The stress of even just losing a friend or family member with a Borderline Personality who severs social ties when circumstances did not unfold to his satisfaction can be enough to disable the significant other for an extended period of time. Affording more tolerance similarly threatens the composition of the whole social group as well, for the longer society permits the individual with BPD to misbehave without correction, the more harms are likely to befall its population at the hands of these personalities prone to attack. So, not only do these egosyntonic individuals operate under a false idea (i.e., that their symptomatic behaviour is not a problem), this false idea threatens to disable even those who do not have the disorder. This leads me to advocate for finding a way to invite individuals with BPD to engage and participate in the collective conversation so that the power of our true ideas can overwhelm

the ideas that bolster egosyntonicity so that the borderline is justifiably afforded a better quality and a larger quantity of space in the conversation.

Although there is no proper cure for the disorder, there are a handful of treatments that have been shown to be effective in treating certain aspects of it. The best available treatment of these problematic symptoms, recall, is Dialectical Behaviour Therapy. Numerous studies have verified DBT's empirical validity^{xcv} and to temper any threats to significant others and to society, I must stress the importance of inviting into the collective deliberation more individuals with BPD who use the techniques taught in DBT than those who do not. Still, these individuals with BPD may very well still suffer from the other, less immediately physically threatening symptoms of the disorder, including egosyntonicity. And since the nonclinical significant other, and society as a whole generally has good reason to isolate or offer less testimonial credence to their contributions, it is perhaps too much to expect the nonclinical others to tolerate this disabling attitude under this lens. I aim to show that Sharp's politics of renaturalization provides a tool to help egosyntonic borderlines loosen their grip on their blaming attitudes, thereby making it less distasteful to more fully include these personalities in the conversation.

Individuals with BPD are often said to be manipulative, attention-seeking, and have a distorted perception of events and people. Again, it is no wonder that we have classified these personalities as disordered, in order to protect our respective strivings toward perseverance in being, and to protect the conatus of our social group considered as an individual. No matter how natural it seems for the nonclinical population to isolate these potentially disabling individuals, and to afford them less testimonial validity, the project of renaturalization shows that we would be better off if we could carve out more of a space for these personalities to more fully participate in collective deliberation. As Spinoza and later Sharp affirm, each of us is

inextricably bound to every other finite mode (E1P28), and as a result, Sharp argues that action cannot be considered an individual exercise. This means that even problematic behaviours characteristic of borderline personality disorder are the consequence of an affective milieu by which the behaviours are enabled.^{xcvi} And as such, it is in the best interests of the human social community as a whole to include as many diverse voices in our collective conversations, that we might better learn about our affects. Recall that for Spinoza, and then for Sharp, it does not make sense to say that humans have freedom over their speech. Since we do not have conscious control of our tongues, our words have the power to expose our affects. Now if we can make it such that the dangerous individuals with BPD are less dangerous, then we can help them to be further included and trusted in the conversation by admitting our bounded responsibility. In doing so, we add more tongues revealing more of the “affects and forces that contour our imaginations”^{xcvii} and hopefully leading to new revelations about and treatments for the disorder. Further, accepting this bounded-responsibility has the potential to inspire society to acknowledge that the borderline (just like everyone else) cannot make it such that they are never influence by their passions, no matter how much treatment they receive. Hopefully Sharp is right that this acknowledgment will lead to depleting the disabling power of our judgments . Our judgments in this regard can be disabling for us as a society, as we have fewer voices contributing to the conversation and fewer powerful novel (true) ideas being generated; they are disabling for the individual with borderline personality disorder because of the effects of self-incomprehensibility, and therefore being subject to the influences of the ever-changing passions. Ultimately, including these voices in the conversation will motivate us to change our social world into one where more can share in genuine freedom, “which will necessarily be a freedom of degree rather than an absolute power to determine ourselves”^{xcviii}. Sharp draws from Spinoza the position that it is in

humanity's best interest to have a knowledge and love of Nature that can be attained only by cooperating with a myriad of human and nonhuman forces (e4p36), and especially if we cooperate with other humans (e4p37). If accepting a societal responsibility for having a population afflicted with Borderline Personality Disorder ultimately helps everyone (including the individual with Borderline Personality Disorder) develop common notions by helping motivate nonclinical others and society as a whole to us to cooperate more effectively with borderlines, and helps individuals with Borderline Personality Disorder cooperate more effectively with nonclinical significant others, and society as a whole, then we ought to pursue this stance, for it will help us to maximize our power of being.

Many famous participators in the collective deliberation whose voices society has welcomed and even celebrated are said to have had a borderline personality. For example, Princess Diana is said to have suffered from crippling fears of abandonment stemming from her when her mother left the family only to return inconsistently. She is also said to have suffered from bulimia, severe mood swings and increasing impulsivity and destructiveness typical of a borderline personality disorder.^{xcix} Writer Zelda Fitzgerald was hospitalized a number of times for her drastic changes in mood, severe bouts of depression and self-destructive impulsivity. She was diagnosed first with schizophrenia, then with bipolar disorder (manic depression at the time), until she was finally appropriately diagnosed with borderline personality disorder, a tale all too familiar to many with the disorder.^c Author Susanna Kaysen of Girl, Interrupted fame was diagnosed with the disorder in the 1960s. Her insights into the phenomenology of having a borderline personality are indispensable, and both the memoir and the film based on the book brought attention to a more complete picture borderline personality disorder for the mainstream culture, than the image depicted by stories like Fatal Attraction and What Above Eve.

Importantly for our purposes, Marsha Linehan, famed borderline personality disorder researcher, and creator of the most effective treatment, Dialectical Behavior Therapy, has come out as a sufferer of the disorder. Her ability to manage her distress while attending to her studies has truly helped not only her fellow sufferers, but personality researchers and the public at large.

Linehan's insights into the disorder have provided more background into what kind of early life environments tend to aggravate especially sensitive individuals into developing borderline personality disorder. And her introduction of mindfulness meditation in the traditional cognitive-behaviour model of treatment has reduced the number of hospital admissions for treated individuals with BPD relative to untreated individuals with BPD. Speculative reports claim that Marilyn Monroe, Jim Morrison, Angelina Jolie, Amy Winehouse, among other iconic figures in our pop culture also fit the criteria for a diagnosis.^{ci} It is clear, then, that in spite of the many obstacles facing borderline personalities, some do manage to have their voices heard and valued, and it has benefitted society. Imagine, then, the benefits society might incur if more with borderline personality disorder were able to participate in the collective deliberation with a better quality and better quantity of involvement.

These individuals are typically described from infancy as highly-reactive, or "hypersensitive". Marsha Linehan refers to these individuals as "emotionally vulnerable".^{cii} Inspired by Sharp's politics of renaturalization, I maintain that these are the individuals in nature who are most able to affect and be affected by the myriad of ambient forces. They are more affected, for example, by a more senior colleagues friendly teasing when first starting out at a new job than their nonclinical peer. Their anger is more likely to escalate into rage and emotional or physical abuse over what a nonclinical peer might consider a minor offense, like forgetting an important anniversary in the relationship. Often wrought with intrusive morbid thoughts or,

flashbacks of earlier traumas, whether incurred from early life experiences, or from self-abuse, borderlines may not be able to identify the trigger that so affects them (those who are especially disabled these thoughts and memories may develop a co-morbid general anxiety disorder, or refrain from social life altogether to avoid being so triggered). Now, since these individuals have a disordered personality it is not guaranteed that their tendency to affect and be affected by a myriad of others will prove to be more useful for their own wellness, nor the wellness of others and society. This leads me to advocate for society to accept a kind of public responsibility for Borderline Personality Disorder without falling prey to the criticism that in so doing the society has let these individuals off the hook for their misbehaviour and that their suffering cannot properly be considered clinically relevant. By renaturalizing the responsibility of the individual with Borderline Personality Disorder in society, my hope is that the otherwise problematic symptoms of the disorder be less disabling to the individual with BPD, to the nonclinical significant others, and to society at large than if the responsibility falls solely on the individual with the disorder.

However, this is only an enabling exercise for both the person with BPD, for others and for the social system as an individual if the person with Borderline Personality Disorder is able to accept responsibility for his or her own role in the demonstration of the problematic symptoms of the disorder, one need not come before the other. Accepting personal responsibility for problematic symptoms benefits the person with BPD as it is only by accepting responsibility that she can begin to deprogram problematic responses to triggering situations. Hopefully, by beginning to deprogram these problematic responses, the individual with BPD is less likely to be as attack-prone as she was prior to accepting responsibility. Recognizing that even though a situation might trigger unwelcomed responses in her, that does not mean that the situation

warrants such responses may hinder the person with BPD from blaming others, and perceiving these others as deserving of the mistreatment associated with the unwelcomed response. So, it is beneficial for society that the individual with BPD can accept responsibility for herself.

People with a borderline personality are typically expected to blame others, or hold others responsible for their own emotions and misdeeds. In fact, it is a major goal in treatment to have the patient learn to accept responsibility for their actions as it indicates a much better prognosis than those patients who hold a firm grip on blaming others. And it is easy to see why that is thought to be the case: If an individual with BPD is responsible for the damage he inflicts when his rage is triggered, then it stands to reason that he will be less likely to inflict such damage than if he was continuously not held accountable for their misbehaviour. After all, feelings of guilt or shame can be very disabling, especially for individuals with BPD who have shown to feel the “sting” of guilt and shame longer than nonclinical populations. So, it makes sense that the borderline would curb his appetite for destruction to avoid feeling guilty and ashamed. However, I don’t imagine it is common for these emotionally vulnerable individuals to be immune to feelings of responsibility, guilt and shame with regard to their destructive attributes prior to having been counseled. It is my contention that many with borderline personality disorder feel overwhelming feelings of personal responsibility, guilt and shame. And that these feelings are rooted in the myriad negative or traumatic childhood experiences ie: living in an “invalidating environment”, as Linehan proposes, child abuse or neglect etc, that lead to an especially confusing dialectic for young and vulnerable minds. Having been taught repeatedly from their primary caregivers that their feelings and experiences (when expressed) do not matter, are incorrect (saying to a child “you like broccoli” when she is old enough to know that she does not), or are wrong (scolding a crying child for being sad) emotionally vulnerable children

develop conflicting feelings about their realities. Furthermore, in these environments there is typically a high value on self-reliance, such that anytime the child fails to live up to these expectations from caregivers, the blame is ascribed to the child's poor character, causing deep-seated feelings of shame and guilt that haunt people with Borderline Personality Disorder long into their adulthood. It is clear that invalidating the emotions and experiences of emotionally vulnerable children does not provide them the coping skills to effectively manage these strong emotions, and in many cases it will only further exacerbate the alleged problematic emotion. Later, if she has developed Borderline Personality Disorder, she is more likely to experience negative-emotions longer and stronger than her nonclinical peers. If she is triggered and responds in a rage, or a panic attack, or a depressive episode, or get madly jealous, or what-have-you, she is not only responding to the perceived offense, but also to the memory/thought pattern of the invalidating environment of her childhood years when she was caught in a conflicting reality where on some level she knew her emotions and experiences ought to have been considered valid, but the most reliable (to her pre-programmed human child mind) source of information about the world, her primary caregiver(s), convincingly told her otherwise. I believe that it is this latter response that sometimes confuses the individual with BPD into blaming "the other" in the situation that triggered the strong emotional reactivity, even though "the other" may not be the Invalidator from her childhood and therefore the response may be inappropriate to the situation. The person with BPD is used to having to defend her emotions and experiences, if not out-loud toward her Invalidator, at least to herself, at least some of the time. And when under the heat of a particularly affecting emotional experience, she assumes her interlocutor will invalidate or discredit her complaints as her Invalidator has. Of course, I do not expect that this process is happening on a conscious level, or at least not on a level that the individual with BPD can readily

access when under the influence of high emotionality, but I think that when renaturalized in this way, we can see how an individual with BPD feels the urge to blame others for their own misdeeds, or negative experiences.

The situation is only more clearly exposed if there has been child abuse or neglect in the history of a person with borderline personality disorder. For it may be clear to the child at some time in her developmental history that *something* is wrong with the way that she is being treated, or that other children are treated differently by their caregivers, some indication that she is being treated differently plus (at least a) hint of negative connotation. That is to say, on some level, the child knows that her actions do not warrant the kinds of treatment afforded to her by her abuser. However, it is in the nature of developing minds to believe adults are models for appropriate human behaviour, and so, especially after repeated abuses, the emotionally vulnerable child might finally be convinced (on some level) that she deserves to be abused. Even after psychotherapeutic intervention, these deep-rooted beliefs can continue to negatively influence the lives of the emotionally vulnerable, and especially if these vulnerabilities manifest into borderline personality disorder, then the individual is likely to experience the struggle of both feeling deserving of mistreatment and abuse, and knowing that she is not deserving of mistreatment and abuse. Then, later as an adult, when some event triggers a strong negative emotional response, not only is the individual with BPD reacting to the perceived offense, but also to feeling deserving of the abuses suffered as a child. And again, either her interlocutor, or whomever she blames stands as a surrogate for this feeling of deserving.

On some level they are right, they are not completely at fault for their misdeeds. In saying that, note that I am committed to the position that everybody ought to take responsibility for the movements of their respective bodies, even if the movement is not intentional in the standard

philosophical sense of the term. For example, imagine someone drinking red wine at his boss's house during a dinner party. Now imagine that person drops the glass of red wine on a very expensive chic area rug, staining it permanently and effectively ruining it. If he dropped the glass of red wine on the rug because he was envious that his boss was able to afford such nice floor coverings while he had to walk on cheap linoleum floor at home, he would be just as responsible as he would be if he had dropped the glass of red wine because he was having an epileptic seizure and temporarily lost motor control. Mercy, excusing, not attributing blame etc. comes into the play on the social response side of this equation, not on the part of the transgressor. That is to say, it is up to the boss whether or not she corrects this treatment by her employee. Most people feel mercy for someone who has temporarily lost motor control, regardless of damage done to fancy floor pieces, and would not offer the same mercy toward someone who damaged the area rug because of envy, but that does not make the envious person any more or less responsible than the epileptic. Someone could reply that whether mercy is appropriate depends on the facts about the transgressor. It might seem that the epileptic is more appropriately excused for the ruined rug, but I maintain that this is up for debate. The evaluation whether or not to show mercy comes only assuming the transgressor accepts, or is entitled to accept, personal responsibility for the movements of one's own body. Socially, we want to know more about the transgressor in order to determine whether mercy is appropriate. If the transgressor does not and is not entitled to accepted personal responsibility, then we are not socially entitled to offer mercy. Mercy and correction, on this view, are responses to beliefs that the transgressor is personally responsible for the movements of her body. The transgressor might negotiate differently, arguing that he or she is ought not to accept personal responsibility, but the important point is first responsibility is assumed, and only afterward is mercy or correction delivered.

So, no matter what, the individual with Borderline Personality Disorder is responsible for the movements of her body-if she scratches her ex-partner's car with her keys as a response to the ex-partner's new relationship, it is her fault, not her ex-partner, not the ex-partner's new partner. However, it is not entirely her fault that she has developed Borderline Personality Disorder and has these strong reactions. Some of it might be in her genes, or in her makeup of her brain, some of it might be moral-failings on her part (just because she has Borderline Personality Disorder does not mean she is automatically a morally bad person, nor does it mean she is automatically a morally good person)^{ciii}. But much of the responsibility, or fault, belongs in the social sphere: both from the invalidating or abusive environments they were exposed to as children and from the fact that these individuals were not effectively taught appropriate coping mechanisms for these conflicting realities (deserving/not deserving) and strong emotional reactions. At this macroscopic perspective, that we have allowed so many personalities in our social environments to become disordered shows that we are not doing enough to provide the tools and comforts needed for emotionally vulnerable individuals to develop such that they are able to participate fully in our world. The problem is that social efforts to correct abuses that take place in a family home are confined to legally clear cases of abuse or neglect, and even in the best jurisdictions, governmentally funded homecare for wards of the Crown/state fail to meet the exhausting needs of the emotionally vulnerable child, in spite of even the best efforts of their guardians. In the absence of a legally clear case of abuse or neglect, emotionally vulnerable children have only their peers and other adults like teachers, coaches etc. to look toward for emotional validation, and stability. But since primary caregivers hold epistemic priority in the developing child's mind, at least with regard to the moral status of one's character (whether one is a "good girl" or "good boy" etc), the lessons learned from peers and teachers may fail to fully

convince the emotionally vulnerable child otherwise. Apart from urging other philosophers to consider foster parenting, and/or urging others to take a more active role in modeling appropriate responses around these at-risk children, and of course taking action to treat one's own disordered personality prior to parenting children, there is little I can suggest in terms of preventing personalities from becoming disordered. But once the emotionally vulnerable child develops into an adult with Borderline Personality Disorder, it is our responsibility, at a social level, to admit our blame in its development. Accepting this responsibility may help those with Borderline Personality Disorder who stubbornly blame someone else for their own misdeeds, but only if it is accepted in an appropriate proportion to what is warranted. Similarly, it may help those with BPD who have accepted responsibility for their behaviours but continue to have the Borderline diagnosis, or those whose BPD has remitted but who still suffer from Borderline traits (that is, they no longer display five of the nine symptoms of BPD according to the DSM, but they still suffer from, say, fears of abandonment, or they are still prone to mood swings).

Accepting this public responsibility at a social level can help those with Borderline Personality Disorder by resolving the discomfort of self-incomprehensibility. George Graham describes the effects of this discomfort in What Makes Mental Disorder Undesirable from The Philosophy of Mental Disorders: "Being in the dark about ones own person means that an individual is incapable of rational self-scrutiny or taking proper responsibility for self".^{civ} Whether the individual with BPD assumes complete responsibility for their disordered personality, or the individual with BPD assumes significant others, or society itself is completely responsible for their disordered personality, she is in the dark about her own person. If we consider borderline personality disorder under the lens of renaturalization, it becomes clear that the borderline personality is properly the result of an individual being especially able to be

affected by others (hypersensitive), especially able to affect others (for better or for worse), as well as having been forced to endure disabling relationships during formative years (whether through emotionally invalidating environments as suggested by Linehan, or more severe emotional and physical abuses endured). When afforded this understanding, that is, when the borderline has renaturalized her own self, she is no longer “in the dark” about her person, and is then more able to manage her especially problematic passions under the guidance of reason. She is more able, for example, to loosen her grip on her egosyntonic attitude, accept her share of the responsibility for the disorder, and ideally limit those behaviours that are disabling to herself, to nonclinical significant others and to society. I do not imagine that this will be an instant occurrence. However, by gaining more self-knowledge, the individual with BPD will be better able to focus on the aspects that are treatable, or else empower the individual to better manage their behaviours.

Although DBT is the most effective treatment for BPD, it does not directly address the topic of societal responsibility, and it is my hypothesis that this is a contributing factor as to why DBT does not diminish the occurrence nor the suffering of other problematic, but not necessarily symptoms needing immediate medical attention. Graham argues that mental disorders are not “excised or extirpated from a person’s psychological makeup or economy just by mere additions of other psychological resources...Unless the disorder itself is addressed and its ‘gum’ removed by means that are proper to a conditions content and character, a disorder gets in the way of a person with the condition. It makes their life worse.”^{cv} This explains why the borderline does not suddenly, for example, resolve their crippling abandonment/engulfment dilemma just by being endowed with mindfulness meditation techniques taught in DBT. If we consider the content and character of Borderline Personality Disorder, it is clear that the “gum” of the disorder not only

includes behaviours that affect the person with BPD, but also social behaviours. So, if DBT only focuses on the personal behaviours of these individuals, then it is neglecting to address and remove the society's share of the "gum", and this is a reason why it fails to treat the other, less immediately medically relevant, but still problematic symptoms of the disorder. Similarly, unless the societal aspect of personality disorders itself is addressed and its gum removed, BPD will "get in the way" of our society with its population of people with the disorder. That is, until we address the ways in which society is responsible for Borderline Personality Disorder, BPD will prevent our society from reaching its highest advantage.

Once again I want to note that I do not endorse a view that suggests only society needs treatment for Borderline Personality Disorder. Although I agree with the idea that society generate psychopathology and needs correction, I disagree with Charland's commitment that mental disorders, especially personality disorders, are only moral problems with no clinical relevance. Charland maintains that the language describing the Cluster B Personality Disorders (ASPD, BPD, HPD, NPD), invoke explicit moral language and terminology, while the language describing the other Clusters do not.^{cvi} The individuals who suffer from these social ills as people with BPD need help and correction as well. They are also clinically relevant because, for example, these individuals are more likely to suffer from autoimmune disorders like chronic fatigue syndrome, Crohn's disease and allergies,^{cvi} and are more likely to get migraines, stomach pains, back pain, IBS, accident-prone. Whether organic or brought on by stressful early life experiences that have caused chronic stress responses in the neurological system that in turn create physical disturbances in the body, these individuals likely use the health services more often and with less success than they would have if they did not develop the disorder. Under the project of renaturalization, a borderline individual's physical complaints and idiosyncratic

syndromes common to those with BPD are not so surprising. Recall that for Spinoza the mind is simply the idea of the body, and the body is simply the subject of the mind. If an individual with BPD is in psychological distress, or if her brain is such that it tends to show more signs of chronic stress than nonclinical peers, then it is not surprising that her body would also show signs of chronic stress-such as a lowered immune response-which could lead to the development of an autoimmune disorder thought to be related to these idiosyncratic syndromes. If the body is under chronic stress, then it is no wonder why the mind of a borderline personality would show signs of chronic stress too via anxious obsessive intruding thoughts and the behaviours that these thoughts trigger. So, even apart from the clearly medical emergencies more frequently associated with BPD, people with BPD frequent their doctors offices more and complain more of chronic physical discomfort. As children many who later developed BPD frequented the doctors office-often starting with complaints of chronic colic and chronic ear infections in infancy, and these maladies seem to follow the borderline personality throughout life. These people then clog up the medical system, or else resort to self-medicating in self-destructive ways such as substance abuse. So, even if someone with BPD wouldn't have gone in for treatment for, say her feelings of emptiness, it is not accurate to correct only the social ills that have contributed to the disorder, for the person with the disorder has a great deal of clinical relevance. Unlike Charland, I maintain that successful treatment of the disorder does not come down to the disordered person's moral conversion alone.^{cviii} In order to have a treatment that effectively deals with the character and content of the disorder, we need to acknowledge the role mental health professional have in managing the physical complaints of those with BPD.

Individuals with BPD are also prone to be hypochondriacs^{cix}, and that also leads them to frequently use medical health services. Not only that, but a certain masochistic joy sometimes

arises in individuals in the throes of a disabling episode of certain mental disorders, including borderline personality disorder, but also evident in people with major depressive disorder, and bipolar disorder. It is truly the madness of mental disorder, for it goes against one's conatus to strive toward behaviours and events that are disabling, but even this madness is made more clear when examined using renaturalization. When people are suffering from psychological disorder, they are under the crux of a dilemma: on the one hand they have the urge to recover, to feel well etc, but on the other hand they have a disorder that urges them to indulge in their problematic symptoms (for example, staying in bed all day instead of engaging with the world during a depressive episode). For much of the life of a disorder the person wrestles with this dilemma, ever trying to convince herself (and is being convinced by psychotherapists etc) to be influenced only by her striving for wellness. There are some points in the life of a disorder when the urge toward madness becomes stronger than ever before. That is to say, there are some moments when, though legitimately suffering, the disordered person finds a perverse kind of pleasure in indulging those problematic urges. This is no doubt the "madness" of mental disorder.

Philosopher Louis Charland discusses a similar phenomenon seen in individuals with Borderline Personality Disorder called the "looping effect" (adopted from Hacking). The looping effect refers to a phenomenon where the identity of the individual becomes increasingly defined by and inextricably intertwined with their diagnosis.^{cx} People described a certain way tend to conform to the ways they are described. Charland attributes it to the fact that these individuals have notoriously unstable identities, so that when they are diagnosed with BPD, they take that identity and milk it for everything that it is worth-via online forums, chatrooms etc. Not only does this madness aspect lead to clogs in the mental health system, for it keeps these individuals disabled when they would otherwise be able to work toward wellness, but it is also no doubt behind some

of the reasons those with the disorder are not afforded as much trust in the collective deliberation than their nonclinical peers, for we are much less tolerant of the problematic symptoms demonstrated if we suspect she masochistically enjoys her suffering.

Often another source of the negative treatment individuals with BPD are more likely to receive in the social world (even in the health system) stems from the belief that they know what they are doing-that they have agency over their actions and are therefore responsible for their actions. They are referred to as manipulative, attention-seeking, and are sometimes even as faking their distress. This is largely because it does not seem right to say that someone with bpd was accidentally impulsively destructive: that they accidentally cut their wrists, or accidentally struck their girlfriend, etc. And if they did not do it accidentally, then they must know what they are doing, and they must have control over their actions, or at least be held to that standard like everybody else. Or else, the intensity and duration of destructive emotional outbursts seems so disproportionate to the triggering-situation that it makes live the belief that these individuals must be trying to manipulate others. It might seem, for example, that if an individual with the disorder has a panic attack the day his partner is travelling for a weekend on business, this is a manipulation to convince the partner not to go on his business trip. In my opinion, it does not pragmatically matter in effect whether or not the he is consciously using an emotional outburst, or appears to be impulsively destructive in order to manipulate others. Either the outburst works to give hum whatever it is (he thinks) he needs, or it does not. If it does work, and say his partner says he will stay home to take care of his panicking partner and skip the business trip, the movements of the panicking partner's body would have triggered a real panic attack that is not immediately resolvable as borderlines experience negative emotions longer and stronger than their nonclinical peers. I hypothesize that it is not likely that an individual with BPD can truly

fake their symptoms without triggering them for real. To be convincing, the manipulation would have to resemble the real experience, which includes the abandonment/engulfment dialectic, identity disturbances, anxiety and the other characteristic borderline traits. Once brought to mind, regardless of intention, they become influential, and if the individual with BPD tends to respond to these influences with an emotional outburst, then he will be especially likely to respond with a panic or emotional outburst. So, even if he starts out “faking it”, the emotional outburst likely becomes real. But, if the manipulation outburst gives the individual with BPD what he (thinks he) needs, but then it becomes an authentic emotional outburst, he (and his interlocutor) are really stuck. After being offered a resolution to what was initially the problem, how might the borderline soothe himself, or be comforted if evidence of a problem continues to be disabling? If it does not give him what he (thinks he) needs, then it has the potential to spiral into a deeper, more “authentic” emotional outburst.

Conclusion:

We have established that it is in the best interests of society to accept our share of responsibility in having a population afflicted with Borderline Personality Disorder in order to continue to enable diverse voices to more fully participate in collective conversation by freeing the borderline of her defensive grip on egosyntonic attitudes and tendency to blame others (both significant others and society at large) for her own symptomatic behaviours. In so doing, it is my hope that these individuals be more likely to accept their personal share of the responsibility in demonstrating problematic symptoms of the disorder. Whereas once the individual with Borderline Personality Disorder was disabled by the idea that she ought be held accountable for her actions, it is my hope that after renaturalizing our own societal share of the blame, she be enabled by her own personal responsibility. Armed with this new information and understanding about societal contributors to her own behaviours and emotions, the individual with Borderline Personality Disorder is better able to determine whether and how reason might temper her disabling affects. The individual with Borderline Personality Disorder is also better able to contribute to the collective conversation by sharing her discoveries with other borderline individuals (more contributors like Marsha Linehan), devoting efforts to mitigate some of the societal harms that contribute, directly or indirectly, to mental disorder (for example participating in Anti-Prison activism, Feminist efforts, Anti-Imperialist movements etc), even in simply making an even more educated effort to prevent making the same contributing mistakes himself as a role model for younger humans.

What is the role of philosophers in this exercise? What might this accepting societal responsibility look like? Philosophers might play a special role in this endeavor to include more

borderline voices in the conversation by lending critical thinking expertise to help clarify, analyze and disseminate, whether academically or in the public forum, the new ideas formed. This way, getting the message across that individuals with the disorder have trustworthy voices and valuable contributions. An admittedly loftier role for the philosopher may be in treatment, as a deep and critically thinking peer with whom the individual with BPD (our ideal individual with BPD, who has benefitted from our accepting responsibility in the ways I have imagined) might converse about existential concerns, for example, without having to worry about raising any red-flags for suicidal ideation. Similarly to discuss in greater detail the societal contributors to developing personality disorders without having to take time away from the beneficial, more individual-focused psychotherapeutic treatments such as DBT. Therefore, philosophers potentially have a unique role in this project of renaturalizing the responsibility for Borderline Personality Disorder, thereby enlarging our community of speakers.

Appendix:

When one cannot trace the cause of one's love or hate, then the passions are called **sympathy** (in the former case) and **antipathy** (in the latter). (E3P13sch) As our bodies are complex, and the ideas of our bodies are likewise complex, it is not surprising that there are sometimes things that arouse both love and hatred in us at one and the same time. This vacillation between these conflicting emotions is called **doubt**. (E3P17sch) **Hope** is related to doubt, and is defined as the inconstant pleasure arising from an idea of something whose outcome we doubt. **Confidence** is considered a certain pleasure arising from the thing for which we had previously had hope. When we experience pleasure from the idea of something whose outcome we had once doubted, we experience **joy**. **Fear**, (or perhaps Anxiety is more apt a term), like hope, arises from the idea of something whose outcome we doubt; only instead of pleasure, one experiences pain. **Despair** refers to the pain arising from the once feared thing, and **disappointment** refers to the pain arising from the idea of a thing whose outcome we once doubted. (E3P18sch2)

What about the passions aroused when we compare ourselves to others for whom we are similar? When considering the similarities between the subjects especially, if we have the idea that someone is experiencing some kind of emotion, we will tend to also experience a similar emotion in ourselves. This is because our mind has our body as its object, and so when we imagine someone like ourselves experiencing some affect, then by virtue of imagined similarity, the idea also involves the idea of our own body (E3P27). We **pity** when someone who, we imagine, is similar to ourselves in some respect, is hurt, and we empathetically experience a similar hurt in ourselves. When we experience pleasure because someone we imagine is like ourselves has experienced pleasure, we experience the opposite of pity, but Spinoza confesses he does not know what its proper term. **Benevolence** refers to one's striving to bring about pleasure in those for whom we have pitied. We **approve** of those who have benefitted others like ourselves when we experience love for these individuals. Whereas we feel **indignant** toward those we hate for injuring someone for whom we share some important similarity. (P22sch) When someone finds pleasure in another's pain, or when someone experiences pain in another's pleasure, one is called **envious**. (E3P24sch) Spinoza refers to **pride** as a kind of madness (E3P26sch). Pride occurs when one experiences pleasure because one has a high opinion of oneself. **Over-esteem** occurs when the high opinion one holds is of another person, and when one holds too vicious an opinion of someone else, and simultaneously experiences pleasure at that fact, one is called **disparaging**. (E3P26sch) **Jealousy** occurs when one perceives the object of one's love as sharing an equal or deeper bond with another. One experiences both the passions of love and hate toward the object of one's love, and experiences envy of one's rival. (E3P35sch) When the object of our love is absent, we experience the passion of **longing**. (E3P36sch)

When we strive toward a particular thing simply because we imagine similar others to desire the same thing, it is referred to as an experience of **emulation**. When we so desire to something strictly with the goal of pleasing others, especially when we are willing to behave in ways that promote our own pain to reach this end, the passion is called **ambition**. However, when one happens to behave in ways that are pleasing to others, but does not do so with that particular aim as a goal, then the passion is called **kindliness**. (E3P29sch) When one imagines one has behaved in a manner that affects others with pleasure, with the idea of oneself as a cause of the pleasure, one is also affected with pleasure. Likewise, if one imagines one has behaved in a manner that affects others with pain, combined with the idea that one is the cause of the pain,

then one will also experience pain. (E3P30) And, when we experience that someone has behaved with the aim of pleasing us, we feel **praise**. If we imagine, instead, that someone has behaved in a way that we find displeasing, we experience pain, and then **blame** the one who has displeased us. (P29sch) When one imagines being praised for some event where others experienced pleasure due to one's behaviour, and one feels pleasure as a result, then one is feeling **honour**. Whereas the related experience of **self-contentment** occurs when the pleasure is associated with an internal cause, i.e., praising oneself for some event. **Shame** is experienced due to the pain caused from one's belief that one is blamed for some event that has caused others pain. When this pain is related to an internal cause, that is, when one blames and shames oneself, then one is feeling **repentance**. (E3P30sch) The pain one experiences when one is blamed combined with the idea of one's own impotence arouses **humility**, whereas the pleasure that arises from being praised combined with the idea of our power of activity is called **self-love**. (E3P55sch)

When we refrain from behaving as we desire as a result of fearing a greater evil, or when, for the same reason, we choose to behave in ways that are exactly against our desires, we are called **timid**. When the greater evil feared is the fear of being disgraced, then the timidity is more properly referred to as **bashfulness**. In cases where the evil being avoided is equally as great as another applicable evil, such that one cannot know what choice to make, then the passion experienced is called **consternation**. (E3P39sch)

Anger is the experience of the desire to inflict injury on someone we hate, and **revenge** is the striving to return injury to one who had previously hurt us. (E3P40sch2) When we experience the striving toward benefitting someone who had benefitted us, we experience a kind of reciprocal love and call it **gratitude**.(E3P41sch) When we imagine that someone loves us, but this person arouses hatred within us, despite the typical tendency to love those who love us, then we are **cruel**. (E3P41sch2) Hatred can be quashed by love, or grow into a third hatred if one's hatred is met by another's. (E3P43)

Wonder is the affection of the mind such that one has an idea of something that "alone engages the mind", that is, an idea that is not associated with any previously held idea. When we wonder at the pleasing qualities and characteristics of another to the extent that we imagine that the other surpasses us, it is called **veneration**. When we venerate someone that we also feel love for, then it is more properly called **devotion**. But, if the wonder is over another's displeasing qualities and characteristics (such as anger, pride etc), then the wonder is more specifically referred to as **horror**. The opposite of wonder is **contempt**, and occurs when an object for which on previously felt wonder, upon closer inspection, is discovered not to possess that quality that aroused the feeling of wonder within us. As a result of this process, one's mind cannot help but focus on the qualities that the object lacks, rather than the qualities it possesses. When we experience contempt toward something because it possesses a quality that we hate or are afraid of, then the contempt is more accurately called **derision**. **Scorn** arises when we experience contempt at another's evil, and when we regard ourselves as far surpassing this other.

The active emotions also derive from desire and pleasure, but never from pain. (E3P58) These emotions are aroused by the dictates of reason alone, and only promote the continued striving of the individual who feels them. Spinoza refers to these emotions as illustrations of one's strength of mind (E3P59sch). **Courage** is the striving to preserve one's own being according to reason alone, and **nobility** is the striving to assist others based solely on the recommendations of reason.

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