

Testimonios Transfronteristas

"To question the subject is to put at risk what we know because we have already been put into question as subjects. We have already, as women, been severely doubted: do our words carry meaning? Are we capable of consent?" (Butler, Undoing Gender, 227)

Any legitimate essay speaking to the effects that oppression has on the self and identity must include a critical analysis of the discrimination that continues to obstruct the *political* realization of consent for many women; systemic deficiencies that fail to provide them with authentic opportunities for self-knowledge through self-determination. For although some North American women have begun to achieve the greatest possible judicial, social, and professional gender equity available, for the majority of minority women consent continues to be impossible. Two groups that continue to suffer from the caricature of misrecognition (or misdiagnosis), for example, are the Hispanic academic woman (in this case Gloria Anzaldúa) and the chronically undiagnosed female with ADHD: both groups live a politically opaque existence in which the resources and respect necessary for genuine consent to be solicited, continues to be obstructed from them. More positively, Anzaldúa and the female experts that have charted gender specific ADHD also speak to the transformative inclusivity available through recovery and the dignity of genuine self-determination.

1. Consent, *La Frontera*, Anzaldúa

The capacity for consent primarily involves identification and rendering of the mechanisms of subordination, which then develops into the establishment of efficient strategies for conducting genuinely transformative change. Accordingly, this capacity for consent cannot exist simply in the judicial utopia of the law courts, but rather must most readily exist on the all too often silent *border* of the public sphere, where many minority women continue to endure inconceivable poverty, brutality and mortification. Accordingly, the border is always already the space of female recovery and self-determination; such as in the new *mestiza* characteristic of the work of Gloria Anzaldúa, whose work highlights the importance of the concept of border spaces as sites of contest, change and flux, and whose death this past summer highlighted the way in which Hispanic academics continue to exist only *en la Frontera* of the academy as well.

La Frontera, or the border, designates multiplicitous spaces where different cultures, identities, sexualities, classes, geographies, races and genders interchange. Anzaldúa represents the consciousness of the "new *mestiza*" as existing within the embodiment of the racialized woman where the perpetual transition of body, mind and spirit literally explode all traditional binary notions of

dualistic thought. Accordingly, her work has not been celebrated as much by those powers that traditionally designate honour on the value of one's life work by way of immediately identifiable economic and academic rewards (such as holding an endowed Chair, receiving tenure or being called upon for the editorship of a prestigious journal). This mistranslation of Anzaldúa's work certainly parallels the mis-experiences of those who are forever incapable of performing the social cues most characteristic of skilled communicators. Indeed, Hispanics seem to be the cultural manifestation of such mistranslation, writ large, virtually not existing, except as a media caricature. Consider, for example, how few cases on the popular weekly crime show America's Most Wanted are *not* about Hispanics, and you will start to see the way in which an entire culture's opacity leads to their outright appropriation.

Though marginalized philosophies rarely constitute a philosophy of the margin, such is the case with Gloria Anzaldúa's La Frontera (1987), which radically modifies the politics of North American expressionism, by way of a new radical inclusivity (*la mestiza*) that is based in conceptual multiplicity. And yet, one would never know it, were one only to evaluate her academic importance solely in reference to her negligible, position within the academy at the time of her death – both as a pedagogue and as a critical theorist.

Judith Butler's discussion of Anzaldúa's virtual invisibility in contemporary critical theory, for example, illustrates her opacity, just after her death in the summer of 2004. Anzaldúa "clearly crosses the border between academic and non-academic writing, emphasizing the value of living on the border, living as the border in relation to an array of different cultural projects" (226). Nor is it lost on Butler that Anzaldúa's critical opacity seems to parallel the social position of Latin American women in general, and that either dismissal is both appalling and inexcusable. After further speaking to Anzaldúa's importance as a poet and cultural critic, moreover, Butler scornfully argues that "it would be ridiculous" to devalue Anzaldúa's writing on its non-academic basis, since, "not only is she read in the academy, but has also taught at various academic institutions" (226). Butler then explicitly links Anzaldúa's experiences as activist, artist and survivor to speak to her overall importance as an icon for "Latin American women, who suffer in the United States from lack of health care, exploitation within the labour market, and often with immigration issues as well" (227).

Thus, Anzaldúa's racially harmonic *mestiza* consciousness is defined by its celebration of intersecting identities and is based in an enthusiastic facilitation of the reincarnation of Hispanic pride; most notably, by way of transforming heretofore symbolically, denigrating icons (such as the border, Mexican machismo, and apathy) into paragons of collective Hispanic self-approval. "The actual physical borderland that I'm dealing with in this book," Anzaldúa tells us, "is the Texas-U.S. Southwest/Mexican border," adding that "[t]he psychological borderlands, the sexual borderlands and the spiritual borderlands are not particular to the Southwest" since "the Borderlands are physically present

wherever two or more cultures edge each other, where people of different races occupy the same territory, where under, lower, middle and upper classes touch, where the space between two individuals shrinks with intimacy" (19).

La mestiza is a virtual place imaginatively drawn from the logical limitations of conventional absurdity; and yet must now be culturally recycled if they are yet to be capable of blossoming politically in the future. This new *mestiza* consciousness revisits *la cultura chicana's* violently denigrating history, so that any future *re-appropriation* can only be conducted by means of a genuinely empathic narrative. This includes understanding what Hispanics, racially, and women and men, individually, "have been a part of," so that at least in the future they can resist the "oppressive traditions of all cultures and religions" (Anzaldúa 104). That is, by realizing the mistakes of history they can become agents of genuine political activism, as well as evolution.

As one might expect, this hard look at the history of oppressive desire includes deconstructing those seductively demeaning "subject-object" binaries inscribed on the Hispanic mind and body, by virtue of the fact of being inscribed as American. Indeed, Anzaldúa is all too aware that she must heuristically demonstrate to her audience how such duality is transcended "in the flesh" (99). Politically transcending the "counter-stance" position, however, is much easier said than done; not least because the hierarchy of American society has facilitated the means through which Hispanics ontologically recognize the inferiority of their own ethnicity. In "*la cultura chicana*," Anzaldúa notes, inferiority results in a pathologically vigilant series of "attempts" to block the white's humiliating critiques of the Hispanic, as "with a counter-stance" (100). But this still means that Hispanics are defined *by what they are not*, rather than by who they are: which for Anzaldúa, accounts for *la cultura chicana's* inherently self-flagellating, and all too often horribly self-destructive nature. This is logical given that each side is dependent upon, and yet always reacting against, prescript counter-stances whose common denominator is normalised violence (100).

Dejectedly, this means that Hispanic ontology all too often is understood to be nothing more than a self-effacing, paranoid defensiveness; a culturally engrained attitude genuinely incapable of grasping the truly infinite transformative potentiality of the non-violent expressionism inherent in art. The reactively Hispanic identity, in other words, must be transposed into a tolerantly pluralistic art *mestiza*, before genuine self-determination is actually possible: consent is only possible, after all, when all necessary resources and choices become readily available.

2. Opacity, ADHD, and the fight for diagnostic recognition

In the last section, I spoke to the challenges for recognition fought by, firstly, Hispanics, and then more specifically, women, using Anzaldúa's dismissal from

contemporary critical theory as a case study. As much as I have done so to bring attention to her general female radiance, I have done so to illustrate the fact that many racialized women continue to suffer the pain of misrecognition in our society, and are in fact cheated out of those resources most necessary for conducting social transformation. Those, whose minoritization proceeds through the cognitive rather than the racial, however, bear the added burden of being reductively defined by aetiology (disorder) rather than by skin type, gender, sexual orientation or class; bear the added burden of invisibility, that is, because they are not part of a visual minority. Of course, this means only that they are *medically defined* by a diagnostic, they are told, and that it actually does not define *them as a person* – but doesn't it? In fact, how couldn't it, given how instrumental is the capacity to speak, act and talk in the right kind of way, especially in the academy where ADHD inescapably devastates one's facilitation of cultural capital.

And it gets worse for her whose gender has kept her diagnostic, as it were, hidden from the medical establishment; hidden that is by the myopic belligerence of male gender bias. But surely this almost never happens in our day and age, we like to believe, but such is the case with female Attention Deficit Hyperactivity Disorder (ADHD), a condition that goes untreated in millions of women, even as it is radically determinative over everything in their lives from their education level to the number of children they are likely to have. At the same time, the opacity of female ADHD is of the greatest intensity, for only now is her self-understanding, literally, becoming possible, and so too, her actual consent.

Although ADHD is undoubtedly one of the most studied childhood psychiatric disorders, everything we know about the condition is the result of studies performed almost exclusively on young boys only. According to the 1994 Diagnostic and Statistical Manual for Mental Disorders IV (DSM-IV) the ratio of boys with ADHD to girls in the classroom was 4:1, even as for those in clinical trials the ratio was 9:1. No wonder there is a general consensus among certain clinicians that women with ADHD are currently undiagnosed and that a revision of current DSM-IV criteria is required.

According to Dr. Ellen Littman, one of the first psychologist researchers to focus on gender differences in ADHD, "girls with ADHD remain an enigma" in today's society because female ADHD is simply "often over-looked" by doctors (apa.org/monitor/feb03/adhd). Likewise, in Understanding Women with AD/HD (2004), Kathleen Nadeau and Patricia Quinn argue that "[r]ecent studies suggest that the number of women with AD/HD may be nearly equal to that of men with the disorder" and warn that "[w]hen diagnosis and treatment are delayed, the potentially damaging impact of undiagnosed AD/HD, including low self-esteem, underachievement, and secondary anxiety and depression, compounds over the course of many years" (3). They also indicate that "[r]esults of a recent study suggest that current DSM-IV diagnostic criteria are [still] perceived as more descriptive of males than females," and that "[a]ll too often, women seeking an

evaluation for AD/HD do not receive this diagnosis because their histories do not fit the stereotypic AD/HD patterns of young, hyperactive males” (Nadeau and Quinn 3). In other words, those “[c]linicians who expect a report of poor academic functioning and behavioural problems in elementary school [routinely] will overlook many, if not most women with AD/HD” (Nadeau and Quinn 9). Said another way, the implementation of a male gender bias as sound medical diagnostic information, assured that countless women were never properly diagnosed, when they were not in fact, misdiagnosed.

Accordingly, it’s not surprising to find that even in a recent North American survey investigating perceived gender differences in (the identification of) ADHD, doctors admitted that gender bias has and does play a decisive role in diagnosis and treatment, and concludes that “gender specific differences in the personal experience of the condition” prove and announce that “prospective clinical trials are warranted to clarify the unique needs and characteristics of girls with ADHD” (medscape.com/viewarticle/472415).

We now know that untreated ADHD in either gender always affects self-esteem so that intense depression, risk-taking behaviour and crippling anxiety manifest as eating disorders, as well as in drinking, sex and drug addictions. In fact, Littman estimates that of 1.5 million of Americans suffering from undiagnosed female ADHD, as many as 50 percent of them use alcohol and/or other drugs daily to self-medicate (apa.org/monitor/feb03/adhd). That statistic is more telling, however, when coupled with the knowledge that most of these women do not discover their condition until later in life (usually when a child is diagnosed), at which time, it might be impossible to solicit proper medication and counselling.

Women with ADHD typically suffer from enormous time management challenges, manifest as chronic disorganization, overwhelming stress (panic attacks), and compulsive behaviour (such as difficulties managing money), and routinely suffer from a history of pharmaceutically induced depression. Luckily, individuals can be treated with a combination of stimulant medication and ADHD-focused psychotherapy, and women that have been treated are reported to respond fairly well. As Nadeau and Quinn report,

[w]omen with primarily inattentive type AD/HD who present with a low arousal level may be diagnosed with dysthymia, while women of the combined or hyperactive/impulsive types, who have a high energy level, impulsivity, and verbal aggression, may be diagnosed with bipolar disorder. While depression or bipolar disorder may be present, coexisting with AD/HD, in many cases, female patterns of AD/HD are being misinterpreted (Nadeau and Quinn 9).

Accordingly, one would have thought that much of the strategy to deal with misdiagnoses would have been settled by now. Sadly, however, “to date, despite this recommendation, the most commonly used parent and teacher

questionnaires [to diagnose ADHD] continue to emphasize behaviours more typical of males, patterns of hyperactivity and impulsivity” (Nadeau and Quinn 3).

One wonders when the medical establishment will finally see the (cognitive) needs of women with the same intensity as it sees its own. For example, the issue of comorbidity with female ADHD is of great importance diagnostically and yet there is hardly any relevant research speaking to the issue. “The issue of coexisting or comorbid conditions and AD/HD in women is a particularly critical concern,” Nadeau and Quinn warn, and yet,

there are few clinicians who are trained to recognize and treat AD/HD in women, most clinicians are quite familiar with the range of coexisting conditions that often accompany or mimic AD/HD patterns in women. As a result, there is a strong likelihood that a woman who struggles with AD/HD will be either misdiagnosed, or that only the coexisting condition will be diagnosed while her AD/HD goes unrecognized. (152)

Unrecognized and predisposed to self-abuse, women with undiagnosed ADHD are radically predisposed to an existence that is as lonely as it is awkward and confusing. With public education, and a re-transcription of gender awareness in cognitive diagnostics, however, women everywhere can start to feel as if they have the autonomy necessary to give consent for their mistakes and their successes – the consent that makes agency genuinely possible.

For Butler and Littman, as well as Quinn and Nadeau, investigating whether or not oppression and being a woman are mutually exclusive, is an important objective, because false binary criteria in regard to gender-biased, political policies, all too often ensure that this is the case. In short, institutional recognition is provided or denied politically, on the basis of a criterion that is often biased against minorities. By the same token, Anzaldúa shows us that identity performances are almost always malleable enough so as to facilitate transformative possibilities in which cognitive and racial barriers are forever defeated by compassion and imagination, at least when they are the replacements for the characteristic dogma of institutional policies based in political exclusion and perpetual classification. For then, all sisters can overcome the opacity of their *testimonios transfronteristas*, and, facilitated by their own compassion and growth, as well as by their legitimate political consent, flee from the paralysis of opaque caricature, and into the daylight of genuine political being.

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4th year student Women's Studies major Ana Carolina Levrero's "Testimonios Transfronteristas: Overcoming the Opacity of Institutionalized Differential Diagnosis," was awarded one of only four 2005 undergraduate essay prizes by York University's School of Women's Studies Graduate Student Association.