Borderline Personality Disorder:
The Moral Superheroes Virtue Ethics Needs

Abstract

The distinction between continence and temperance is a venerable commitment in much virtue theory. By considering individuals who recover from borderline personality disorder (BPD), I call this distinction into question. Due to residual symptoms, individuals who recover from BPD expend more effort than typical moral agents to achieve similarly moral conduct. Intuitively, this suggests that individuals who recover from BPD are *more* praiseworthy than other moral agents who behave similarly. Yet according to prominent understandings of continence and temperance, temperate actions, which require less effort than continent actions, are more praiseworthy, and unlike continent actions, genuinely virtuous. Against this, I argue that "moral superheroes," like those recovering from BPD, who face ongoing obstacles to behaving morally, should not be excluded from of virtue. To conclude, I advocate for a pluralistic account of virtue that captures a broader spectrum of moral psychologies.

Introduction

"My whole experience of these episodes was that someone else was doing it; it was like 'I know this is coming, I'm out of control, somebody help me; where are you, God?' I felt totally empty, like the Tin Man; I had no way to communicate what was going on, no way to understand it."

Dr. Marsha Linehan (quoted in Carey, 2011)

Marsha was a bright but challenging adolescent. After an agonizing stay at a residential mental health facility where she felt "out of control" and "totally empty," and tried on several occasions to end her own life, she returned home with no hope for treatment. As young adult, however, she was determined to improve mental healthcare for individuals with difficult conditions. Marsha Linehan received a PhD in clinical psychology and went on to develop dialectical behavioral therapy – an approach designed to treat individuals with persistent suicidality. Linehan's approach has been empirically validated and successful in treating a number of disorders, especially borderline personality disorder (Lieb et al., 2004).

Borderline personality disorder (BPD) is a chronic mental illness affecting social, emotional, and cognitive functioning as well as the stability of one's identity (APA, 2013). Linehan herself suffered from BPD but managed to recover using the techniques in her own therapy (Carey, 2011). She knows she will never be fully free of BPD but finds that her symptoms are much more manageable then when she was a teenager, desperately banging her head against the wall in the inpatient facility in a despondent attempt to end her life.

Many individuals with BPD have stories that start like Linehan's without the happy ending. Approximately 3-9% of individuals with BPD die by suicide, compared to 2-4% of individuals with affective disorders like bipolar or major depression (Stanley and New, 2018; Bostwick and Pankratz, 2000). Given the global and persistent impairments, BPD is considered one of the most challenging disorders to treat. With this challenge comes stigma: mental health care providers often view individuals with BPD as "manipulative," "demanding," and "attention-seeking" (Aviram, Brodsky, and Stanley, 2006). Therapists often express hesitancy about working with this population and are reluctant to engage emotionally with BPD clients, which can lead to difficulties in finding adequate treatment (Bourke and Grenyer, 2010).

Given that many individuals experience symptoms like those described by Dr. Linehan, it seems likely that individuals who suffer from BPD experience morally-relevant impairments that could impair their capacity for moral agency. Even though many patients who receive treatment achieve remission without relapse or suicide (approximately 65%), many continue to experience severe

symptoms (Lieb et al., 2004; Paris and Zweig-Frank, 2001) that could impair moral responsibility. I will not discuss the moral responsibility of individuals experiencing severe BPD symptoms though reflection these individuals can contribute much to the broader philosophical discussion. I have chosen to focus on individuals like Marsha Linehan who recover from BPD and successfully manage their symptoms because they pose a specific problem for virtue ethics. Individuals who recover from BPD still experience some residual, sub-clinical symptoms that interfere with moral behavior. Despite this interference, it is reasonable to suppose that these some of these individuals behave morally at the same rate as any other moral agents (cf. Zanarini et al., 2012). Additionally, I suggest that individuals that recover from BPD (and others like them) are distinct from other moral agents and warrant a different designation: moral superheroes.

I also argue in order to give moral superheroes the praise they deserve we must rethink the relationship between continence, temperance, and virtue. Many versions of virtue theory claim that temperance is more virtuous than continence. Aristotelian virtue theory takes it a step further – temperance is virtuous while continence is merely praiseworthy (commendable moral effort that aims at virtue) and not virtuous. The temperate person is not tempted by other considerations when acting morally while the continent person falls short of virtue because she is tempted by other considerations when acting in line with virtue. Moral superheroes act morally but do so while plagued by thoughts and impulses that can distract from moral behavior). It is the nature of a chronic and pervasive condition like borderline personality disorder to impose constant pressure to immoral behavior. We praise

the efforts of moral superheroes because their continence is moral and aims at virtue while falling short achieving virtue itself.

I dispute this account of virtue and suggest that continence can be virtuous and more praiseworthy than temperance under a specific set of circumstances, namely, the kinds of circumstances that produce moral superheroes. I argue that a virtue theory that properly praises moral superheroes will be more inclusive than a theory that insists that silencing-like temperance is required for virtue.

Clinical Profile

Personality disorders in general should be understood as pervasive and enduring – starting at early adulthood (and likely childhood), affecting multiple areas of functioning (cognition, emotional, social, etc.), and often persisting throughout the lifespan (APA, 2013). Individuals with antisocial personality disorder, for example, must show evidence of conduct disorder (characterized by aberrant and often violent behavior) in childhood and present with deficits in interpersonal emotional functioning (they fail to form caring attachments with others) in adulthood (APA, 2013). In BPD, studies suggest a more complex developmental profile that nonetheless shows patterns of dysfunction starting in early childhood and residual symptoms that persist despite treatment (Carlson, Egeland, and Sroufe, 2009; Zanarini et al., 2005; Dutton & Golant, 1995).

To meet diagnostic criteria for borderline personality disorder, an individual must meet five or more of the following symptoms:

1. Demonstrates strong fear of abandonment (e.g. not wanting their partner to get a promotion at work because it could eventually lead to a transfer)

2. Provokes volatile relationships; oscillates between love and loathing the other ("idealization and devaluation" (APA, 2013))
3. Maintains no secure sense of self (e.g. someone who changes careers frequently, despite being happy at his job and performing well, no clear sense of goals or values)
4. Exhibits poor impulse control in areas that are harmful to themselves, e.g. reckless spending, drug use, high-risk sex;
5. Demonstrates "recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior," (APA, 2013)
6. Displays mood instability (e.g. individual is often irritable or anxious for brief periods of time)
7. Perceives "chronic feelings of emptiness" (APA, 2013)
8. Presents difficulties regulating anger (e.g. individual might have frequent outbursts or regularly get into physical fights)
9. Experiences "transient, stress-related paranoid ideation or severe dissociative symptoms," (often in response to real or perceived abandonment) (APA, 2013)[1]

It is important to note that while not all the individuals with BPD may experience the suicidal/self-injury symptom at any given point in time, 87% of individuals with BPD report attempting suicide at some point in lives with an

[1] In addition to these symptoms, individuals with BPD are also diagnosed with mood disorders (e.g. depression, bipolar, etc.), substance use disorders, post-traumatic stress disorder, eating disorders, ADHD, and other personality disorders (APA, 2013). Comorbid diagnosis with bipolar disorder occurs in 10-25% of individuals with BPD or bipolar (Gunderson et al., 2006). Though BPD and bipolar are not causally related, clinicians must be mindful of the symptomatic similarities when making diagnoses. For example, an impulsive spending spree characteristic of BPD could be mistaken for a manic or hypomanic episode.

average of 3.4 attempts (Andover, Schatten, & Morris, 2018). For instructive comparison – 15% of individuals with major depression and 29% of individuals with bipolar disorder report attempting suicide at some point in their lives (Oquendo, Currier, & Mann, 2006). On a broader scale, two studies found that 40-60% of adolescents and young adults who died by suicide meet criteria for a personality disorder and borderline was diagnosed in 17-50% of that subset (Linehan et al., 2002). In other words, one of the key features of BPD is suicidality.

BPD occurs in 1-2% of the population (Stanley & Singh, 2018), with women making up 75% of those diagnosed (APA, 2013).[2] Studies have also found that individuals with BPD are more likely to have chronic health problems like obesity (and related syndromes like diabetes), fibromyalgia, and back pain that require medical treatment and hospitalization than individuals who have recovered from BPD(Zanarini and Conkey, 2018). These medical conditions impose an additional burden on the individual with borderline and often shorten their lifespan.

Though the myriad symptoms and comorbid conditions paints a heterogeneous disorder, every individual with BPD suffers severe, pervasive impairments. Most experienced childhood abuse and/or neglect and will, at some point over the course of their battle with the disorder, attempt to take their own life. Unlike individuals with antisocial personality disorder, who fail to form caring

[2] This gender difference is not without controversy – Grant and colleagues (2008) found equal rates in the general population using a nationwide (United States) epidemiological survey. Becker and Lamb (1994) assigned male and female designations to identical cases distributed to mental health professionals and found that the female cases were given more diagnoses of BPD than the male cases ($F(1, 283) = 5.22$, $p<.05$). Nearly all individuals diagnosed with BPD report abuse and/or neglect in childhood (90% and 90%, respectively), with the severity of the abuse correlating with the severity of the symptoms (Zanarini and Conkey, 2018).

attachments due to emotional disinterest, those with BPD long for emotional intimacy while simultaneously behaving in ways that discourage such attachments.

This dichotomy results from the medley of symptoms best depicted by clinical case studies. Katz and Cox (2002) give a rich account of 16-year-old "Diane" (name changed for privacy) who was admitted to an inpatient facility for BPD. She was admitted after her third attempted overdose and had a history of frequent self-harm. In this instance she tried to end her life after a fight with her sister. When she arrived she met with a new doctor on a different ward and did not want to work with this psychiatrist. Her conversation with the physician, "f--- you, I want to see Dr. Smith…If that's the case, then I won't talk to anybody, I'm fine now…" (quoted in Katz and Cox, 2002, p. 87), demonstrated dysregulated anger, poor impulse control, and a fear of abandonment. The following day she did not attend the scheduled discharge meeting but stayed in bed crying (fluctuations in mood). Eventually she was convinced to work with the new psychiatrist and stay for treatment. She did try to strangle herself once when her psychiatrist was gone for two days (fear of abandonment, emotion dysregulation) but overall had an effective treatment experience.

We can infer that Diane's emotional dysregulation, mood fluctuations, and fear of abandonment cause relational difficulties outside of the clinic. This is further supported by the cause of her admission: a fight with her sister that led to a suicide attempt. While she faced circumstances that left her feeling emotionally vulnerable inside the facility, she also interacted with individuals who were skilled at interpersonal interactions. In other words: Diane's symptom presentation likely

mirrors how she behaves at home. Suicidal and self-harming behaviors also tend to interfere with moral functioning.

Case studies give us an idea of moral functioning in BPD but do not paint the full picture. While some disorders like psychopathy (a subset of antisocial personality disorder) seem downright amoral with symptoms like "callous/lack of empathy" and "lack of remorse or guilt" (Hare et al, 1990, p. 339), the moral implications of BPD are not obvious. The moral consequences of BPD often extend beyond interpersonal impotence and the downstream effects of suicidality and self-harm.

Individuals with BPD are more likely to violate interpersonal and community moral standards. Interpersonally, mothers with BPD are more likely to display unhealthy to emotionally abusive parenting styles, shifting from being over-involved and demanding one day to distant and disinterested the next (Stepp et al., 2011). Dutton (2006) found that men who abuse their wives often have BPD traits or met criteria for BPD.[3] These men oscillate between "the love of my life" and "I hate that b----" and demonstrate an intense fear of abandonment. One man was at office party with his wife and could not find her for a few minutes. When he found her, he insisted that they leave the party. Later that night he pulled out of the bed and beat her unconscious, breaking her nose, two teeth and bruising her ribs. When asked why he attacked her, he said that he thought she disappeared at the party to

[3] This result is surprising given that we might be inclined to think abusers would be more likely to have antisocial or narcissistic personality disorder but Dutton's thorough research consistently finds that BPD is the most common among this group.

have sex with another man (she was socializing outside with female coworkers) (Dutton, 1995).

In the community, individuals with BPD are more likely to engage in reckless driving behaviors, receiving more moving and nonmoving violations than individuals without BPD (Sansone, Lam, and Wiederman, 2010). Many of these offenses result in time behind bars. Sansone and Sansone (2009) argue that BPD is overrepresented in prison populations. One study found that nearly 30% of a random sampling of individuals in one facility met clinical criteria for the disorder, compared to 1-2% of the general adult population (Black et al., 2007[4]; Stanley & Singh, 2018). These individuals were serving time for offenses such as "drug manufacturing/delivery," "assault/abuse," "burglary," and "DUI/driving while barred" (Black et al., 2007, p. 401).[5]

Recovery and Moral Functioning

Recall from the introduction that Dr. Marsha Linehan, a leading scholar and clinician in BPD research, was hospitalized with borderline personality disorder as an adolescent and young adult. After failed treatments and suicide attempts, Dr. Linehan was able to manage her symptoms, earn a PhD, and create an empirically supported treatment program. Of course not every BPD success story need be as monumental as Linehan's – individuals who survive the disorder might enter healthy relationships, pursue meaningful careers, or simply feel their lives are

[4] It is also worth noting that the most common disorder in Black and colleague's (2007) prison sample was substance use disorder, affecting approximately 95% of individuals with BPD and 91% of individuals who did not meet criteria for BPD.

[5] Of the individuals diagnosed with BPD, 38.5% were imprisoned for "drug manufacturing/delivery," 24% for "assault/abuse," 12.3% for "burglary," and 7.7% for "DUI/driving while barred" (Black et al., 2007, p. 401).

worth living – and this is more than enough. Recall that these individuals do experience substantial symptom recurrence but are able to manage via medication, therapy, and coping strategies. They are still predisposed to heightened emotional responses, for example, but are able to catch these feelings before they translate into impulsive actions. Despite the effort it takes to manage the residual symptoms, individuals like Linehan act morally: they stand up to injustice, they donate to charity, they fulfill their duties to their communities, etc.

Let's examine a fictional example: an individual who has recovered from BPD, "Omar," and a typical moral agent, "Juan," both feel the temptation to rear-end the car in front of them when they are cut off in traffic but the temptation is intensified for Omar by his predisposition towards anger (residual BPD symptom). Both Omar and Juan keep their calm and drive a safe distance, resisting the immoral action. The resulting action is the same but it seems that Omar did more to act morally. Juan felt a moderate degree of anger at the driver for cutting him off. Juan easily overcame this moderate degree of anger in order to drive safely and act morally. Omar, on the other hand, is predisposed to feel disproportionate anger due to borderline personality disorder. When he is cut off in traffic he feels a strong sense of anger boiling in his chest. Fortunately he has learned to manage his symptoms and through deep breathing, calm self-talk, and other strategies he manages to overcome his anger and drive safely.

Omar spent years developing these coping and emotion regulation strategies. He expended tremendous effort *before* this moment in order to manage his anger *in this moment*. Furthermore, Omar expended more effort in the moment due to his

predisposition towards anger. His extra effort in the moment and long-term mean that Omar does much more than the typical moral agent to produce the same moral behavior. It seems both inadequate and inaccurate to say that Omar and Juan should receive the same amount of praise.

We might compare this to climbing Mount Everest. Approximately 150 people have reached the top of Everest but only one man, Erik Weihenmayer, has summited the mountain while completely visually impaired (Angley, 2016). There is something admirable about anyone climbing to the top of Everest – navigating the multi-day journey, scaling the compacted ice near the top, and surviving the thin air at the infamous 26,000+ feet "death zone" – but there is something *especially* admirable about doing it all without sight.[6] Similarly, it is praiseworthy for an agent to act morally but it is especially praiseworthy for someone who has recovered from BPD to act morally. Just as it requires more effort for someone without sight to climb a mountain, it requires more effort for someone who has recovered from BPD to act morally. Individuals recovering from BPD face obstacles at each turn when attempting to act morally. Their residual symptoms make it more difficult to get out of bed (the base of the mountain), manage complicated interpersonal interactions (working with teammates), regulate emotions (navigate ice climbing), etc.

While it took more effort for Omar to regulate his anger while driving and more effort for Weihenmayer while climbing Everest, these men also worked harder to prepare for these events. When discussing effort we find praiseworthy it is helpful to distinguish between two types of effort: developmental and momentary.

[6] Nepal has recently banned the severely visually impaired, double amputees, and solo climbers from Everest (Pasha-Robinson, 2017).

In the moral realm, developmental effort involves cultivating virtue or shaping one's psychology in such a way that you will be more disposed to act morally in a given moment. Someone in recovery from BPD (like Omar) can spend years learning how to regulate their emotions and manage difficult interpersonal situations. They may attend weekly groups, participate in ongoing individual therapy, have had experiences with inpatient treatment and/or medications. This effort helps them enter recovery. Once in recovery they must continue to practice these skills in order to behave morally. All of this effort amounts to the developmental effort required for someone in recovery from BPD to behave morally. As I mentioned in the driving example, it is more effortful for someone with borderline to behave morally in the moment. I call this momentary effort. When Omar acts morally on the interstate he is expending more momentary effort that is a result of more developmental effort than Juan in order to produce the same moral action. Omar is more praiseworthy than Juan on both fronts, but is this enough?

Moral Superheroes

Individuals who recover from BPD face sufficient challenges and are praiseworthy enough to warrant a new category: moral superheroes. Moral superheroes possess morally-relevant dispositions that set them apart from other moral agents. Unlike moral exemplars that provide examples to inspire the efforts of typical moral agents (Zagzebski, 2017; Blum, 1994), moral superheroes experience morally-relevant challenges that other moral agents do not face. These differences make it more difficult for the moral superhero to cultivate virtue.

Moral superheroes must first learn to live with significant differences in moral faculties then work towards moral excellence (developmental effort) while keeping whatever impulses or misdirection those faculties might generate at bay (momentary effort).[7] In order to be a moral superhero an agent must: (1) possess marked, unchangeable morally-relevant difference(s) in moral faculties; (2) act morally at approximately the same rate or better than other moral agents; and (3) act morally for the right reasons (whatever the right reasons happen to be, given your normative theory). I include the third criteria to ensure that we do not end up with accidental moral superheroes (e.g. a woman who has morally-relevant differences in her moral faculties who acts morally at the same rate as other agents simply by chance – her behavior is completely random but just so happens to be moral enough to qualify) or supervillains masquerading as moral superheroes (e.g. a man who meets (1) and (2) but only acts morally in order gain support for his presidential campaign and ultimately start a nuclear war).[8]

It is also important to note that morally relevant differences experienced by a moral superhero are unchangeable. I do not mean that we will never improve our treatment of BPD to the point where the morally relevant differences disappear, only that the current science of treatment supports the idea that residual symptoms remain in even the most vigilant patients. These criteria is meant to exclude individuals who possess morally relevant differences that be eradicated without

[7] I envision that these qualities (morally-relevant differences in moral faculties) come from mental illnesses like BPD but there is nothing to stop these qualities coming from elsewhere, assuming that the individual meets the other criteria for being a moral superhero.

[8] Some readers may find (3) repetitive. If an individual's action has been deemed moral presumably the reason behind this action was already investigated. This is not the case for every normative theory and (3) imposes a "right reasons" check on normative theories that do not have a "right reasons" account built in.

concerted effort such as therapy, exposures to additional viewpoints, maturity, etc. I do not consider children (even ones who act morally) moral superheroes. Someone who acts morally while nursing a cold would also not count as a moral superhero because such conditions are cured after a few weeks of rest and rehydration.[9] Moral superheroes, on the contrary, face lifelong challenges. Their symptoms may be better or worse at times but their condition is ongoing – no amount of time or treatment will cure the underlying cause of the morally relevant differences.

In this section I suggested that individuals like Dr. Linehan – individuals who have recovered from borderline personality disorder and lead morally functional lives – are substantial enough to warrant a new category: moral superheroes. Moral superheroes are distinct from moral exemplars in that they have morally-relevant differences that can impair their moral functioning. Unlike moral exemplars tend to act morally more often than the typical moral agent (Zagzebski, 2017), moral superheroes (particularly in the case of BPD) act morally at approximately the same rate as other moral agents but fight an internal battle to overcome morally-relevant impairments. The efforts of moral superheroes may be less visible than most agents but that does not make them any less praiseworthy.

Implications for Virtue Ethics

Individuals who recover from BPD work much harder than typical moral agents to produce the same behavioral outcomes. They expend more effort in the

[9] In BPD, many individuals find that emotional symptoms can make social interactions more volatile (impede moral functioning) but often make an individual with BPD more sensitive to the needs of others (enhance moral functioning) (for a review see Dinsdale and Crespi, 2013). In the case of individuals who have recovered from BPD, they are able to manage their symptoms that cause impediments to moral functioning (as well as those that do not) and are thought to maintain the benefits like heightened sensitivity to the needs of others.

moment but also spend years in treatment learning how to manage their symptoms. I have argued that this extra effort warrants the designation of moral superheroes. What are the consequences of identifying this new class of moral agents? As I mentioned in the introduction, the existence of moral superheroes has consequences for discussions of temperance and continence in virtue ethics. Aristotle discusses continence, incontinence, and temperance at length in Book VII of the *Ethics*, and argues that while it is admirable that the continent person is tempted by immoral pursuits but overcomes the temptation, the temperate person is not tempted by immoral actions (1151b35-1152a2). In the contemporary tradition, McDowell (1978) argues that the virtuous person is not tempted by immoral action; these options are "silenced" and the virtuous person acts morally without any second thoughts (p. 28).[10]

Aristotelian Temperance and Silencing

Aristotle argues that while continence is "good and praiseworthy" (1145b8), only temperance counts as virtuous. He states that while the continent person is tempted by (but does not act upon) "base" desires, the temperate person is completely free from such desires (1146a12; 1152a1-2; cf. Roberts, 1989). We become temperate through habituation and by cultivating our desires such that they align with what is moral and rational.

John McDowell (1978) provides an account of temperance in which all non-virtuous considerations are "silenced" in the mind of a virtuous person (p. 26). The virtuous person perceives the situation differently than the continent person and

[10] Some may note that Kantian ethics could weigh in on this issue as well. In this essay I have chosen to focus on Aristotle and will take up discussions of Kant elsewhere.

does not consider "reasons for acting otherwise" (McDowell, 1979, p. 26). While the continent person may see danger and be unsettled by fear or the deceived hope that someone else will save the drowning child, the virtuous person will be clear-headed in her decision to jump in the water. The continent person may ultimately decide to do the virtuous action (she may even do it as quickly as the virtuous person) but she is nonetheless affected by non-virtuous considerations and cannot be considered temperate. The mind of the virtuous person, on other hand, is set solely on the virtuous task in front of her. She perceives the relevant dangers differently: she takes appropriate precautions before diving into the water (e.g. brings a spare flotation device, knows she is a good swimmer) because proper preparation is key to bravery as well (McDowell, 1979; *Nicomachean Ethics* 1117a9-25).[11] She does not experience feelings of fear or temptations to act otherwise.

The silencing account of temperance is a tall order.[12] Not only must we act as morality demands without being truly tempted by non-virtuous considerations, we cannot even *think* about these considerations when virtue calls. We must perceive, think, and act morally in order to be virtuous. Let's say that I am excited about attending my best friend's wedding. Just as I am about to leave my partner cries out in pain, clutching their side. My partner is experiencing a sharp, agonizing pain in their right side. It is clear that they need immediate medical attention. I do not

[11] To jump into the waters too quickly and without proper considerations would be brash rather than brave, the opposite extreme of cowardice on Aristotle's view of courage as a virtue of the mean. The well-prepared person who does not act is not courageous either.

[12] McDowell grants that the virtuous individual will be tempted by non-virtuous considerations outside of morally-demanding situations: "In the absence of a requirement, the prospective enjoyment would constitute a reason for going ahead" (1978, p. 27). In a non-moral context the virtuous person could relax on the beach instead of diving into treacherous waters, enjoy a fancy dinner rather than rush into a burning building, or accelerate 0-100 on a controlled racing experience track with proper safety gear.

hesitate – I drive my partner to the nearest medical facility and accompany them throughout their care. Most of my mind is consumed by worry and fear for my partner's well-being as well as practical concerns such as choosing the right facility and managing insurance. There was, however, a flicker of sadness the moment I realized we would not be attending the wedding. I might even have moments once my partner is under stable care where I think longingly of the ceremony and the speech I had planned for the reception. This is not to say that I regret taking care of my partner, only that the wedding is not completely removed from my mind. I recognize that morality (in conjunction with the demands of my relationship and love for my partner[13]) demands that I forgo the wedding to take care of my ailing partner and I act accordingly. On the silencing view, my action was not virtuous because I still had thoughts of the wedding: my sacrifice was not complete. My continence (I took care of my partner despite thoughts of the wedding) is praiseworthy but falls short of virtue. If I managed to remove all thoughts of the wedding from my mind as soon as I realized my partner was seriously ill I would be more praiseworthy and likely considered virtuous on the silencing view. Although the silencing view sets a high bar for virtue we can see the intuitive appeal in this example: imagine my partner found out that I was having fleeting thoughts of the wedding while they were in agonizing pain. They would still be grateful that I came to their aid but my longing (however brief) to be elsewhere does seem to detract from the moral worth of my actions.

[13] See Railton (1984), "Alienation, Consequentialism, and the Demands of Morality."

The silencing view also implies that the temperate person must have their mental faculties in order: they (unconsciously) regulate their emotions in stressful situations, they overcame their fears, and they are interpersonally effective. The virtuous person cannot have ongoing symptoms of mental illness. Connecting the silencing view with BPD and the discussion in the previous section, moral superheroes are continent but not virtuous. Moral superheroes override temptations to act morally and this is the best they can do. They cannot fully extinguish their impulses; rather, they expend additional effort daily to overcome temptation and act morally. The moral agent who has never experienced BPD and acts without inclination to do otherwise expends less effort but is considered more praiseworthy than the moral superhero on the silencing view. Moreover, the moral agent whose inclinations to act contrary to the demands of morality are silenced can be considered virtuous on the silencing view while the moral superhero (who, again, expends more effort for the same moral behavior) cannot.

Perhaps my interpretations of Aristotle and the requirements of silencing have been too limited. We might adopt a more generous understanding of what is required to act with Aristotelian virtue: virtuous actors do not need to fully silence competing inclinations, they just cannot take them seriously. I can have brief, wistful moments where I think about my best friend's wedding while attending to the needs of my ailing partner as long as I do not seriously entertain the option of leaving the hospital. I am sad about the wedding but the decision does not weigh on me or cause me intrapersonal turmoil and this is what separates me from the merely continent agent. This interpretation of Aristotle allows agents to encounter non-moral

considerations while also maintaining a sense of internal harmony while acting virtuously.

Unfortunately moral superheroes are still not virtuous on this interpretation of Aristotelian virtue. The non-moral considerations encountered by moral superheroes are stronger than fleeting thoughts that can be dismissed with minimal effort by most virtuous agents. Moral superheroes, particularly, individuals in recovery from BPD, experience certain non-moral considerations as compelling alternatives to moral action. In the wedding case, the thought of leaving my partner alone at the hospital does not actually cross my mind – I am merely momentarily saddened at missing this important event. In the driving case, the thought of rear-ending the car that cut him off does cross Omar's mind and presents as an actionable alternative to regulating his anger and driving calmly (acting morally). Omar consistently rejects the former in favor of the latter but we can see how in the case of moral superheroes, competing inclinations offer a genuine challenge to moral action. It is not accurate to say that moral superheroes experience internal conflict when acting morally – Omar does not waffle between aggression and safe driving – but it is also inaccurate to suggest that the discordant impulses that arise from conditions like BPD can constitute Aristotelian intrapersonal harmony. Even with a more generous understanding of silencing and Aristotelian virtue theory it seems that moral superheroes still fail to be virtuous.

Proponents of Aristotelian virtue might respond by saying that moral superheroes are particularly praiseworthy continent individuals since they are tempted by especially strong desires. Support for this claim can be found in the

Ethics: "If…the appetites are weak and not base, continence is nothing impressive" (1146a15-16). If Omar resists a fleeting desire to change the channel from one baseball game to another when watching television with Juan, no one would find his continence praiseworthy. If, on the other hand, Omar resists the strong impulse to physically attack Juan for accidentally totaling his car a second time, then his continence is very praiseworthy. Proponents of the silencing view would maintain, however, that a temperate person is nevertheless more praiseworthy than any continent person, no matter how difficult the temptation the continent person overcomes.

We might see the variations in praiseworthiness amongst continence as supporting the moral superhero theory. On this view, moral superheroes experience more intense temptations than continent individuals without BPD (or other qualifying conditions). The actions of moral superheroes would likely be the most praiseworthy of all continent individuals.

But is this good enough? As I mentioned, may approaches that classify temperance as virtuous typically classify anything below temperance as non-virtuous, no matter how praiseworthy. Moral superheroes may be the most praiseworthy of all continent individuals but they are not virtuous, according to the silencing view. However, many moral superheroes seem *more virtuous* than the average virtuous person. Take Marsha Linehan: in the moment, she overcomes her fear of crowded spaces each day to drive to work and do research that helps a marginalized population (Carey, 2011). Over time she cultivated the emotional stability to be vulnerable with clients and in group settings, risking her own mood

fluctuations. She raised a well-adjusted daughter while continuing her career and developing the first empirically validated treatment for BPD. She acted morally while constantly regulating her emotions, actively using mindfulness and other support skills, forcing herself to get out of bed, and so on. On the silencing view (and other views that endorse a similar definition of temperance), however, the extraordinary effort she goes through each day to act morally makes her simultaneously *more* praiseworthy than the average continent agent *and* unable to achieve virtue. It looks like the same factors that make her more praiseworthy also make her unable to achieve virtue. This appearance is puzzling.

Recall that according to the silencing account the virtuous, temperate person does not overcome mental obstacles in the moment in order to act virtuously. She does not consciously regulate her emotions because she did enough regulation in her past that now she feels the right things in the right amount automatically. The virtuous agent became virtuous through practice – she repeatedly acted courageously in daunting situations, she chose over and over again to give generously to those in need, etc. She habituated her emotions, overcame her fears and vulnerabilities, and treated any underlying conditions so that when morality called she could answer without a second thought. Linehan might appear to be working harder but the virtuous person put in the hard work earlier in the process. If Linehan keeps working, one day she can be virtuous.

Unfortunately this is not the case. BPD is a chronic and pervasive condition. Those who recover to become moral superheroes deal with residual, sub-clinical symptoms that affect their daily functioning. Individuals like Linehan go through

years of treatment and deliberate effort in order to recover from BPD. This background effort is at least as difficult if not greater than the background effort put forth by a temperate agent. When the temperate person goes to act morally the action requires no mental strain, according to the silencing view. When the moral superhero goes to act morally they must put forth effort in the moment in addition to their past effort in recovering from their condition. Individuals in recovery manage their symptoms but their battle to manage BPD can never be fully silenced. Barring some revolution in psychopharmacology, managing symptoms is the best possible outcome for BPD (and many other psychiatric conditions). Moral superheroes cannot be temperate if we understanding temperance through the silencing view. On this account the virtue of temperance is also inaccessible to many people with mental illness who manage similarly intrusive conditions.

Furthermore, some virtue theorists ascribe to Aristotle's theory of the unity of the virtues. This idea claims that in order to be truly virtuous one must cultivate *all* of virtues – one cannot be truly courageous without being temperate, truly charitable without being courageous, etc. (MacIntyre, 1981). Many authors find the unity of the virtues counterintuitive (e.g. Flanagan, 1991), others are nonetheless committed to the view. Moral superheroes introduce another criticism of the unity of the virtues: if moral superheroes cannot be temperate then they can never be courageous, charitable, just, etc. I have argued that it seems implausible to praise virtuous agents more than continent agents in the case of superheroes but it seems even more implausible to suggest that moral superheroes are barred from courage when acting bravely and charity when acting generous as well. I chose to focus on

temperance and continence in this essay but the consequences of this debate spread to all other virtues according to the unity of the virtues thesis.

Fork in the Road

Moral superheroes bring up two related problems for virtue theory: (1) moral superheroes seem at least as praiseworthy and likely more praiseworthy than your average virtuous person, they are continent are thereby viewed as less praiseworthy than temperate agents on most views; (2) despite their intuitive moral agency and good deeds, moral superheroes can never be virtuous on many accounts of virtue theory. One solution is simple but will require some explanation: accept both (1) and (2) and acknowledge that while this outcome is not ideal, it does not affect the majority of moral agents. On this view we ought to treat moral superheroes as outliers in a data set – better to acknowledge that they are different but exclude them from our overall explanation to avoid skewing the rest of the data. The other solution (the solution I favor) involves rejecting the silencing account in favor of a pluralist view on what it means to act virtuously.[14]

The simplest solution is to accept the consequences of (1) and (2) and maintain that moral superheroes are not virtuous. As I mentioned in the introduction, borderline personality disorder affects 1-2% of the adult population.[15]

[14] There is also a third solution: we could reject the unity of the virtues. If we reject the unity of the virtues we throw out a major tenant of Aristotelian virtue theory. Moreover, we do not resolve all problems for the silencing view since moral superheroes cannot be temperate.
[15] I acknowledge that not all individuals with BPD will recover but I take an optimistic stance that all individuals have the potential to recover and qualify for moral superhero status.

I suspect that other mental illnesses or conditions will meet criteria for moral superheroes but I have not explored that idea in this essay. That being said, it is highly likely that we are talking about close to 5% of the adult population for a low estimate. It is one thing to say many people do not make the effort towards virtue but another to say they cannot work towards it. If we stick to our guns with the silencing we are effectively saying that at least 1/20 of the moral community cannot be temperate and (according to the unity of the virtues) can never be virtuous. The criticism of the silencing view has gone from making temperance difficult for everyone (recall the discussion of the silencing view) to impossible for certain groups. If we accept the unity of the virtues, not achieving temperance means that moral superheroes cannot be virtuous.[16]

I reject the simple solution, and offer a more compelling alternative: a pluralistic account of virtue. The pluralistic account accommodates moral superheroes as well as agents who are able to pursue Aristotelian virtue via silencing or similar accounts. My view solves problems (1) and (2) while preserving the value traditional virtue ethics: individuals can pursue virtue through traditional silencing and silencing-like routes and moral superheroes can also pursue virtue through continence (as described earlier in this essay). The existence of moral superheroes suggests that virtue is not one size fits all. The silencing view implies that a virtuous agent cannot experience dispositions to act otherwise when acting morally. I accept that this is one path to virtue but unlike proponents of the silencing view, I do not believe this is the only way to be virtuous. Moral superheroes

[16] According to the unity of the virtues you must cultivate all of the virtues to be virtuous. You cannot be truly virtuous if you are temperate but not brave, for example.

demonstrate that some individuals who experience dispositions to act otherwise when acting morally can be virtuous, despite failing to meet the requirements of the silencing view. My view is supported by other accounts of virtue, including Foot's (2002) corrective view.

Foot (2002) offers a corrective understanding of virtue that may be compatible with the moral superhero account by removing some of the cognitive component of temperance. By placing less emphasis on every thought in an agent's head we maintain many of the important demands of virtue while avoiding unnecessary demands. She also acknowledges that not all behavioral hesitation is made equal.

Foot (2002) thinks that the amount of virtue expressed in instances of hesitation (apparent incontinence) depends on the particular virtue and if the circumstances truly challenge the virtue. If a witness feels some fear when testifying against someone who tried to take her life, this seems appropriate. The virtue in this scenario is courage and the circumstances seem to truly challenge courage. If the witness feels fear she is not being incontinent – she genuinely has something to fear in this scenario. Her fear is appropriate for the situation and by testifying despite her fear she acts morally. If, on the other hand, a man is tempted to stay home and play video games rather than visit his terminally ill friend in the hospital, this seems inappropriate. In the second scenario the virtue is charity and the circumstance do not seem truly challenging. The man is incontinent rather than genuinely challenged by some competing circumstances.

On one interpretation moral superheroes struggle to act morally because they are continent (and thereby less praiseworthy) the way Foot describes: they are tempted by non-moral considerations. Returning to BPD, we might think of another case with Omar and Juan. The two friends have had plans for weeks to attend a baseball game. Juan calls at the last minute and asks to reschedule, apologizing and claiming that he is accidentally hungover. Charity demands that Omar reschedule when he is available but Omar is tempted to tell him that he is unavailable. His impulse is driven by fear of abandonment and poor emotion regulation (symptoms of BPD). Despite the temptation to lie to his friend, Omar acts morally: he asks if Juan wants company while he recovers and says he is willing to reschedule.

We can understand the moral superhero's incontinence to increase the virtue of the action because the moral superhero has not cultivated her mere continence, rather, her continence (and accompanying inclinations to act otherwise) is something that has happened to her by way of her disorder.[17] Moreover, the moral superhero has worked to cultivate virtue as evidenced by her ability to behave morally at the same rate as any other moral agent (stipulated in the second requirement for being a moral superhero).[18, 19]

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[17] Again, I am open to instances where someone meets the qualifications for being a moral superhero without having mental illness.

[18] Foot's (2002) arguments are further supported by Carr (2009).

[19] If we follow the implications of Foot's view we might have concerns about individuals who are not quite moral superheroes but are working toward this designation. Behaviorally, the young aspiring moral superhero suffering from borderline personality disorder and the incontinent young adult may look remarkably similar. Someone early in treatment for BPD may not know that avoiding social interactions and moral responsibilities that make them feel uncomfortable will only make it more difficult to rise up to the occasion (and act virtuously) in the future. Similarly, the incontinent young adult avoids situations that call for virtue and then struggles to act when the call to be virtuous arrives on her doorstep. Despite the behavioral similarities there are two key differences: (1) the aspiring moral superhero's incontinence comes from her illness while incontinent young adult chooses incontinence under the influence of her own desires and preferences rather than external

The temptation to act otherwise in the case of individuals in recovery from BPD (and other moral superheroes) is intense but it is not the product of vice or mere incontinence. Foot's (2002) supports the idea that overcoming this interference to act morally is praiseworthy and virtuous. By adopting pluralism we reject the interpretation that silencing is the only route to virtue.[20] I maintain that many instances and agents will find silencing an appropriate path to virtue. Moral superheroes suggest that the path to virtue is pluralistic: some agents with certain dispositions act without silencing inclinations to do otherwise and this should be considered virtuous.

Conclusion

Borderline personality disorder is a chronic and pervasive condition that affects social, emotional, and moral functioning. I argued that individuals who have recovered from BPD and act morally should be considered moral superheroes. Moral superheroes, act morally at the same rate (or better) than typical moral agents despite morally-relevant impairments. I argued that moral superheroes do not fit standard interpretations of virtue theories – specifically, predominant the silencing interpretation of Aristotle's virtue of temperance. These theories cannot properly acknowledge the mental effort moral superheroes expend daily in order to function as a productive member of the moral community. I offered Foot's account

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forces; (2) the aspiring moral superhero is in treatment for BPD and is, through this process, removing some of the barriers that prevent her from acting morally. Recall that not everyone (or even most people) with BPD becomes a moral superhero; only those who successfully manage their condition and act morally are eligible for the designation.

[20] Similarly, Foot's approach can be applied to Kantian virtue theory. We can interpret Kant to favor a similar position about the cause of hesitation and find hesitation admirable if and only if the hesitation is caused by something that does not detract from the virtue of the action. While this is not the dominant interpretation of Kant, it is not inconsistent with all readings (see Baron, 2006).

as a way to preserve virtue theories without excluding a significant portion of the population from virtue. The silencing account is not compatible with this solution but I argued that it is worth adopting a pluralistic view of virtue to properly praise individuals like Dr. Marsha Linehan:

> "During those first years in Seattle she felt suicidal while driving to work; even today, she can feel rushes of panic, most recently while driving through tunnels. She relied on therapists herself… 'I'm a very happy person now,' she said in an interview at her house near campus… 'I still have ups and downs, of course, but I think no more than anyone else.'" (Carey, 2011 with quotes from Dr. Marsha Linehan).

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