Response to
"Re-authoring identity conclusions in borderline personality disorder"
by Alicia Bruzek

by Tiffany Sostar

Tiffany Sostar is a narrative therapist and community worker living as an uninvited guest on Treaty 7 land (in Calgary, Alberta, Canada). Tiffany is bisexual, nonbinary, non-monogamous, neurodivergent and disabled. At one point they called their experience of neurodivergence "BPD", though now they call it autism (and before either of these namings, they experienced significant invitations to feelings of personal failure related to the experiences and ways of being/doing that these namings seek to communicate!). Tiffany is part of the BPD Superpowers group. Hostility towards trans, nonbinary and gender nonconforming communities continues to escalate. For the next long while, Tiffany is undertaking a series of community projects to create a body of narrative responses in support of trans lives. This work includes their current PhD studies at The University of Melbourne. They love collective narrative practice and documentation. Tiffany can be contacted care of Dulwich Centre

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I was excited to read Alicia Bruzek's paper "Re-authoring identity conclusions in borderline personality disorder", and I hope that this response offers narrative practitioners invitations to extend the explorations that Alicia introduces. In her paper, Alicia describes a narrative therapy approach to working with two people who had received a "borderline personality disorder" (BPD) label and who found elements of value in this naming.

Alicia maintains a particular focus on considerations of identity: touching on the effects of dominant discourses about the BPD community; deconstructing some of the negative identity conclusions that people can be invited into; creating a relational context within which new identity conclusions can be explored and strengthened; and double listening for unique outcomes and preferred stories of identity. The stigma attached to the BPD label can recruit people into negative identity conclusions that then become readily available to the person who has been diagnosed or who has identified with the label, and to the people around them.

Despite strong and ongoing personal attachment to the community of folks who identify or are labelled with BPD[1], I can't help but squint suspiciously at the label itself. After all, what does it mean to have a "disordered" personality? It doesn't get much more pathologising, internalising and totalising than that! Although personality and identity aren't the same thing, a common dominant understanding of BPD includes the idea that "identity disturbance … is one of the defining features of the disorder" (Whitbourne, 2021). In addition, the nature of the stigma attached to a "personality disorder" can strongly invite a person into negative identity conclusions, and can invite those around the person to accept these thin and totalising identity conclusions. Alicia's use of specific lines of enquiry to expand the territory of identity beyond the problem story, using the framework offered by Combs and Freedman (2016), has significant implications for other narrative practitioners working with folks who have been subjected to the identity conclusions that diagnoses like BPD can invite.

The stories told about us shape the narratives available to us, and I am interested in how BPD is understood in the social contexts around us, by the people we are in relation with as friends, partners, family, colleagues, medical and mental health service providers, and strangers. I am excited to see more narrative work that centres people's own knowledge and expertise, joining with Amy Druker's thoughtful (2014) article "What to do

when the diagnosis doesn't fit?", which offers a practice for narrative engagement when the BPD label has been applied in a way that does not resonate and is not chosen by the person consulting the practitioner.

As Alicia notes, BPD is (and has been for many years) a contentious diagnosis. The psychiatric diagnosis of BPD has been critiqued by feminist, critical psychiatry and Mad scholars as "a medicalization of femininity and trauma" (Redikopp, 2018, p. 77).

And yet, as Alicia notes, and as the BPD Superpowers group identified when we undertook our project four years ago[2], the label serves a purpose for some people.

Redikopp (2018) wrote:

> I use "borderline" as a noun reflective of the experience, identification with, or subjectivity of being/having borderline. I also use it as an adjective to describe aspects of being/having borderline, for example, borderline knowing or borderline feeling. I also use "borderline" to refer to a person with borderline in an attempt to reclaim the borderline label. I use "BPD" to refer to the psychiatric diagnosis of Borderline Personality Disorder, which can be disempowering and epistemically violent. By differentiating between "borderline" and "BPD" I hold space to critically engage with the politics of diagnostic categories while acknowledging that some (fellow) borderlines may find solace and validation in the process of diagnostic labelling. The relationship between BPD and borderline then, is one of contention, negotiation, and multiple possibilities. (p. 78)

It is in these sites of contention, negotiation and multiple possibilities that I see invitations for further narrative practice.

Redikopp's particular differentiation between "borderline" and "BPD" is not the only engagement with naming and meaning-making possibilities in relation to the experiences that BPD/borderline/alternative namings seek to categorise.

Some scholars and community thinkers, including the BPD Superpowers group, identify the neurodiversity paradigm as a useful framework for engaging with BPD/borderline/alternatively named experiences.

"*Neurodiversity* is the diversity of human minds, the infinite variation in neurocognitive functioning within our species … The neurodiversity paradigm is a specific

perspective on neurodiversity" (Walker, 2021, pp. 34–35). In the neurodiversity paradigm, neurodiversity is considered natural and valuable, the idea that there is a "normal" or "healthy" type of brain is considered a cultural construction, and the social dynamics related to neurodiversity include, among other things, dynamics of social power (Walker, 2021, p. 35). The neurodiversity paradigm is a response to and refusal of the pathology paradigm. It emerged from the autistic community.

Some borderline/BPD scholars are engaging with this paradigm in rich and complex ways, and in ways that I think might resonate with narrative practice, and might benefit from being approached with a critical, political and poststructuralist narrative therapy perspective.

Francesca Lewis (2023) identified her "work on borderline experience [as] part of a growing movement of neuroqueer scholarship calling for neurodivergent experiences to be treated as valuable ways of knowing". She wrote, "neuroqueering is not just about seeing madness more clearly but about seeing the world with fresh mad eyes" (2023).

The neurodiversity paradigm is already influencing narrative practice, such as in KJ Wiseheart's (2024) video and associated collective document "How we deal with Autistic burnout". I think there is rich potential for this engagement to continue in relation to BPD/borderline/alternative namings.

I am also excited to see narrative practitioners engaging rigorously and creatively with the social contexts into which BPD diagnoses or borderline/alternatively named experiences emerge.

For example, the differential application of a BPD diagnosis across cisgender experiences is significant, with "studies estimating a 3:1 female-to-male diagnostic ratio in clinical setting" (Sanchious et al., 2024, p. 196). This study found that "men" (presumably cisgender men, since the study conflates "men" and "male") are more likely to meet diagnostic criteria related to "behaviors [that] can be captured by the inappropriate, intense anger, or impulsivity criteria, even though they are not typically thought of as 'core' symptoms" (Sanchious et al., 2024, p. 196). I am excited for narrative work that engages with the discourses and systems that are underlying these differential experiences of diagnosis. It is not a neutral or apolitical thing, after all, that "men" are more likely to fit the "anger" diagnostic criteria and "women" are more likely to fit the "self-harm" diagnostic criteria.

Gender diversity is another relevant area here. One 2023 study found that "clinical providers diagnosed BPD more frequently among [transgender and gender diverse] than cisgender patients" (Rodriguez-Seijas et al., 2023, p. 10) and that this disparity *did not* reflect group differences in the "personality domains that are thought to underlie the BPD disorder" (2023, p. 10). In other words, when two people presented with the same experiences and expressions of distress, the transgender person was more likely to be diagnosed with BPD than the cisgender person.

Erin Tichenor (2024) asked, "Which women and gender minorities are being diagnosed, how, why, and what does that diagnosis then do for or to them?" (p. 27). This is a question that offers rich possibilities for narrative practice, building on the history in this field of careful and critical consideration of both the sociopolitical contexts around a diagnosis and also the real effects of discourse and available narratives on the lives of the people who consult with us.

Merri Lisa Johnson (2021) questioned whether "BPD diagnosis [is] one of the DSM's back doors for heterosexual and cisgender supremacy" (p. 642). This is another question that offers rich potential for narrative practice exploration!

I hope that narrative practitioners will also engage with questions of race and culture when co-researching with community members about experiences that might be called BPD or borderline or something else.

Munson et al. (2022) wrote that "the few studies that have investigated the presentation of BPD in non-Western cultures have found that the manifestations of BPD are varied between cultures, which is not accounted for in the DSM-5 diagnosis for BPD".

What might narrative practice, attending to local context and inviting people to name their own experiences in their own experience-near language, offer to a more complex and multi-storied understanding of the experiences of distress that are being pulled under a BPD naming? How can we resist psychological colonisation in our engagement with BPD/borderline (and with other expressions of neurodiversity)?

In addition to culturally specific and relevant namings and ways of speaking about experiences that might be called BPD or borderline, I am also interested in how expressions of distress are interpreted. Are the effects of colonial violence being interpreted as "BPD" in an internalising, totalising and pathologising frame? What

is lost, if so? Are the effects of racism being interpreted in this way?

An Indigenous BPD Superpowers participant shared, "One of the first definitions of BPD I saw described it as resulting from a 'genetic predisposition' and trauma. I immediately thought about my own family's intergenerational trauma … I wondered how the history of colonial violence plays a role in my present-day neurodivergent experience" (Sostar, Thomas, & Nault, 2020, p. 3). This is still a relevant question, and one that I hope narrative practitioners will engage with.

In all of these areas and more, I am curious about the social pressures, expectations and discourses that might be influencing people who are assigned a BPD label and recruiting them into ways of thinking and acting that may be out of alignment with their own values and preferences. What avenues of expression and meaning-making are available, and which are less available? And I am interested in the social pressures, expectations and discourses that might be influencing psychiatric professionals and informing how they make meaning of the expressions of distress that they are witnessing.

The main thing I hope for in this small response paper, as you maybe can tell, is more! More narrative engagement with this community that I love so much; more engagement with the social and political contexts of borderline lives; more solidarity to examine and stand against unjust discourses and the harm they cause. I am excited for narrative practitioners to further co-research with community members the experiences that have been so pathologised, to invite a fresh viewing of these experiences and generate experience-near, resonant namings, and to work with community members to resist the individualising and internalising of hardship. I am excited to see further work that dignifies and centres the insider knowledges of people who identify with, have identified with, or do not identify with but have been labelled as BPD/borderline, and that brings an explicitly political lens to the social context into which BPD diagnoses emerge.

On a final note, it is significant to see the BPD Superpowers document out in the world, having an effect. As Kay, one of the original BPD Superpowers group members said in response to Alicia's paper, "I am so proud of us! Reading someone else's experiences echoing my own makes my heart hurt in a good way".

Acknowledgments

Notes

[1] I was part of the BPD Superpowers project that Alicia Bruzek cites, and I have found a community of shared experience with folks who have received or chosen this label. My relationship with the label has shifted multiple times over the years, and I currently understand my neurodivergence in other ways, identifying more strongly as autistic. I have the privilege of more easily making my own choices about this because I have never had the diagnosis coercively or permanently applied to my medical record. The fact that medical and mental health professionals who have interacted with me during moments of crisis have not coercively or permanently applied this diagnosis to my file speaks in part, I believe, to my privilege as someone who is white, educated, housed and employed.

[2] It is worth noting that I am not the only member of the BPD Superpowers group whose identification with the label has shifted over the last four years.

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