

# BEYOND THE BINARY: IAN HACKING AND THE RECONCEPTUALIZATION OF BORDERLINE PERSONALITY DISORDER

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## CURRENT ACCOUNTS OF BORDERLINE PERSONALITY DISORDER

### MEDICAL MODEL: DSM V

“A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

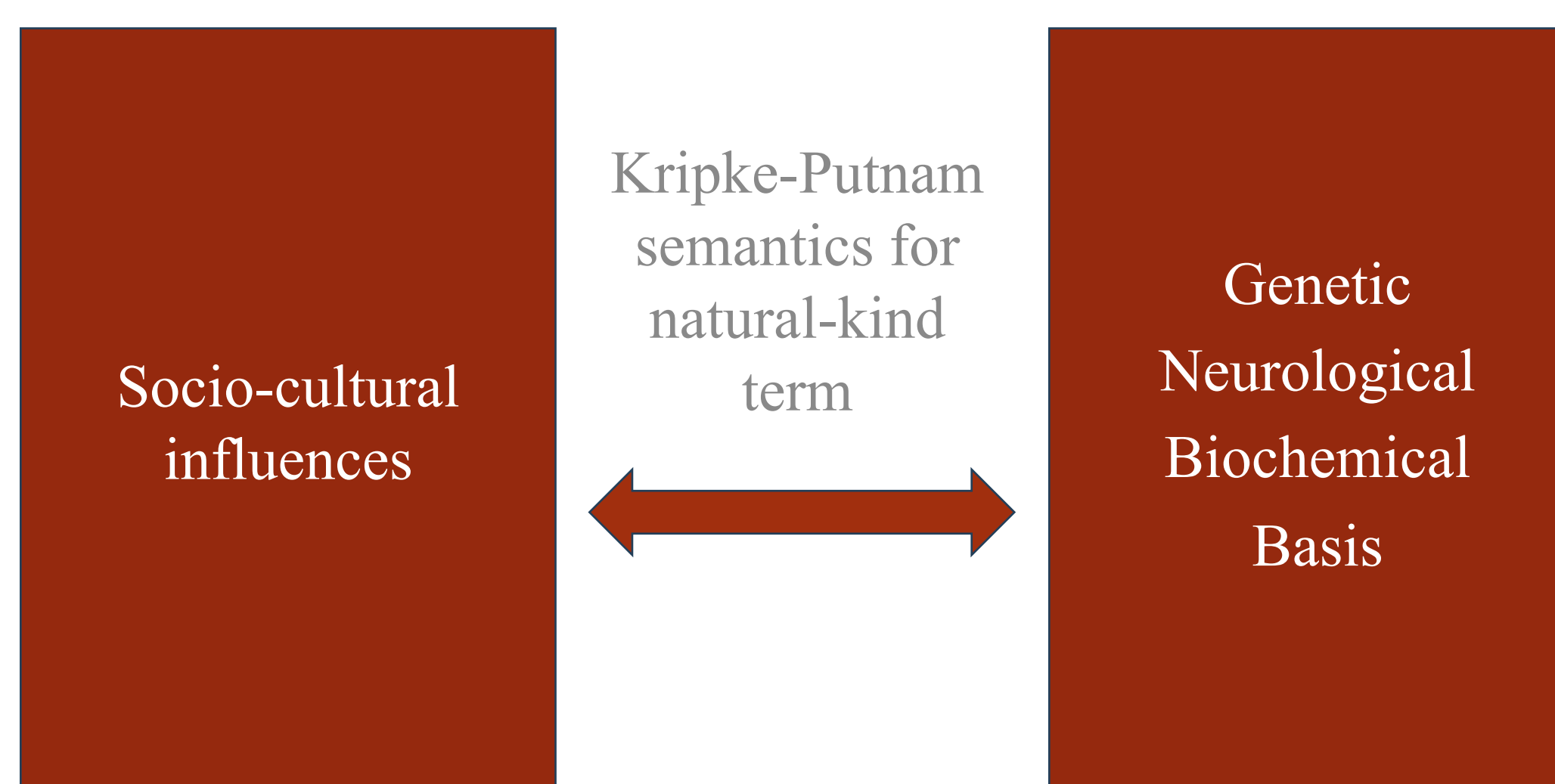
- 1) Frantic efforts to avoid real or imagined abandonment.
- 2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- 3) Identity disturbance: markedly and persistently unstable self-image or sense of self.
- 4)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

### SOCIAL CONSTRUCTION MODEL: SOCIOLOGY-FEMINIST THEORY

“The modern equivalent of hysteria, however, may be BPD (...). This diagnosis is applied to women so much more often than men that feminist have begun to raise important questions about the social, cultural and medical assumptions underlying this “illness””

## IAN HACKING’S THEORY

### DYNAMIC ACCOUNT OF MENTAL ILLNESS



## EMERGENCE OF A PSYCHIATRIC DISORDER: NICHE VECTORS

1. TAXONOMY: for an illness to arise, there must be a suitable vacant position in the psychiatric system of classification
2. RELEASE: the illness must somehow free the patient from unbearable stress of daily life
3. DEVIANCE: the illness must cause behaviors that can be detected as a departure from approved social customs
4. CULTURAL POLARITY: a deviant behavior characteristic of the illness must oscillate between 2 behaviors, one admired and one condemned, and partake in both

## APPLICATION OF IAN HACKING’S MODEL TO BORDERLINE PERSONALITY DISORDER

### TAXONOMY

|       |                                       |
|-------|---------------------------------------|
| 1880s | Neurosis or psychosis?                |
| 1900s | Manic depression or dementia praecox? |
| 1938  | ‘The borderline disorder’             |

### RELEASE

|       |   |
|-------|---|
| 1890s | Impulsivity   |
| 1920s | Impulsivity   |
| 1960s | Sexual perversions, drug use and impulsivity                  |
| 1970s | Sexual perversions, drug use, impulsivity and self-mutilation |
| 1980s | Self-mutilation, impulsivity and anger                        |
| 2022  | Impulsivity, drug use, self-mutilation, and anger             |

### DEVIANCE

|       |  |
|-------|--|
| 1880s | Criminality  |
| 1890s | Liability of affect and impulsivity  |
| 1900s | Liability of affect and anorexia   |
| 1920s | Hostility and impulsivity  |
| 1960s | Impulsivity, sexual deviance and substance use   |
| 1970s | Impulsivity, perverse sexuality, self-mutilation, psychosis, substance use, liability of affect, interpersonal and identity issues |
| 1980s | Impulsivity, interpersonal difficulties, liability of affect, identity disturbance, self-mutilation and anger                      |
| 2022  | Impulsivity, interpersonal difficulties, liability of affect, identity disturbance, self-mutilation, psychosis, drug use and anger |

### CULTURAL POLARITY

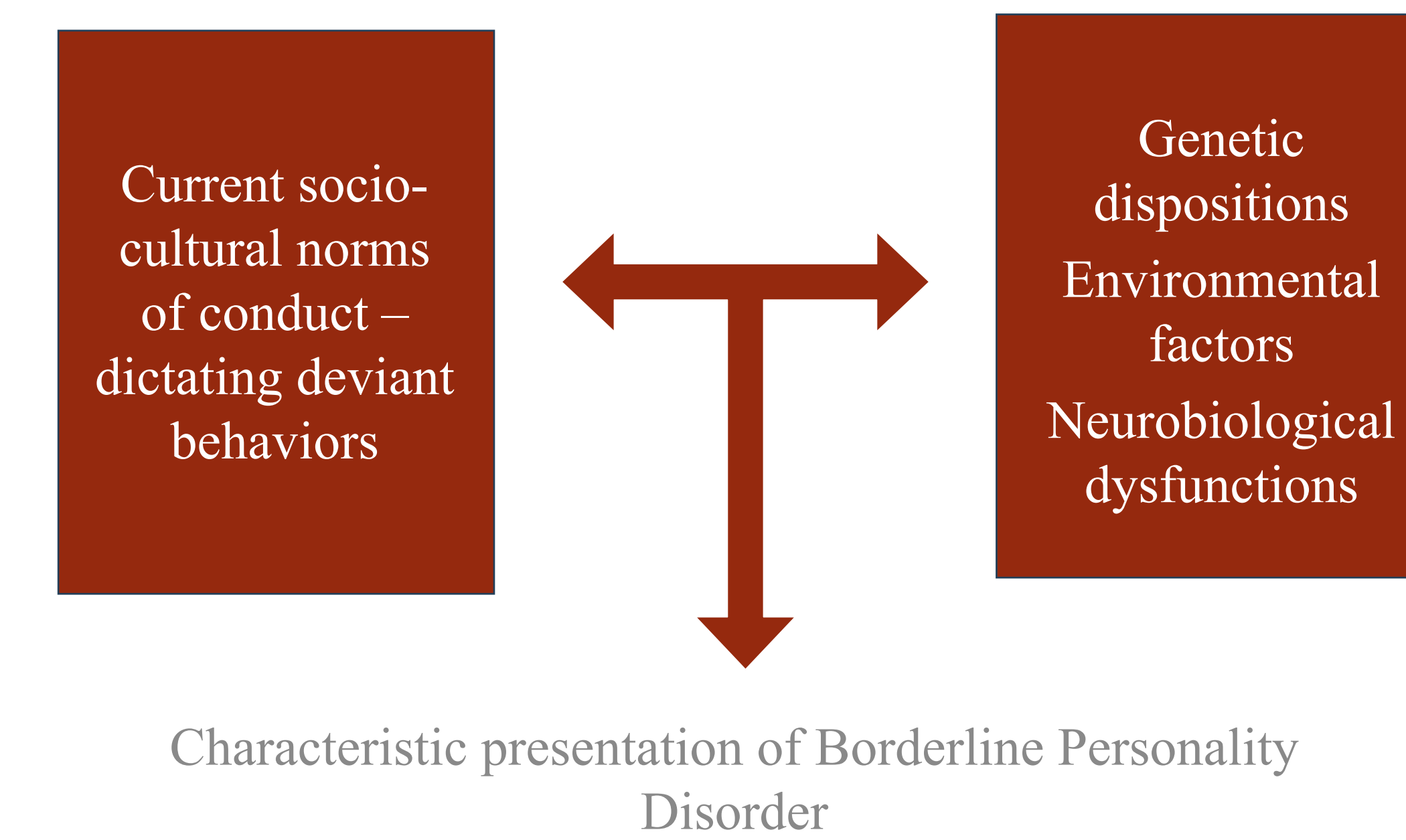
|       |                                   |
|-------|-----------------------------------|
| 1890s | ‘Moody women’                     |
| 1900s | Anorexic and hysterical behaviors |
| 160   | Two-sided social adaptiveness     |

## CONCLUSION

### 1. VERSATILITY OF IAN HACKING’S FRAMEWORK

- ✓ Fugue state
- ✓ Multiple personality disorder
- ✓ Autism
- ✓ Borderline Personality Disorder

## 2. A NEW, RECONCILIATORY ACCOUNT OF BORDERLINE PERSONALITY DISORDER



## 3. HOW ARE WE TO VIEW AND TREAT BORDERLINE PERSONALITY DISORDER IN LIGHT OF THIS NEW ACCOUNT?

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