2

Abstract
This essay is at once a critical analysis, an experiment in form, and – with some irony – a cautionary tale. Triggered by the inclusion of prodromal diagnoses in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, and the recent call by the United States' (U.S.) Obama administration for increased mental health screening, I argue that shifts toward identifying and intervening on one's potential madness, or risk, circulate with/in the contemporary U.S. climate of intensified discipline and terror, and use Bipolar Disorder as a site to critically explore how and with what implications this circulation occurs. Specifically, I weave Massumi's 'political ontology of threat' with the narrative of a woman diagnosed with Bipolar Disorder in order to trace the pre-emptive politics and affective logic of a risk-based approach to madness. I contend that the diagnosing and drugging of potential is a self-perpetuating loop that is personally and politically harmful, and consider alternatives to this burgeoning practice.

Key words affect, Bipolar Disorder, embodiment, risk, security

Loopy: The Political Ontology of Bipolar Disorder

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Introduction

> The question becomes, what are the experiential political implications of the a priori rightness of smokes to future fires? What are the existential effects of the body having to assume, at the level of its activated flesh, one with its becoming, the rightness of alert never having to be in error? Of the body in a perpetual innervated reawakening to a world where signs of danger forever loom? Of a world where once a threat, always was a threat? A world of infinitely seriating menace-potential made actual experience, with a surplus of becoming, all in the instant?[1 p66]

> I used the example like a zit being popped. Like there was just so much pressure and pressure and pressure and it just had to come out and that's just how it came out. And … in retrospect I'm glad for the epiphany … and all of that stuff 'cos it definitely was like an earthquake you know that opened something out. … The typing, the writing, just the actual break – I mean it needed to happen otherwise it just would've been pushed down pushed down pushed down. (Lauren)

Here, affect theorist Massumi[1] asks about the experiential consequences of living in a world of intensified securitisation – one that is predicated on, and consistently alerted to, an ever-present threat of terror. In this paper, I explore how this world enters the bodies and lives of people – like 'Lauren' speaking above – labeled with Bipolar Disorder. In doing so I question more broadly our risk-based approach to madness; a critique that seems all the more immanent given the recent inclusion of prodromal diagnoses in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the current call by the Obama administration for

heightened mental health screening following several school shootings in the United States (U.S).

Bipolar Disorder, as a diagnostic label, entered the DSM in its third edition.[2] At this time, the disorder was considered to exist within 0.1 percent of the U.S. population.[3] Come the turn of the century however, and – while some put prevalence estimates as high as 24 percent[4] – the 'lifetime risk' most commonly cited in scientific articles was (and continues to be) five percent;[5] a number twice as high as worldwide averages6. It follows that, since 1980, one could conservatively claim a fifty-fold increase in Bipolar Disorder, while a 240-fold increase can also be substantiated. These rises can in part be attributed to the expansion of the DSM's diagnostic criteria in 1994 to include the Bipolar Spectrum Disorders (BSDs); diagnoses that have come to land disproportionately in the bodies of women.[7]

The analysis put forth in this paper comes out of a qualitative research project in which I sought to critically examine this recent, dramatic increase in Bipolar Disorder diagnoses. I collected a range of archival and interview material to map the discursive landscape of Bipolar Disorder over the past three decades, scope out how this landscape is enacted with/in drug company and clinical practice, and contemplate its embodiment and/or disruption by women who have received the diagnosis.[8-10] In turn I argued that the high and growing numbers signify and reproduce a *circulation of risk*; it is by-and-large one's potential madness that has become aggressively marketed, intimately surveilled, clinically classified and perpetually drugged.

This circulation of risk is enacted through a number of discursive and extra-discursive technologies that are contingent upon the notion of 'recurrence'. That is, a presumption that people's experiences stem from a mental disorder – an underlying, pathological entity – that will build in intensity and frequency unless chronically medicated. Despite the questionable nature of its foundations[8,10] recurrence remains a powerful psy technology in the contemporary milieu; one that constructs people with Bipolar Disorder as dangerously at risk for future escalating episodes of mania and depression, and thus used to justify early intervention.

And these moves to intervene 'early' on madness resonate with/in the current U.S. climate of intensified discipline and terror. Contemporary approaches to Bipolar Disorder combine neoliberal emphases on personal responsibility, self-regulation and individual freedom with efforts to predict, prevent and/or contain the threatening and the unexpected. This means that discourses and practices with/in mainstream mental healthcare promote both the disciplinary self-surveillance and self-formation of the 'good mad citizen' and the nullifying, limiting and checking of psyches that may terrorize this 'freedom' – of one's self and of others. In this sense, rather than fabricating them into being (as is the work of the former disciplinary mechanisms), these latter security mechanisms aim to 'treat uncertainty' or 'manage contingency'; effectively, to patrol our psychic borders for risk.

These biopolitical apparatuses – documented by Foucault[11,12]– mimic the increasing move toward security, or 'regulating disorder', alongside and beyond discipline, or 'producing order', that has come to characterize the U.S. political context following the events of 9/11.[13] In this essay, then, I use Bipolar Disorder as a site to explore how and with what implications such mimicry occurs.

Process

The analysis I present here draws on a narrative constructed by Lauren during a three-hour interview I conducted with her in 2011. Lauren was a 36-year-old European American woman living in New York City and working in education after being raised in New York suburbia with her upper middle class family. She received a Bipolar Disorder diagnosis in 1995, experienced both public and private mental health systems and, at the time of the interview, was taking Seroquel, Zoloft and Lamictal. While Lauren's was one of three interviews I conducted (with approval from the CUNY Institutional Review Board), I chose to explore only her account here as she had been living with this diagnosis for a significant amount of time and was able to provide substantial detail and reflection on her experiences of both madness and a range of interventions.

I read and re-read Lauren's transcript with a gaze toward how her experiences might enact contemporary politics of surveillance and security. Initially, this meant looking for evidence of the discursive and extra-discursive mechanisms that I had mapped out in an earlier analysis as pushing the circulation of risk.[8] However, in the Introduction to her work on 'ordinary affects', Stewart argues that social structures (in this case, those of surveillance and security) need to be approached as "a scene of immanent force" rather than as "dead effects imposed on an innocent world".[14 p1] She thus advocates for attending to those modes of power that shape matter through the affective realms. That is, those "public feelings that begin and end in broad circulation" and are "the stuff that seemingly intimate lives are made

of".[14 p2] I therefore subsequently overlaid Massumi's1 exploration of 'semiosis' with/in a securitised context (namely, that of post-9/11 U.S.). According to Massumi, semiosis is the process by which a sign (in this case, a Bipolar Disorder diagnosis) "*dynamically* determines a body to become, in actual experience"[1 p65] – resulting in what he calls the 'political ontology' of threat, and driven by both the 'productive power' of pre-emption and the 'affective fact' of fear. Massumi further argues that any analysis of this process must be grounded in a 'metaphysics of feeling' (attending both to the epistemology and ontology of people's experiences) and situated in interaction with regimes of power.

In what follows, then, I explore the pre-emptive politics and affective logic of our current and pending approach to Bipolar Disorder by weaving together Massumi's theory and Lauren's story. Specifically, I use his concepts of 'alert', 'threat-potential', 'contagion', 'unconsummated surplus', 'affective fact' and 'political ontology' to trace how and with what implications fear attaches to Lauren's becoming through the pre-emptive treatment of 'her' Bipolar Disorder, and in doing so contemplate how our risk-based approach to madness moves with/in the current U.S. climate of intensified discipline and terror. In doing so, however, I by no means wish to imply that experiences of madness are not real, that suffering is not significant, or that some sort of support is not sometimes needed. More, I use this analysis to argue that the ways in which mainstream psy is doing these three things is deeply problematic – indeed, risky.

Analysis

"Eyes shut, eyes open": Alert

> The immediate shock gave way to lingering fear, relaying the danger into a remainder of surplus threat. September 11 was an excess-threat-generating actual event that has perhaps done more than any other threat-o-genic source to legitimate pre-emptive politics.[1 p60]

> So I'm alone in this freezing cold room and I'm just staring like, "What the hell is happening?" It's like a holding pen. Then they get me out of there and they put me in four-point restraints … By that point they had injected me with Haldol and I was twitching like crazy because you know that's what that does to you, and … the restraints were loose, and I pulled out of them. And then they tightened them and I had a guard next to me. And … that's kind of like eyes shut, eyes open you know. Then everything else happened after that. (Lauren)

Here, Lauren narrates the end to a 36-hour psychotic break that began with her accidentally taking a narcotic and led to her being diagnosed with Bipolar I Disorder when she was 19 years old. A diagnosis that invited high doses of psychiatric drugs including Prozac, which landed her back in hospital:

> When they gave me Prozac I just lost it. I mean I was violent … I was like destroying my room. … I slammed the door off its hinges … [I was] throwing shit and making holes in the walls, and just [being] like a caged animal. … My hands were shaking from it [the Prozac] and it just it set me off. … I think that bought it to a head enough that I went back in to the hospital this time for the depression … on the outside.

Lauren's diagnosis then, involved two episodes of drug-induced hospitalization – one for 'mania', and one for 'depression'.

These experiences were not completely out of the blue, however. Lauren spoke of an upbringing that was oppressed by familial expectations. She constantly received "crazy-making", "Catch-22" and "contradictory" messages about what she was/not allowed to speak about, or do with, her life. Moreover, by the time she was 16 years old Lauren "clearly knew, and was pretty much shouting to anyone who would listen, that stuff isn't quite right in this family where everything on the outside looks perfect – pretty house, you know, upper middle class suburb". Indeed overall Lauren constructs herself as consistently resisting silence or invisibility, "I was just really angry … combat boots, shaved head, green hair … I was just messing up this scene". When finally able to leave the suburbs and move to New York City then, Lauren experienced a sense of "complete liberation". This intensified when she started at an exciting and "crazy" workplace. Here, Lauren "felt a sense of connectedness to everyone", was "starting to like speed up", and "would just like work work work, and then pass out, and then like work work work" – culminating, she believes, in her psychotic break (as 'triggered' by the narcotic).

It follows that Lauren embeds her madness with/in a moment of dramatic transition in her life. Yet post-hospitalisation these linkages were effectively ignored. Lauren felt like she "came home from 10 days in [the hospital] to nothing" – there was no move to even "just talk about what the fuck just happened" with "everybody involved". Instead drugs – Haldol, Congentin, Lithium, Prozac – were used to "crush her", while her family insisted that she, "Like, 'just keep moving'. Like, 'Just keep doing stuff'". Lauren's experiences were shouted over with pharmaceutical and behavioral pushes toward normality, productivity and forgetting. Pushes that Lauren depicts as moving her from having "fight in me

that this [Bipolar Disorder] wasn't me" and "was caused by all these crazy circumstances", through being "beaten down emotionally" and a "zombie" from taking drugs, to feeling simply "under submission" and accepting that "this is my life".

This shift from fight to submission echoes through the aftermath of Lauren's hospitalisation-cum-diagnosis. Entering her into an assemblage of concepts, practices and systems commanded by risk, Lauren's psychotic break became what Massumi1 calls an 'alert'. That is, a "performatively signed" threat event, which "extrudes a surplus remainder of threat-potential that can contaminate new objects, persons and contexts"1(p60). Like the signification of 9/11 as a symptom of an underlying, orientalist regime of anti-U.S. terror, Lauren's initial madness came to be diagnosed as an underlying, recurring mental disorder dripping with excess threat-potential. For the rest of this analysis, I continue with Massumi to consider how this "threat-o-genic source" came to "contaminate" Lauren's life.

"Squashing possible future mania": Threat-potential

> Question: How could the nonexistence of what has not happened be more real that what is now observably over and done with?[1 p52]
>
> You know I don't remember as much about them telling me what it was, as much as them telling me what I needed to do. Like, "You need to take medicine. You need to go to therapy". … Because it came off of a manic episode it was like, "We have to prevent that from happening again" and it felt like at whatever cost – even if that meant completely numbing me. ... So I just remember as far as the diagnosis it being like, "This is how you have to manage it" more than an understanding of really what it is or what caused it. … It was almost like, "The psychosis is looming at all times". … Like it was less dealing with depression that was really underlying like the whole time than it was like squashing possible future mania. (Lauren)

Here, Lauren locates and problematizes the response to her madness within a policy of prevention or "squashing possible future mania" through drugs. She argues that this approach demanded a (re)construction of her psychosis as a perpetual, looming threat and enacted a refusal to explore the past or present meaningfulness of her madness. In other words, as Massumi writes, what was yet to occur took "blaring precedence over what has actually happened".[1 p52]

In the following account, Lauren portrays how this precedence of her potential over her actual experiences continued during her second hospital stay and affected her subjectivity:

> There was no sense of …, "This is how this fits in to the rest of your life". Like … orientation as far as …, "What's now? … I'm 19 does this mean that I'm set up for a life of this? Is this what I am now?" … I feel like if it had been contextualized–. … [But] the message I felt that I got was you know, "You're exhibiting symptoms. We need to squash the symptoms". … And, "You're going to need this medicine probably for the rest of your life". That, "With this medicine you can't have children". You know, "That you can't".

Lauren thus felt that her experiences were insufficiently contextualized such that she lacked an orientation about what her madness meant for future or self, beyond that she would likely be under life-long medication and therefore what she could not do. This approach worked to not only ignore Lauren's crazy-making contexts but also contain her in a narrow trajectory of 'chronic illness' that seeded a questioning of her subjectivity.

Overall then, Lauren constructs the diagnostic process as classifying her experiences, indeed her self, in terms of a threat-potential to be managed with drugs. As mentioned above, this risk-based approach is contingent upon her experiences being performatively signed as Bipolar Disorder. That is, diagnosed as symptoms of a speculative, underlying mental disorder – one that will recur unless perpetually regulated. In effect then, what Massumi calls a "non-existent entity" has "come from the future to fill [her] present with menace".[1 p5] This haunting is depicted in the following extract where Lauren talks about how her doctors justified their approach:

> Lauren: I would write about this feeling of just being like connected. Just connected. And I think what's bad about that is that the medicine stops that, or … it can numb it sometimes to the point where you feel like you'll never get that feeling again. … You know they [doctors] were like, "Previously you'd gone up to a 10 and down to a one, well where we're trying to get to with the medicine is bring down the lows and bring up the highs" [sic]. And I'm like, "I don't want to be a five, like I don't wanna be a seven, I want the ability to be a 10 when I want to be a 10". And they were kinda saying like, "This is a dangerous place. You can't. Other people can go there but you can't", almost.
>
> Rachel: What was dangerous about it?
>
> Lauren: Well psychosis. I mean they're saying, "There's a point where you can't bring it back" …, "You're ability to control bringing it back is diminished". And you know to a certain extent that's my experience you know, that it's true.

Here, Lauren constructs with a sense of sadness and injustice what it means to be told that she is not allowed to "be a 10" and consequently "numbed" with drugs. This prophylactic protocol is because of concerns that her feelings may

escalate to an uncontrollable "dangerous place" that could continue into psychosis. In turn, her feeling of "just being like connected" operates as what Massumi1 calls an 'alarm' – a warning sign that threat is near – thus becoming the mechanism by which her Bipolar Disorder comes to haunt her present. In the following section I further explore how Lauren's diagnosis affects how she experiences her feelings and body.

"I called them artgasms": Contagion

> Two weeks later, the powder is identified. It is flour. News articles following up on the story … continue to refer to the incident as a "toxic substance alert". No one refers to the incidence as a "flour alert". The incident is left carrying an affective dusting of white-powdered terror. Flour has been implicated. It is tainted with the fear of anthrax, guilty by association for displaying the threatening qualities of whiteness and powderiness. In preemptively logical terms, the incident was a toxic substance alert – not because the substance was toxic, but because the alert was for a potential toxic substance.[1 p57-58]

> [I] constantly had like really paranoid thoughts in my head. Um like, "People are talking about me", "People are looking at me", "People are saying things about me", "They are like judging me". … It got to the point where it was so bad that I literally believed that I smelled and that people were like avoiding me because I did, and that like created a force-field around me. Like I wouldn't go close to anybody. It was really, really bad. (Lauren)

Situated within a context in which she was overwhelmed and isolated by ongoing issues with her family and friends, Lauren speaks here about her feelings in high school. That is, pre-diagnosis. While presented in this extract as paranoia, later in the interview Lauren relates her sense that she smelled to her having "artgasms" when in creative spaces:

> When I was at high school … I was definitely hypomanic. I even had … a discharge. Like I was kind of wet … I felt like it was out of my control, it wasn't just normal, it was like I was getting turned on. … That's also why I thought I smelt. I was like, "This stuff is coming out of me!" And I made my Mom take me to the gynecologist … but there was nothing happening and … anything that would be there would be normal 'cos you're a girl you know this stuff will be there, but not in copious amounts that are making your underwear uncomfortable. … It's like a feeling of … your whole body just being on. … I even can get it now. … I can sweat because of like a feeling of just being really excited about what's going on, and I feel like … my threshold for being excited is very low. … Imagine what that does if you already have self-image or self-esteem issues, and now you're sweating and you're coming in your own pants [laughs]. … I called them "artgasms".

Lauren, then, retrospectively reconstructs her artgasms and sweating as hypomania. Of note is that her sense of abnormality was in part because of what she portrays as the "copious" nature of her discharge combined with her "very low" excitement threshold. Lauren draws on discourses of excess to construct her body and pleasure as pathological and therefore signify that she was (is) hypomanic and at risk for future mania.

According to Massumi, alarms render "innocent objects" (or persons, or behaviors, or feelings) "officially threatening for the duration of the alert" and afterward "remain tainted by their affective involvement in the incident".[1 p58] Lauren's diagnosis has put her on alert such that she has come to interpret – indeed, experience – her body as an alarm, and therefore as signifying potential threat. Thus, while at the time the artgasms activated Lauren to seek gynecological intervention, post-diagnosis they came to be felt as symptoms of an underlying mental disorder requiring psychiatric intervention.

This dynamic embodiment of her diagnosis is also enacted through Lauren's account below when I asked directly about her experiences of mania in the present:

> It's funny when I'm in environments … where I feel very connected … I can get myself very excited and that's not necessarily a bad thing … I definitely feel like my antennae are more sensitive and that I pick up stuff other people don't pick up. And so like … the first [activist group] meeting when we were all there – like this feeling of, "Wow I'm energized by this" – but then that can't just be a period at the end of that like, "Wow I'm energized by this, now I'm gonna go to sleep 'cos its bedtime". No now I'm up and I'm thinking, "What can I do with this group?" and, "This group is going to be daaaaadadadadada" and it's like my brain just takes off with possibilities. And I think that's what is so frustrating … – I don't want to say it's out of my control – but the … rate of acceleration is like so fast. … It's like this feeling of connection with ideas … or being in a group where you feel really at home or being in an environment that's super creative. … I get like tingly.

Thus, retrospectively affiliated with her then-pending psychosis and therefore classified with threat-potential, Lauren's thoughts, artgasms, sweating, excitement, connection, energy, possibilities and tingles – past and present – have become her mania. Woven with risk, Lauren's excessive, embodied feelings are experienced through and as the looming menace of her future: Bipolar Disorder. A menace that has come to legitimate a self-renewing loop of pre-emptive action, as discussed below.

"Living to avoid": Unconsummated surplus

> Threat is from the future. It is what might come next. Its eventual location and ultimate extent are undefined. Its nature is open-ended. It is not just that it is not: it is not in a way that is never over. We can never be done with it. Even if a clear and present danger materializes in the present, it is still not over. There is always the nagging potential of the next after being even worse, and of a still worse next again after that. The uncertainty of the potential next is never consumed in any given event. There is always a remainder of uncertainty, an unconsummated surplus of danger.[1 p53]

> Rachel: So wait, 19 [years old at the time of diagnosis], 36 [years old at the time of the interview], so 17 years [after first being diagnosed] – so have you found that it comes back? Like the mania? Like are they right? Lauren: Uummmm. [Long pause].

Here, Lauren's long pause conveys a hesitation as to whether or not her mania recurs. Her uncertainty offers an illustration of Massumi's[1] above depiction of threat as an "unconsummated surplus of danger". Constructed through risk and affected by fear, there is always the "nagging potential" that her mania might recur even if there has been no clear and present evidence of such.

It is this nagging potential that gives threat its capacity for self-renewal. As conveyed by Lauren in the following account, this capacity is generated through pre-emptive actions that are intended to prevent any future madness from occurring:

> You're living to avoid rather than living to move toward things. You're living to prevent. ... And there's a lot of decisions that I have either made or stopped myself from making because … I'm afraid of feeling good. … Its like, "Well I know this thing is really what I want and that will make me happy, but that might be too unstructured and creative and high energy and then that will be my undoing". And boom boom boom boom boom I unravel.

Lauren constructs herself as "living to avoid" because she is "afraid of feeling good" and this could be her "undoing". Yet as Massumi1 notes, via such preemption her future of threat cannot be falsified; it can only be deferred. As such Lauren has been entered into an "open-ended" threat: her riskiness "will have been real for all eternity".[1 p53] Through pre-emption, Lauren's future menace – her Bipolar Disorder – is "once and for all in the non-linear time of its own causing".[1 p53]

Threat's capacity for self-renewal is also depicted in Lauren's account of her pharmaceutical use:

> Lauren: I've been on Zoloft for years, and I'm kind of okay with it. … It doesn't bother me that I take it at this point …, I don't really notice it … and … why mess with it right now if it's okay? And it doesn't have terrible terrible effects Zoloft. But like Seroquel … has been really great just because it helps me sleep. So I don't know … do I need something? And then I take Lamictal which I'm weaning myself off of because I do not like it.
>
> Rachel: Because of the side effects?
>
> Lauren: Yeah … dry mouth is I think the worst one.

Here, Lauren portrays the presence or absence of adverse effects – as opposed to the presence or absence of positive effects – as contributing to her decision-making about drugs. A decision-making that is based on her not knowing what would happen if she came off the drugs. As she depicts elsewhere, "You know like people take an allergy pill … whether or not it works or you need it that day, you kind of just take it as a precaution". The felt reality of threat then, legitimates ongoing preemptive pharmaceutical action on Lauren's potential madness – despite what her present feelings of madness or drug benefit actually are.

Massumi[1] argues that such pre-emptive logic is based on a double conditional – the 'would-have/could-have'. Present threat, he explains, is a "step by step regress from the certainty of actual fact".[1 p55] The 'actual fact' would be that Lauren is psychotic; one step back is that Lauren has the capacity for psychosis; another step back is that Lauren does not have the capacity but she would have if she could have. This 'would have' is grounded in the ever-present assumption that a Bipolar Disorder diagnosis signifies the existence of a recurring, pathological entity; the 'could have' is grounded in the assumption that prophylactic drug treatment is actually blocking one's future madness. However, not only does threat (re)activate pre-emptive action and become eternalized by it, threat is also materialized by preemption. I explore this productive power in the next section.

"Bing!": Affective fact

> Proposition: the security that preemption is explicitly meant to produce is predicated on it tacitly producing what is meant to avoid: preemptive security is predicated on a production of insecurity to which itself contributes. Preemption thus positively contributes to producing the conditions for its own exercise.[1 p58]

> From having a diagnosis I feel like my sense of who I am … has been very elusive for me. … I moved apartments, I moved jobs, I … started and ended relationships. … There's a lot of … peeling of identity and just like running, … moving because I didn't want people to get to know me well enough to see that there's something going on. ….. I felt like there were people who had … happy normal lives and got married and had lots of friends, and I just felt like that life wasn't gonna be mine. … I never did want kids.

> … And I feel like there's … what's for everybody else, and then there's like what I'll get. … It's a feeling of …, "I'm not gonna be able to have the same kind of life that other people get to have". And there's the feeling of like, "Well I don't know if I want it anyway". (Lauren)

Here, Lauren depicts her diagnosis as making her run from potential communities and relationships because she is afraid that people would find out that she was "not gonna be able to have the same kind of life that other people get to have". This fear is embedded in assumptions about what is a normal life juxtaposed against Lauren's own supposed abnormality. Her account thus portrays running as a reaction to the diagnosis-induced threat-potential that she will not be able to live her life in line with social ideals. In turn, this pre-emptive action (running) has given her a shaky "sense of who I am".

In addition Lauren argues elsewhere that a Bipolar Disorder diagnosis "definitely makes a person second-guess you know responses or even impulses". It follows that she feels as though "you can't trust what you experience" and that, "The way you … perceive things – that your way of interacting with the world – is just bad. And that you know you're gonna have to do these things in order to fit in". Notably, these things are once again pre-emptive actions; as Lauren continues, "doing the more traditional route" was "the safe way to avoid" her potential "undoing". Yet, this living "in-authentically but safely" was also considered to "cause so much of a disconnect between who you are and what you're doing that that creates its own like set of problems".

It is this problem-making ability of pre-emption that moves threat from future potential to present fact. This is illustrated in the following extract – notably constructed directly in response to my question earlier about whether or not her mania recurs – where Lauren expands on the "set of problems" caused by her living "safely":

> What's been cyclical … is my attempts to achieve, and then me giving so much of myself to keep up a façade, and like get a certain job and certain status and certain … goal that … isn't what I really want, but what I think I should have … for some external reasons that have nothing to do with me, taking on too much, realizing that's not authentic, and then just crashing. And then trying to build myself up again. … The latest thing I've been saying to my doctor is that a lot of this stuff is not bipolar – it has nothing to do with any illness. It's just … patterns that I've used to navigate … the circumstances of my life. … And my doctor I believe is very much of that same mind you know. She's telling me that, "You know you can control a lot of this". … Things like her saying, "Why did you live in 20 places over the last 20 years?" … – no one ever asked me that before. ..... I feel like a lot of the decisions I've made have been … like the protozoa ….. – getting to a point where things are untenable and then just, bing!, going the other way.

Thus when asked about her mania, Lauren offers an account of her recurring "attempts to achieve" certain unwanted goals, trying to keep up a "façade", having an "existential crisis" and then "crashing". Moreover, as shown by Lauren constructing her account around the assumption that she has mental illness and despite being triggered by her diagnosis-induced insecurities about her ability to make the 'right choices' in life, these patterns are pathologised. As Lauren depicts, "They would never talk about like, "'Why?'". Her diagnosis is the lens through which her behaviors are interpreted and experienced.

It follows that Lauren's behavioral patterns both become 'her disorder' and immerse her even more deeply in the diagnosis that activated them in the first place. A similar, looping dynamic is conveyed in the following extract about Lauren's work as a teacher, when I had once again asked her about the recurrence of her mania:

> This has been like a pattern. Things get stressful, I start to react to the stress and … the fear too it's like I feel like its escalating. I need to take a day off. … One day becomes two, two becomes three, then I don't wanna go back because now I've been gone too long and, "What'd I do with the kids?" and, "I didn't grade the papers". And it just like snowballs until I take a week. … So then I talk to my principal or my boss and I say, "Listen I have this illness".

Lauren portrays her fear as leading to an escalating sense of insecurity and absences from her work that she then justifies with the notion that she has "this illness", thus further entrenching her in an endless loop of pre-emptive politics. Lauren's future menace – Bipolar Disorder – creates an insecurity in the present that feeds its own renewal.

This productive power of pre-emption also occurs with regard to prophylactic drug treatment. As mentioned earlier and shown above in Lauren's experiences with Prozac, a Bipolar Disorder diagnosis means that people are preemptively drugged and any adverse drug effects – including from withdrawal – are interpreted as 'their disorder' coming through: the threat materializing. This interpretation affirms and perpetually re-instates the justification for the treatment in the first place, thus enacting some sort of drug-induced diagnostic looping.

According to Massumi pre-emption captures "for its own operation the self-causative power native to the threat-potential that it takes as its object".[1 p58] The never-ending,

nagging potential of Lauren's future madness is rendered immortal by pre-emptive actions (avoidance, running, attempts to achieve, days off, prophylactic drug treatment), which themselves lead to insecurities (self-doubt, crises, crashing, self-diagnosing, adverse drug effects) that lead to further pre-emptive action. Via pre-emption, threat is both deferred into eternity and realised in the present. Thus, as Massumi argues, pre-emptive action becomes "retroactively legitimated by future actual facts".[1 p56]

Importantly, this looping is triggered by Lauren's diagnosis signifying an internal, recurring disorder: her riskiness is *inside of her*. Lauren depicts this as leading to a dependence on others and drugs that she finds "scary", a sense of being "in danger" when she does not have access to mental healthcare and portrays herself as "afraid" when she starts feeling good or in "fear" when she feels herself getting stressed. Massumi argues that it is this circulation of fear that maintains the self-renewing properties of threat, "Whether the danger was existent or not, the menace was felt in the form of fear. What is not actually real can be felt into being".[1 p54] Through a risk-based approach to madness then, Lauren's potential Bipolar Disorder has become what Massumi calls an 'affective fact' in the present.

Her diagnosis – her threat-potential – is crazy-making. And it is this materialization of risk – realised via pre-emption and driven by fear – that lubricates the 'political ontology' of Bipolar Disorder.

"You're off your meds": Political ontology

> Problem: how can preemptive politics maintain its political legitimacy given that it grounds itself in the actual ungroundedness of affective fact? Would not pointing out the actual facts be enough to make it crumble?
> Observation: Bush won his reelection.[1 p55]

> Inflated self-esteem or grandiosity; decreased need for sleep (e.g. feels rested after only 3 hours of sleep); more talkative than usual or pressure to keep talking; flight of ideas or subjective experience that thoughts are racing; distractibility (i.e., attention is too easily drawn to unimportant or irrelevant external stimuli); increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation; excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments). [15 p332,336]

As shown in Lauren's story above, affect-driven logic "saves threat from having to materialize as a clear and present danger – or even an emergent danger – in order to command action".[1 p55] Indeed it is its operation on this affective register that, at least in part, explains the dramatic rise and staying power of Bipolar Disorder diagnoses despite the lack of evidence for their validity and the surplus of evidence for their political and economic construction.[5,8,9,16-18] The subjectivities, bodies, lives and numbers of Bipolar Disorder enact the "future birth of the affective fact".[1 p52]

Massumi argues that understanding and/or interrupting this sticky spiral requires an 'ecological approach' that situates preemptive power in a 'field of interaction' with other regimes of power. The circulation of risk needs to be interrogated in and through epistemology, ontology *and politics*. And so, aside from resonating with/in post-9/11 U.S. politics, what relations of power does Bipolar Disorder threaten; what does its surveillance and securitisation serve?

First, whether refusal, anger, green hair, sweat, artgasms, excitement, dreams or homes, Lauren's accounts are woven with discourses of excess. Within medical, psychological and cultural spheres, female excess has long been linked with pathologising categories.[19] This is depicted in the DSM-IV criteria for a Hypomanic and Manic Episode above; these symptoms embrace a range of "excessive" behaviors that 'nice girls' should not do – being proud, loud, ambitious, sexual, seeking pleasure, taking risks. McClelland and Fine argue that female excess swirls with/in the "French twist" of desire and risk: desire materializes into risk the moment it is enacted.[19 p92] Such twisting is suggested in Lauren's account of her first hospitalisation whereby, "Before I was able to be released they gave me like a full gynecological exam and they gave me like pamphlets on safe sex and all this stuff". Moreover, she commented in passing that if a Bipolar Disorder woman is sexual the first assumption and concern is, "You're off your meds". Narrating an assumption that Bipolar Disorder is associated with an excessive, risky sexuality that is usually contained by drugs.

As also portrayed here, Bipolar Disorder threatens contemporary ideals around control. Martens[16] argues that extreme fluctuations in mood and behavior are pathologised as Bipolar Disorder because they challenge neoliberal expectations of internalized, self-regulated and moderated emotions. In the above accounts Lauren consistently depicted self-control when normalizing her experiences and an inability to control her own feelings and behaviors when pathologising them, "And they were saying like, 'You're ability to control bringing it back is diminished'"; "I felt like it was out of my control, it wasn't just normal"; "I don't want to say it's out of my control"; "It has nothing to do with any illness … She's telling me that, 'You know you can control a

lot of this'".

In turn these arguments are bound with notions of citizenship. Elsewhere I have argued that excessive and unstable white, middle class, female bodies (such as Lauren's) are constructed as a risk to themselves, their families, and the nation; their route to becoming the bipolar subject par excellence – a 'good mad citizen' – is through treatment compliance and self-management, both of which require an 'acceptance' that one has a chronic, risky mental disorder and the 'choice' to consume pharmaceuticals. However not all have access to these forms of self-governance. As a biopolitical project, Bipolar Disorder also works to exile – coercively treat and/or institutionalize (in hospitals, or in prisons) – incorrigibly threatening psyches; a designation that falls disproportionately on people who are brown, black, poor and/or alien.[9]

Such 'population racism'[20] is once again contingent on the circulation of fear, which, according to Clough and Willse[21] provides neoliberalism with a 'rhetoric of motive'. This twinning is enacted in Bipolar Disorder: people diagnosed come dripping with historical assumptions, and affective arousals, of inter/national threat. Not the least of which is how madness confronts the 'obligations of freedom' on which contemporary governance depends.[22] It delineates those who do/can/will, or not, fulfill the duties of neoliberal citizenship; illuminating that the 'freedom' of some is dependent on the 'unfreedom' of Others.[23] Including the potential mad Other in all of us. These raced and gendered currents swirl with/in an 'enlightened' history of denigrating feelings and flesh as uncivilized and irrational;[24-27] feeding an 'ontological obliteration' central to the colonial project.[28] To refuse madness any witness beyond the borders of psy assemblages that manage it as a threat, thus allows us to evade, domesticate and/or banish feelings that might otherwise contaminate the imperialist project.

And feelings that, in addition, threaten to expose the crazy-making contexts with/in which they speak. As depicted in the opening quote to this paper, while Lauren felt that her initial, drug-induced hospitalisation "opened something out" – creating a space for dialogue, meaning making, and possibility – her experiences were by-and-large ignored by the affective, discursive and material enactments of risk management that came to dominate her treatment. A disturbing twist given that it is the chronic denial of her feelings – "pushed down pushed down pushed down" – that built the pressure under her psychic plates in the first place.

Discussion

> The terrorist series includes torpedoing buildings with airplanes, air missile attacks, subway bombs, suicide car attacks, roadside bombings, liquid explosives disguised as toiletries, tennis-shoe bombs, "dirty" bombs (never actually observed), anthrax in the mail, other unnamed bioterrorist weapons, booby-trapped mailboxes, Coke cans rigged to explode, bottles in public spaces… The list is long and ever-extending. The mass affective production of felt threat-potential engulfs the (f)actuality of the comparatively small number of incidents where danger materialized. They blend together in a shared atmosphere of fear.[1 p61]

> If I had … someone to give you the perspective that, "You're not this." … That, "There's like a spectrum of beliefs and of … stress … that for whatever reason right now they're affecting you more than everybody else." And not, "They're always going to affect you more than everybody else." But, "Right now, at this point in your life, with whatever bought you to this point, you're there. But like you're not always going to be there, and you're not like damaged because you're there now. Like anyone would feel this way in your situation." But I didn't get that. I didn't hear that. (Lauren)

Enacted with/in a context of intensified psychic securitisation, Lauren's initial excess-threat-generating event signified a looming threat-potential that triggered alarms and preemptive actions, which in turn materialized insecurities that also fed further actions. All driven by neoliberal, imperial fears around excess, citizenship and freedom, Lauren has been entered into an endless loop of pathologisation and prevention.

Thus while Massumi argues that, preemptive power is washing "back from the battlefield onto the domestic front",[1 p57] it seems things are getting even more intimate. Emerging from socio-political conditions of discipline and terror, preemptive power is now entering our feelings. Effectively, we are witnessing the deployment of security measures on the psychic front. Further, given that these measures produce the very experiences they claim to thwart, the boundary between defensive and offensive action is blurred.[1] The circulation of risk in the bipolar milieu enacts both the securitisation and the militarisation of the psyche. That is, we are not just preventing madness, but creating it.

And with its pending institutionalisation of prodromal syndromes and their associated prophylactic treatment, the DSM-5 threatens to only further intensify this process; Section III contains 'Attenuated Psychosis Syndrome' – a cluster of 'symptoms' to identify and intervene on people at *risk* of becoming psychotic.[29] In turn these 'symptoms' will themselves become alerts that will be quick to form their own iterative series, "thanks to the suppleness and compellingness

of the affective logic generating them".[1 p61] As shown above and noted by Massumi, this 'long and ever-extending' list, "combines an ontology with an epistemology in such a way as to endow itself with powers of self-causation".[1 p62]

This potential proliferation of threatening 'prodromal' experiences will be joined by a heightened surveillance of self and others; one that is propelled through not only the Whitehouse, but also the circuits of the pharmaceutical industry. The long-standing lead U.S. lobbyist[30] and third most profitable industry worldwide,[31] the pharmaceutical industry has benefited greatly from Bipolar Disorder. In 2009 the industry was worth $837.3 billion worldwide, with three Bipolar Disorder pharmaceuticals making the top 15 individual global products in terms of U.S. sales.[32] Critics have already documented the 'disease-mongering' techniques deployed by drug companies to encourage people to interpret their own, their loved ones' and/or their patients' fluctuations in mood as a biochemical imbalance – Bipolar Disorder – in need of pharmaceutical intervention.[5] And, like the threat-potential underlying it, the market for – and therefore profitability of – a risk-based approach is endless.

To consider these potentials is to critically question the ways in which we do madness and to take seriously the possibility that these themselves might be risky. This questioning is *itself* dependent on not seeing people's experiences in terms of an internal, recurring entity and thus a perpetual, looming threat. As Lauren argues above, it requires a refusal to place people in life-long, self-perpetuating categories of damage. Instead, we might nourish and respect the subjective, embodied and collective expertise of people diagnosed; the meaningfulness of feelings and the 'irrational'; diverse approaches that move beyond illness models for engaging with madness; and constructions of madness as a capacity and as contingent and transitional.[10] While how these ideas look in practice will differ depending on the context, all demand intervention into the circulation, indeed the post-9/11 political economy, of fear – only then might we be able to open a space for imagining how we could do madness differently.

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