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Borderline Knowing: (Re)Valuing Borderline Personality Disorder as (Counter) Knowledge

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Abstract

This article explores Borderline Personality Disorder (BPD) as an epistemic standpoint defiant of dominant Western knowledge frameworks, which are (supposedly) rational, objective and linear. I engage with feminist, critical psychiatry and Mad critiques of BPD as a medicalization of trauma and ameliorate these critiques by engaging BPD as both a psychiatric diagnosis and as a (non-pathological) response to traumatic experiences. I conceptualize the 'borderline standpoint' as a subversive epistemology and examine the capacity of queer-crip temporalities to meaningfully engage with the borderline standpoint, arguing that a framework of queer time is useful insofar as trauma (and borderline knowing) are necessarily nonlinear. Ultimately, I employ concepts of queer-crip time, including the works of Alison Kafer and Elizabeth Freeman, to open new avenues of engagement with the 'ugly' affect of borderline and to embark on a maddening epistemological project.

Keywords: *Borderline Personality Disorder, temporality, subjugated knowledge, standpoint theory, trauma, feminist psychiatric disability theory, queer time, epistemology*

A Maddening Epistemological Project

Borderline Personality Disorder (BPD) is a stigmatized diagnostic category frequently associated with experiences of early childhood trauma. A close engagement with BPD as a site of epistemic production (or counter-knowledge) raises urgent questions about the nature of Western epistemic imaginaries, the medicalization of femininity and trauma, and the processes by which 'subjugated' knowledges (in this case, feminized, traumatized, and 'mad' knowledges) are erased and devalued. In this article I open radically new avenues of engagement with BPD and embark on a maddening epistemological project. I address the questions I have raised and articulate a borderline standpoint through a lens of (trauma-informed) feminist psychiatric disability theory; I seek to diversify how we engage in/with epistemological politics, madness and trauma. Feminist psychiatric disability theory is a framework that harmonizes the material realities and medical implications of psychiatric diagnostic categories with the critical approaches of feminist disability studies, both recognizing the materiality of mental illness categories and contesting the epistemic violences and hierarchies which foster their construction and pathologization.[1] I position the 'borderline' as a standpoint defiant of dominant Western epistemic frameworks while simultaneously holding the

[1] Merri Lisa Johnson, 'Bad Romance: A Crip Feminist Critique of Queer Failure', *Hypatia* 30.1 (2015): 252. Hereafter cited as *BR*, with page numbers in the text.

diagnosis of BPD with a degree of suspicion. To be clear, throughout this article I use 'borderline' as a noun reflective of the experience, identification with, or subjectivity of being/having borderline. I also use it as an adjective to describe aspects of being/having borderline, for example, borderline knowing or borderline feeling. I also use 'borderline' to refer to a person with borderline in an attempt to reclaim the borderline label.[2] I use 'BPD' to refer to the psychiatric diagnosis of Borderline Personality Disorder, which can be disempowering and epistemically violent.[3] By differentiating between 'borderline' and 'BPD' I hold space to critically engage with the politics of diagnostic categories while acknowledging that some (fellow) borderlines may find solace and validation in the process of diagnostic labelling.[4] The relationship between BPD and borderline then, is one of contention, negotiation, and multiple possibilities. I ultimately argue that 'borderline knowing' exposes fundamental cracks in dominant (Western) modes of knowing and illuminates spaces of possibility for the deconstruction of harmful Western epistemes. I engage with feminist, critical psychiatric and Mad critiques of BPD as a medicalization of trauma and ameliorate these critiques by engaging BPD as both a psychiatric diagnosis and as a (non-pathological) response to traumatic experiences, employing a lens of feminist psychiatric disability theory to hold productive tension between the 'construction' of BPD, as well as the diagnoses' potential to validate borderline knowers/knowing. I conceptualize the 'borderline standpoint' as a subversive epistemology which can productively expose and challenge the linear nature of Western knowing. This is not to ascribe totalizing epistemic responsibility to the borderline knower, but to think about how borderline knowing can be lovingly (and productively) encountered and re-valued; I consider this primarily in the context of 'compassionate contextualization' and nonlinear encounter facilitated through a lens of queer-crip time. This pragmatic consideration welds the theoretical and the material and offers an intervention into scholarship about BPD, psychiatric disability, and trauma.

Borderline Knowing-as-Feeling

A central tenet of my argument is that feelings are an important mode of borderline knowing. I conceptualize borderline feelings as an 'abject affect' which can be encountered (and contextualized) in a nonlinear fashion fostered through a lens of queer time. I define 'abject affect' as affect that is ugly, difficult, uncomfortable and inconvenient to encounter; for the borderline, it can appear as uncontrollable emotions, self-harming behaviours, or impulsive suicide attempts. By engaging a nonlinear contextualization of the borderline standpoint we can imbue the borderline knower with

[2] I acknowledge that disability activists have worked to contest the use of the disability condition to reflect the person living with that condition. In this article, I am using 'borderline' to refer to people with borderline, being a borderline myself (a person with borderline, a borderline subjectivity) and I am seeking to radically reclaim borderline from traditions of extreme stigma and epistemic invalidation. My use of the term is therefore contextual, intentional and political.

[3] In the introduction to *Psychiatry Disrupted* Bonnie Burstow and Brenda LeFrançois conceptualize psychiatric diagnostic categories as forms of epistemological violence predicated on 'pathologizing and "treating" everyday life' [Brenda LeFrançois, Bonnie Burstow and Shaindl Diamond, *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)Evolution* (Montreal: McGill-Queen's University Press, 2014), 4].

[4] Rebecca Lester, 'Lessons from the Borderline: Anthropology, Psychiatry, and the Risks of being Human', *Feminism and Psychology* 23.1 (2013): 71.

epistemic 'authority' and thus resist the devaluation of this particular standpoint by Western epistemic traditions which are oriented towards a linear, or to borrow from Elizabeth Freeman, chrononormative, progression, centralizing reason, rationality, sanity, and 'objectivity'.[5] The devaluation of borderline knowing is generally enacted within psychiatric and medical knowledges, which fit neatly within a Western paradigm of knowing, where 'doctors and scientists are observers of the truth of [the mind and] the body, uniquely able to read, interpret, and understand'.[6] I take up a lens of queer-crip time as useful insofar as trauma (and borderline knowing) are necessarily nonlinear. I return to this theoretical (re)orientation later in my article, suffice to say that I argue queer-crip time, which I understand as a nonlinear orientation to time marked by queerness and disability and defiant of Western chrononormative temporalities, is productive for highlighting the nonlinearity of trauma-informed borderline knowing, and can point to some productive means of revaluing borderline knowing. I conclude my article by thinking about how the borderline standpoint disrupts chrononormative, Western epistemic orientations. This engagement is predicated on the nonlinearity and willingness to engage with abjection offered by queer theory. To be clear, by 'engagement' I do not (and cannot) intend to offer 'solutions' to the epistemic dismissal of borderline knowing; rather, I offer strategic understandings and a more informed contextualization of the borderline standpoint at the intersection of feminist disability and trauma studies.

A note on positionality and epistemic orientation: I enter into this work as a queer borderline advocating for borderline knowing and for recognition of our lived experience and our uncontrollable emotions as valid forms of counter-knowledge – for lack of a better term, an 'outsider within'; a borderline in the academy. Black feminist scholar Patricia Hill-Collins conceptualizes the 'outsider within' as a standpoint generated by Black feminist sociologists within the academy; it is a standpoint which generates creative tensions, which allows Black female scholars to draw on their lived experiences as Black women to see 'differently' and generate new knowledges.[7] It is a site of knowledge production informed by lived experiences of marginality. While I do not conflate my experiences here with those outlined by Collins, the 'outsider within' provides a meaningful theoretical framework through which to 'read' my own experiences into this text. My borderline allows me to see and articulate the value of borderline knowledge and to advocate for a new engagement with BPD, as well as its abjection, as an epistemic paradigm in contrast to Western epistemic traditions which I link to dominant accounts of rationality and objectivity that carry social power and legitimacy; Sandra Harding's work on epistemic politics and standpoint theory will tell us that all knowledge is socially situated and contingent on the position of the knower/speaker. As such, despite Western epistemic claims to 'objectivity', 'in societies where scientific rationality and objectivity are claimed to be highly valued by dominant groups, marginalized peoples and those who listen attentively to them will point out that from the perspective of marginal lives, the dominant accounts are less than maximally

[5] Elizabeth Freeman, *Time Binds: Queer Temporalities, Queer Histories* (Durham: Duke University, 2010), 3.

[6] Alison Kafer, *Feminist, Queer, Crip* (Indianapolis: Indiana University, 2013), 34. Hereafter cited as *FQC*, with page numbers in the text.

[7] See Patricia Hill-Collins, 'Learning from the Outsider within: The Sociological Significance of Black Feminist Thought', *Social Problems* 33.6 (1986).

objective'.[8] I am operating under and with the assumption that Western epistemic 'objectivity', despite its dominant social position and capacity to invalidate 'marginalized' knowledge claims, is not only less than maximally objective, it is harmful.

Borderline Personality Disorder (BPD): Conceptualizations and Critiques

I have noted that a close engagement with BPD (as a psychiatric category) can expose questions about the harmful nature of Western modes of knowing, the medicalization of femininity and trauma and the subsequent erasure of subjugated knowledges. In order to facilitate my argument, I provide a general conceptualization of BPD as articulated in the DSM-5 and elucidate major feminist and antipsychiatric critiques of BPD as a 'pathological' schema.[9] I explore these critiques of BPD while situating BPD in its roots of traumatic experience to make possible the 'logic' of borderline knowing and to facilitate a critical engagement with the diagnosis as it stands. BPD is the most commonly diagnosed personality disorder in North America,[10] estimated to affect up to 6% of the population.[11] BPD is generally characterized by 'manipulativity, impulsivity, identity disturbances, and self-injurious acts',[12] and is frequently diagnosed in women-identified trauma survivors (*WM*, 486). Rebecca Lester articulates BPD as a collection of interpersonal and emotional traits, including 'fears of abandonment, relationships where others are alternately idealized or demonized, an unstable sense of self, impulsivity, suicidal behavior, mood swings, feelings of emptiness, overwhelming anger, and stress-related paranoia or dissociative symptoms.'[13] This generalization encompasses the DSM-5's conceptualization of BPD, outlined as a 'pattern of instability' that filters into the borderline's affective states, interpersonal relationships and sense of self. The unstable affect and reactive mood of the borderline are what I aim to take up most closely in this article – these affective states lend easily to the invalidation of borderline knowing based on instability, unreliability, and abjection. It is important to note that I have referenced the diagnostic criteria of BPD for the DSM-IV; while changes to the DSM-5 have shifted how BPD is diagnosed and conceptualized in clinical practice, both the DSM-IV and DSM-5 stress the 'core' features of emotional and relational instability, impulsivity, self-harm and difficulty 'controlling' emotions. The emphasis placed on controlling (and failing to control) the frantic, inappropriate and

[8] Sandra Harding, 'Rethinking Standpoint Epistemology: What is "Strong Objectivity?"', *The Centennial Review* 36.3 (1992): 442.

[9] The DSM-5 has undergone many changes in its conceptualization of Borderline Personality Disorder as a diagnostic category, when compared to the DSM-IV. A complete analysis of these changes is beyond the scope of the present article, yet it can be found here: www.psi.uba.ar/academica/carrerasdegrado/psicologia/sitios_catedras/practicas_profesionales/820_clinica_tr_personalidad_psicosis/material/dsm.pdf

[10] Claire Shaw and Gillian Proctor, 'Women at the Margins: A Critique of the Diagnosis of Borderline Personality Disorder', *Feminism and Psychology* 15.4 (2005): 484. Hereafter cited as *WM*, with page references in the text.

[11] Melissa Hall and Katherine Riedford, 'Borderline Personality Disorder: Diagnosis and Common Comorbidities', *The Journal for Nurse Practitioners* 13.9 (2017): 455.

[12] Nancy Nyquist Potter, 'Commodity/Body/Sign: Borderline Personality Disorder and the Signification of Self-Injurious Behavior', *Philosophy, Psychiatry, and Psychology* 10.1 (2003): 1.

[13] Rebecca Lester, 'Lessons from the Borderline: Anthropology, Psychiatry, and the Risks of being Human', *Feminism and Psychology* 23.1 (2013): 71. Hereafter cited as *LB*, with page numbers in the text.

unstable (read: 'hysterical') emotions of the borderline form the basis of feminist criticisms of BPD, as well as the main site of the borderline's epistemic invalidation.

Feminist Critiques of BPD

Feminist critiques of BPD tend to identify BPD as a harmful diagnostic category insofar as it constitutes a medicalization of femininity; BPD is an overwhelmingly gendered diagnosis irrefutably linked to trauma. 75% of people diagnosed with BPD are women, and 88% of these women have experienced abuse in their lifetimes (*WM*, 486). Statistically, borderlines have experienced particularly high rates of childhood sexual trauma. Given high rates of abuse and trauma survival among diagnosed borderlines, particularly childhood sexual abuse, it is relevant, if not troubling, to observe that BPD is diagnostically conceptualized without mention of or link to trauma. Unlike diagnoses of Post-Traumatic and Complex Post-Traumatic Stress Disorders, which centre the 'aetiological importance of trauma' in their conceptualizations, Claire Shaw and Gillian Proctor argue that the silencing of interpersonal trauma and violence in BPD both responsibilizes the individual in bearing the burden of their 'illness' and continues psychiatric traditions of 'denial and distortion' (*WM*, 486). Such traditions are exemplified in the implementation of false memory syndrome in the 1990s as a distorting mechanism used to invalidate psychiatric patients' experiences of assault and abuse (*WM*, 486). Shaw and Proctor ultimately write that 'the individualization inherent in the diagnosis of BPD maintains the general failure to understand that for many women the "symptoms" of BPD are a complex attempt to maintain personal survival and integrity in the face of past and current trauma' (*WM*, 486). The erasure of trauma's role in BPD is part of a longer tradition of obscuring gendered, racialized, and classed oppressions which cumulate on the bodies and minds of those rendered vulnerable and precarious. While BPD has been critiqued for its erasure of aetiological trauma, feminist and critical disability scholars have critiqued the diagnostic criteria of BPD for medicalizing traditionally 'feminine' attributes such as instability, dependency and emotionality (*LB*, 71). In addition, they have argued that the diagnosis of BPD constitutes an effort to pathologize the ways that women cope with past and present trauma and oppressions (*WM*, 483). Rather than medicalizing (and therefore dismissing) the borderline, symptoms such as fear of abandonment, emotional dysregulation and unstable interpersonal relationships are perhaps more productively interpreted as 'adaptive reactions to early relational traumas… an attempt to ensure "some measure of mastery, control and alliance with others, in the face of trauma, helplessness and inner vulnerability"' (*WM*, 486). Furthermore, these aspects of borderline knowing/feeling have the capacity to illuminate important lessons with regards to epistemic power, authority, and trauma.

I have shown that BPD has been critiqued as a disciplinary mechanism wielded to demarcate 'acceptable' norms of femininity; while emotionality and dependency are normatively 'feminine' traits, the *unstable* emotionality and *desperate* dependence of the borderline create a line of transgression which is pathologized. Shaw and Proctor argue that high rates of BPD diagnosis among women have emerged as a means to 'indicate behaviours which are disapproved of, and specifically employed as a male term of abuse for "difficult" female behaviour', similarly to the ways that allegations of witchcraft and hysteria have functioned in the past (*WM*, 485). This is not to say that all borderlines identify as women, but to particularize the gendered aspects of Western

epistemic power in creating hierarchies of rational/irrational, valid/invalid. Scholar Elaine Showalter writes that in contrast to the perceived 'objectivity' of Western science (and psychiatry in particular), women are 'typically situated on the side of irrationality, silence, nature and the body, while men are situated on the side of reason, discourse, culture, and mind'.[14] Of course, this binaric generalization is overly simplistic; however, Showalter's positioning is helpful for conceptualizing and interrogating problematic dichotomies between intelligible/unintelligible, sane/mad, powerful/powerless that render some knowledges 'valid', while others are easily dismissed. I take up these dichotomies (informed by Western science, medicine and psychiatry) as rooted in power, which are necessarily gendered, raced, abled, and classed. It is worth noting here that I present these criticisms of BPD and psychiatric categories more generally, not to dismiss BPD as an affective and experiential phenomenon, but to illuminate the precarity and power dynamics of diagnostic categories which have the potential to 'enable forms of regulatory control through which individuals may be constrained within prescribed forms of being deemed morally acceptable' (*LB*, 72).

Critical Psychiatric Critiques of BPD

A critical psychiatric analysis of BPD acknowledges that the politics of psychiatric categorization are fraught with power and shift and expand over time and across spaces/places. These assertions have led critical psychiatric theorists to assert that illness categories, particularly those of mental illness, are 'products of social discourse with little, if any, stable grounding' (*LB*, 72). Jane Ussher's work on women and madness, for example, has taken up women's madness as a historically employed technique for regulating acceptable feminine behaviour and deportment. Ussher outlines antipsychiatric arguments, such as those of libertarian psychiatrist Thomas Szasz, who in the early 1960s conceived mental illness as a fictitious entity coined to validate the authority of the medical profession; Szasz contends that 'behaviour is deemed mad because it breaks social rule'.[15] As such, Szasz argues that medical authority, while applicable to physical illness, does not extend to the 'mad', whose illness is, indeed, a 'falsely legitimated moral judgement'.[16] Ussher outlines major tenets of antipsychiatric arguments which consider 'madness' to be a subjective label – one that is 'arbitrary, founded on values, morals, and political allegiances – a medicalization of deviance in order to maintain social control'.[17] The antipsychiatric arguments articulated by Ussher find resonance in the contemporary Mad movement, which takes up madness as an experience/valid positionality to be reclaimed from the violences of Western psychiatry. Here I clarify that Mad scholarship/activism and Antipsychiatry scholarship/activisms are not synonymous; while both operate within the same community of resistance, antipsychiatry is a fundamental opposition to psychiatry in all of its forms and operates towards an end goal of psychiatric abolition. Mad politics may include an antipsychiatric politic or praxis, however, the goal of mad politics is to reclaim the

[14] Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985), 4.
[15] Jane Ussher, *Women's Madness: Misogyny or Mental Illness?* (Amherst: University of Massachusetts Press, 1992), 131.
[16] Ussher, 132.
[17] Ussher, 134.

experience and subjectivity of madness, which may or may not include antipsychiatric activism/orientation. This is similar for those who operate in the critical psychiatry camp; being critical of psychiatry may or may not include antipsychiatric politics and praxis. Bonnie Burstow states that what ultimately unites this (broad) community is 'some type of withering' of psychiatry and a critical orientation toward psychiatric discipline and practice,[18] whether this orientation and praxis includes psychiatric reform, psychiatric abolition, or the reclamation of the psychiatrized/ mad self. While Antipsychiatry and Mad movements/scholarship are not necessarily interchangeable, it is worth noting that Richard Ingram is credited with coining the term Mad Studies in 2008 after determining Disability Studies' inability to adequately and wholly reflect the experiences of psychiatrized people, while acknowledging the debt that Mad Studies and Mad activisms owes to fields of Disability Studies.[19] Mad Studies and Critical Disability Studies are intimately related and mutually informative fields of study and activism where both seek to 'pursue this project of "transformative revaluation" […] such a pursuit must reflect the specificities of Mad experience and politics (and thus is not fully co-extensive with disability studies), just as it seeks to forge strategic coalitions with other peoples in struggle'.[20] In the introduction to *Searching for a Rose Garden* Brenda LeFrançois offers the following conceptualization of Mad Studies:

> Mad Studies centres the knowledges of those deemed mad, bolstered on the periphery by the important relationships, work and support of allies – or by those who comport themselves as mad-positive. This allows those of us deemed mad to formulate and advance our own understandings, theories, research, actions, practices and knowledge, each of which carries an inherently enhanced credibility *because* of direct experience… The Mad Studies project offers us a way forward in revealing or creating knowledges that do not contain the distortions and harmfulness proffered by a biomedical psychiatry that is so distant from our lived realities.[21]

By exploring antipsychiatric arguments and Mad politics I aim to illuminate the precarious and violent construction of BPD as a mechanism of social control. I take up these antipsychiatric arguments, as well as feminist critiques of BPD, not necessarily as an advocation of or alignment with their views but to reflexively comment on the social production of madness (and BPD more specifically). To be clear, I am highly critical of the diagnosis of BPD and hold that diagnostic categories more generally are epistemically unethical and violent. It is my assertion that BPD is a psychiatric construction embedded in mechanisms of power; however, I concede that borderline knowing is also a valid (and valuable) standpoint of knowledge (and emotion) production, and that some borderlines resonate with the diagnosis of BPD. Johnson's feminist psychiatric disability theory, which dialogues with antipsychiatry and Mad arguments, is a complex theoretical framework which is capable of holding productive tension between the constructed and dangerous of BPD, as well as the ways in which diagnoses of BPD can reflect and validate the lived experiences of borderlines; I

[18] LeFrançois, Burstow and Diamond, *Psychiatry Disrupted*, 50.
[19] Richard Ingram, 'Mapping "Mad Studies": The Birth of an In/Discipline', *Syracuse University Graduate Disability Studies Symposium* (2008).
[20] Robert Menzies, Brenda LeFrançois and Geoffrey Reaume, *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars' Press, 2013): 12.
[21] Brenda LeFrançois in Russo *et al.*, *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies* (London: PCCS Books, 2016): v.

therefore contend that the diagnosis of BPD, for some borderlines, can be both limiting and life-affirming.

Borderline Subjectivities and Stigma

I have argued that the label of BPD has the potential to dismiss, regulate, and control borderline subjects, and can be disempowering to the borderline knower/feeler. What are the impacts of this stigma on subjectivity formation, and how does this erasure impact the borderline standpoint I seek to develop? Here I explore the stigma attached to BPD and its material effects on borderline subjectivity formation and survival; these arguments are meant to support my contention that borderline is a subjectivity to be fiercely and radically reclaimed as a site of knowledge production. Where BPD is constituted by instability, emotional dysregulation, and inappropriate attachments, the figure of the borderline commonly appears in popular culture and dominant discourse as crazy and unstable; Johnson identifies the 'borderline' as 'mired in the clinging, stalking, threatening abjection of the psycho girlfriend, a figure of absolute to-be-avoidedness […] the word "borderline" remains somehow too taboo, too undesirable, and perhaps too grotesquely female' (*BR*, 253). The stigma associated with BPD carries into clinical practice – Lester notes that clinicians generally 'despise' working with patients with BPD, viewing them as needy, emotionally exhausting, hostile, and unstable, reporting one psychiatrist as commenting that 'you look for the "meat grinder" sensation: if you are talking to a patient and it feels like your internal organs are being turned into hamburger meat, she's probably borderline' (*LB*, 70). Likewise, Nadine Nehls has examined the negative impacts of the borderline diagnosis on psychiatric patients who experienced dismissal of experience and lack of empathy from mental healthcare providers on the basis of their BPD diagnosis. Nehls argues that 'while the controversy within professional circles centers on whether the borderline personality disorder diagnosis should exist and, if so, based on what criteria, those living with the illness contend that the diagnosis and its current criteria are not as problematic as the prejudice of providers'.[22] The dismissive and violent ways that borderlines are regarded both in wider discourses and medical institutions constitutes an erasure of both borderline knowledge and borderline existence symptomatic of 'rational' Western epistemic paradigms.

Borderline feelings which easily splatter, that cling and manipulate, that cause harm to the self, constitute an 'abject affect'. This abjection is mirrored in stigma and discrimination by clinical practice, rendering the borderline knower invalid and unintelligible. Borderline abjection also influences interpersonal and kinship relationships; it is common for borderlines to have patterns of unstable relationships and painful fallings-out, often informed by an inability to control powerful emotions. I contend that the abjection of the borderline does not render these affective knowledges useless or somehow less 'valid'; rather, they encourage us to consider knowledge in different, more complex ways. Ann Cvetkovich offers a compelling argument for the merit of negative affect in her discussion of political depression; negative and positive affect are not so easily disentangled but are mutually informing. Cvetkovich states that '[b]inary divisions between positive and negative affects don't do justice to the

[22] Nadine Nehls, 'Borderline Personality Disorder: The Voice of Patients', *Research in Nursing and Health* 22.4 (1999): 291.

qualitative nuances of feeling that are only crudely captured by such designations.'[23] In this reading, the negative affect that accompanies BPD is not invalid, but constituted of and through attempts to acquire safety and stability; the undiluted emotional responses and dysregulation that accompany borderline, while abject, can teach us something about trauma and subjugated knowing.

Feminist Psychiatric Disability Theory

As I have indicated, feminist psychiatric disability theory offers a means of holding productive tension between recognizing BPD as a psychiatric diagnostic category, which is potentially desirable, and holding this category with a degree of suspicion, remaining attuned to the gendered, raced and classed power dynamics which make such a diagnosis possible, both in terms of its dismissive potentiality (by medicine, including stigma by healthcare providers), as well as how systemic violence informs experiences of trauma which are linked to BPD. While I have noted that BPD as a psychiatric category can be limiting and damaging, illness categories can also provide 'explanatory models through which people can narrate their experiences and make sense of their behaviors' (*LB*, 72). This is the crux of feminist psychiatric disability theory, which recognizes the realities of borderline feelings (as a category of experience) while troubling the gendered, raced and classed power dynamics on which it stands. Here I emphasize that my goal is not solely to trouble BPD as a diagnostic category, but to reclaim and revalue the 'borderline standpoint' as a valid place of knowing/feeling without pathologizing or medicalizing the borderline knower. This reclamation will expose limitations of dominant modes of knowing with regards to emotional, visceral and embodied knowing, and open conditions of possibility for meaningful engagement with borderline knowing.

As a diagnosed borderline, I am critical of the diagnosis of BPD; however, I do not deny the realities of borderline tendencies and how they inform my interpersonal relationships, nor the power that a 'recognized' diagnosis carries in accessing treatment and therapy. I received my diagnosis at eighteen years old, after years of uncontrollable emotions, reckless behaviour, self-harm, suicide attempts, drug use, and subsequent (and repeated) hospitalizations. 'Borderline' spoke to me. It validated my experience. My illness was 'real'. To have a label to articulate my tumultuous relationships, chronic feelings of emptiness, histories of self-harm and repeated suicide attempts provided a (perhaps not unproblematic) sense of legitimacy, where otherwise I felt lost and out-of-control. Lester writes that

> harsh critiques of BPD make a great deal of sense. But they only tell part of the story. The diagnostic parameters of BPD are often deeply resonant with clients' daily lived experiences. In addition to their regulatory propensities, BPD diagnostic criteria capture a cluster of dispositions, emotions, behaviors, and experiences that hang together in discernable patterns, under certain conditions, for certain people, in certain historical and cultural circumstances. *(LB*, 71)

In conducting this analysis and reflecting on my lived experience, I hold space for both the psychiatric diagnosis of BPD, as well as critical feminist engagement with it, to conceptualize BPD as a psychiatric experience informed by trauma as well as a 'specific

[23] Ann Cvetkovich, *Depression: A Public Feeling* (Durham: Duke University Press, 2012): 6.

constellation of feelings and coping mechanisms' (*BR*, 253). I strategically associate this 'constellation' with a medical diagnosis to undertake a project aligned with feminist psychiatric disability theory, outlined by Merri Lisa Johnson as a body of work 'comprised of scholarship that [critically] integrates medical knowledge about diagnostic categories with the anti-stigma stance of critical disability studies' (*BR*, 253). By recognizing the validity of borderline symptoms and the aspects of BPD rooted in trauma, I articulate a borderline standpoint of knowing.

Borderline Standpoint

In this section, I use the term 'borderline standpoint' to refer to the particular (abject) knowledges generated by the borderline knower/feeler. This is not to universalize the borderline experience, but to take up the 'borderline' as a strategic site of counter-knowledge production and to illuminate spaces of possibility for the deconstruction of harmful Western epistemes. Sandra Harding's standpoint theory exists in relation to dominant epistemic modalities. That is, in a hierarchized society, those 'at the top' organize the world around them; as such, knowledge of and by marginalized groups can offer a more complete picture of the workings of any given social world because the experiences and knowledges of marginalized selves render visible new knowledges, new problems, and new solutions.[24] The borderline standpoint can attune us not only to gendered dynamics of power, but causal trauma, madness, and the richness of intense emotionality. Often, borderline knowing looks *crazy*. It materializes as 'irrational and monstrous: self-cutting, mercurial emotions, inconstant attachment, hypersensitivity' and impulsive suicide attempts (*BR*, 255). Under a dominant lens of Western knowing, where 'valid' knowledge is rational, objective, and reasonable, the stalker ex-girlfriend and desperate cutter have no claim to epistemic authority – Shaw and Proctor assert that BPD marks a deviance from the 'rationality' and 'individuality' valued under Western epistemes; the rational individual is arguably a hallmark of Western epistemic schemes (*WM*, 485). In contrast, the emotional, dependent and often feminized borderline subject is rendered unintelligible. This 'abject affect' of the borderline, which I have previously conceptualized as expressions of affect or emotion which are normatively conceived of as difficult, ugly, or uncomfortable, makes it easy to dismiss under Western epistemic imaginaries. The borderline standpoint is (often) occupied not only by women, but by women who have little to no control over extreme and unstable emotions. It is these uncontrollable emotions, informed by trauma, which form the basis of borderline knowing. I seek to carve out a place where the borderline's knowledge can be held as valid, in spite, or perhaps because of, this abjection by 'asserting BPD as the basis of a distinctive epistemology that constitutes a valuable form of counter-knowledge' to dominant Western thought (*BR*, 255). What can borderline feelings teach us about epistemic power and trauma? From here, I explore how the borderline standpoint is undermined by the objective 'god trick' of Western epistemic imaginaries, and how an engagement with BPD and 'ugly' borderline affect through trauma-informed queer-crip temporalities can open up new avenues of engagement with borderline feelings.

In 'Situated Knowledges', Donna Haraway conceptualizes Western knowledge as a disembodied god trick that sees 'everything from nowhere'; the supposed objectivity and rationality of powerful groups dominates at the expense of marginalized

[24] Harding, 443.

bodies and communities which produce 'biased' or messy knowledges – knowledge that is embodied and informed by lived experience at the margins.[25] I challenge the disembodied god trick of Western thought by forwarding the borderline standpoint as a particular form of subjugated knowledge rooted in trauma, affect and embodiment. In this assertion, I ground the borderline standpoint within gendered power dynamics that prioritize and define the sane and the rational. Haraway employs the term 'subjugated knowledges' to refer to sets of knowledge rendered unintelligible by the 'god trick' of Western objectivity.[26] The uncontextualized borderline standpoint defies Western scripts of intelligibility, rendering it easy to dismiss and hard to hold. This dismissal is particularly salient in discourses surrounding medicine, ability, and sanity. Critical disability scholar Alison Kafer references Haraway's 'god trick' when discussing the objectivity and authority of Western medicine, stating that 'Within this framework, doctors and scientists are observers of the truth of [the mind and] the body, uniquely able to read, interpret, and understand' (*FQC*, 60). Epistemic norms of Western medicine and psychiatry inform 'the usual cultural undermining of epistemic authority that comes with the BPD diagnosis', where borderline feelings, as ugly, unstable and embodied, fail to 'count' under the Western epistemological imaginary as valid and complete (*BR*, 255). Insofar as Western medicine and psychiatry constitute the dominant framework through which we can understand borderline knowing, it becomes necessary to develop a new point of departure, a new opening of engagement, with borderline knowing. In order to recognize the borderline standpoint as a 'valid' form of knowing and to trouble dominant epistemic hierarchies, I turn to Merri Lee Johnson and Robert McRuer's work on cripistemologies, as well as queer (crip) conceptualizations of time and trauma.

Cripistemologies

'Cripistemology' is a framework developed by Merri Lee Johnson and Robert McRuer as a means of challenging the co-optation of 'mainstream' disability knowledges/ epistemologies under neoliberal capitalism. Johnson and McRuer argue that the booming psychopharmaceutical industry operates as a co-opted knowing of disability which '*compels* targeted consumers to know about and from a space of impairment'.[27] This compulsion to know 'from a space of impairment' does not explode, deconstruct, or challenge dominant modes of knowing – it is rather an unproblematized co-optation of crip knowing into pre-existing structures of neoliberal capitalism.[28] In opposition to this co-optation, or 'pink-washing' of disability rights and knowledges, cripistemologies can be regarded as a framework for 'knowing and unknowing disability, making and unmaking disability epistemologies… and challenging subjects who confidently "know" about "disability", as though it could be a thoroughly comprehended object of

[25] Donna Haraway, 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies* 14.3 (1988): 581.
[26] Haraway, 581.
[27] Robert McRuer and Merri Lisa Johnson 'Cripistemologies: Introduction', *Journal of Literary and Cultural Disability Studies* 8.2 (2014): 128.
[28] I hold that structures of 'neoliberal capitalism' follow a similar logic to structures of Medicine and Psychiatry; indeed, they are intimately connected by and with scripts of Western 'objectivity' and dominant Western knowing. We cannot separate disability-oppression and neoliberal ideologies; both are oriented towards a linear productivity.

knowledge.'[29] Cripistemologies pose a fundamental challenge to dominant means of 'knowing' disability and radically 'expands the focus from physical disability to the sometimes-elusive crip subjectivities informed by psychological, emotional, and other invisible or undocumented disabilities'.[30] I align my analysis within this cripistemological framework because, while I seek to explore borderline knowing from a place of trauma and disability, I simultaneously aim to deconstruct, collapse and challenge dominant modes of knowing, rather than subsume the borderline standpoint into hierarchized Western epistemes. Cripistemology is an undoing of epistemic hierarchies which have infiltrated disability movements and knowledge; cripistemologies emphasize disability knowledge as a shifting and unstable epistemological project that counters that 'stable' knowing of Western medicine (and psychiatry). While 'cripistemologies' arises out of a highly specific context, it is a useful concept for thinking through the destabilization of knowing, and how this interacts with disability and madness at the site of borderline knowing. By expanding conceptualizations of disability to include emotional and otherwise 'elusive crip-subjectivities', such as those of the borderline, Johnson and McRuer provide a conceptual framework through which to re-think borderline knowing as a crip-specific episteme. Borderline epistemologies fit within this expansion, surely; the borderline standpoint I have advocated for is a means of 'maddening' epistemologies and encouraging the valuation of borderline-specific knowledge. Of course, I have noted that this borderline specific knowledge, or the borderline standpoint, often looks crazy. I would therefore like to offer a means of engaging with the borderline standpoint through a lens of queer-crip time and trauma, particularly, investigating how notions of queer-crip time can dialogue with the "abject affect" of borderline knowing.

New Engagements: Queer-Crip (Trauma) Time

How can notions of queer-crip time help us to engage with the abject borderline standpoint? In this section I explain "queer time", introduce a conceptualization of "queer-crip time", and discuss the relevance of queer-crip time for encountering the borderline standpoint. I stated in my introduction that queer theory offers a lens of nonlinear engagement, as well as a willingness to engage with the abject. Elizabeth Freeman, in *Time Binds*, notes that 'what makes queer theory queer as opposed to simply deconstructionist is […] its insistence on risking a certain vulgar referentiality'.[31] This willingness can help us to think through borderline knowing, especially as it materializes as overwhelming – even undesirable – emotions. Freeman's work on chrononormativity is helpful for illuminating borderline feelings and knowledges as they collapse and deny Western epistemic regimes. Freeman conceptualizes chrononormativity as a mastery of time, a temporal organization of bodies towards maximum productivity, belongingness, and collective attitudinal dispositions, noting that 'subjectivity emerges in part through mastering the cultural norms of withholding, delay, surprise, pause, and knowing when to stop – through mastery over certain forms of time'.[32] Queer time is most clearly articulated as an orientation to time marked by queer failures to achieve the "natural" milestones of

[29] McRuer and Johnson, 130.
[30] McRuer and Johnson, 134.
[31] Freeman, 11.
[32] Freeman, 4.

heterosexual adulthood; particularly, heterosexual marriage and reproduction. Queer time is nonlinear in these respects, marking a deviation from the 'natural' course of heterosexual human development. Disability scholar Alison Kafer takes up time, particularly straight time, as 'foundational in the production of normalcy; engaging in particular things at particular moments has become reified as the natural, common-sense course of human development' (*FQC*, 35). The linear sequence of childhood, independent adulthood, marriage and reproduction is interrupted by both queerness and disability, where bodies move more slowly, or sideways, or backwards; these deviations constitute what we know as queer-crip time. Kafer argues that queer time has always been crip time, where '[q]ueer time is often defined through or in reference to illness and disability, suggesting that it is illness and disability that render time queer' (*FQC*, 34). This is not to equate queerness and disability, nor is it to subsume queerness into disability. Rather, it is to emphasize that both queerness and disability are temporalities marked by difference and that the interrelations between queerness and disability as sites of temporal dislocation is intricate and mutually informative; it is for this reason that I use the hyphenated 'queer-crip' time. Kafer situates queer-crip time in relation not only to straight time, but curative time, a notion which refers to an orientation to time structured by compulsory able-bodiedness (or heterosexuality), where disabled people are often left 'out of time' until they are 'cured' (*FQC*, 28). We can conceptualize linear, curative temporalities as co-constituted with Western rationality; each assumes a superiority of knowing reinforced by the power and privilege to direct, redirect, and validate. These linear orientations to futurity leave little room for the 'strange temporalities' of mental illness, psychiatric disability, and trauma, where time is experienced as asynchronous – in flashbacks, dissociations, temporal stretches and quick bursts that blur memory (*FQC*, 36). As such, the borderline is a temporal outlier, failing to comply within the parameters of chrononormative and curative temporalities. Insofar as BPD is conceptualized as both a disability (psychiatric category) and as a borderline standpoint/subjectivity, the 'reorientation to time' offered by queer-crip temporalities generates a nonlinear lens through which to encounter the borderline standpoint. Of course, core aspects of borderline include impulsivity, uncontrollable emotions, and instability, pointing towards a general failure of mastery over both emotions and time. Bursting into tears or dissolving into panic at inopportune moments is not uncharacteristic of borderline expression and is symptomatic of the borderline standpoint's onto-epistemic salience, insofar as it constitutes a disruption and a confrontation with normative, intelligible expression within dominant modes of knowledge and recognition. Borderline knowing, therefore, can be theorized as a creative disruption in the fabric of 'rational' Western knowing; a central site of borderline dismissal is its failure to comply with normative temporalities which structure and dictate 'appropriate' emotional expression.

This temporal reorientation scaffolds a non-linear framework through which to encounter the borderline standpoint, where the borderline standpoint is similarly framed by the strange temporalities of trauma and mental illness (*FQC*, 36). The explosive emotion of the borderline can be read as informed by past pain; the extreme fear of abandonment can be centred around a potentiality of future isolation, and the engagement in self-harm may be used to ground these overwhelming affects in a present moment. By understanding the 'abject affect' of borderline as a nonlinear phenomenon, we are offered a different point of entry into the epistemic significance of the borderline standpoint.

Spaces of Possibility

All of this is to say that the borderline is a subjectivity left 'out of time', and that this temporal dislocation renders borderline knowledge easily erased. As such, an engagement with borderline knowing/feeling must be contextualized and trauma-informed. Trauma, which I have argued can be strongly associated with BPD, is necessarily a nonlinear phenomenon, and its strange temporalities can include the anticipation of future triggers and flashbacks to past memory, all of which are grounded in the present (*FQC*, 39). The 'abject affect' of the borderline is similarly framed by these strange temporalities; we can enter into knowing with the borderline in a non-linear fashion, according to the demands of trauma which (help) to constitute and inform borderline knowing. Visceral emotions tell a story. Fear of abandonment indicates something more complex than undesirable, uncomfortable, or 'abject affect'. As previously noted, the complex expressions of borderline are better conceptualized not as irrational, but as adaptations to relational trauma, and as a means of maintaining a sense of control over the self and connection with others. Viewed in this light, borderline knowing is granted a degree of epistemic compassion. Conceptualizing queer-crip time as related to nonlinear 'trauma time' allows us to witness borderline emotionality in a non-linear way, and by doing so, engage in a 'maddening' of epistemic authority.[33] These extreme reactions and borderline feelings, while abject, make sense and can be encountered lovingly given the right tools. By advocating for the validity of borderline knowing this article challenges epistemic traditions of power which invalidate feminine, traumatized, and mad ways of knowing, all of which surface in the borderline standpoint.

The 'right tools' I have advocated for are not easily named or materialized – I offer an opening through which to rethink and revalue borderline knowing, and not necessarily finite solutions. I have established that a nonlinear engagement with borderline knowing is conceptually useful insofar as it facilitates a destabilization of Western curative and chrononormative temporal-epistemic regimes. This nonlinear encounter can materialize as an attitude of 'compassionate contextualization'; this 'attitude' emphasizes witnessing the borderline and valuing borderline knowledge, rather than treating or medicalizing the borderline. 'Compassionate contextualization' is a nod to queer-crip temporalities; it takes into account the nonlinear nature of borderline knowing. This can materialize as understanding that borderline emotions are not only about the present moment – they're also about the past and future. In 'Trauma Time', Clementine Morrigan remarks that '[t]he queer temporalities of my traumatized mind are not a problem, a tragedy, or an unfortunate condition requiring a cure. Instead, they are a different way of being in the world, a creative, flexible, and nonlinear way of relating to time.'[34] I advocate a similar logic of encounter with the borderline. Where the borderline standpoint is rendered a subjugated knowledge in relation to objective epistemologies and curative time, by encountering borderline through a lens that resists linear, curative temporalities – through compassionate contextualization – the borderline standpoint is given space to expand and to be witnessed in all of its abjection. Borderline illuminates the epistemic violence enacted on overwhelming emotions and

[33] Clementine Morrigan, 'Trauma Time: The Queer Temporalities of the Traumatized Mind', *Somatechnics* 7.1 (2017): 54.
[34] Morrigan, 56.

destabilizes hegemonic worldviews, calling for address through contextualization. This is not to responsibilize the borderline to deconstruct Western epistemic hegemonies, nor is it to absolve the borderline of epistemic accountability. It is rather to recognize that witnessing and valuing the borderline is a fundamental challenge to Western epistemic regimes which would rather have the borderline medicalized, erased and silenced. It is a task fundamentally feminist, fundamentally radical and wholly necessary.

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Știința despre cauze-limită. (Re)valorizarea tulburării de personalitate borderline drept (contra)știință la ce se cunoaște despre borderline

Rezumat

Acest articol explorează tulburarea de personalitate borderline dintr-un punct de vedere epistemic care contrazice teoriile uzitate în psihiatria occidentală, despre care s-a afirmat că ar fi rațională, obiectivă și lineară. Articolul abordează criticile feministe, psihiatria critică și criticile despre nebunie în legătură cu tulburarea de personalitate borderline atât ca diagnostic psihiatric cât și ca răspuns non-patologic la experiențe traumatizante. Conceptualizez punctul de vedere borderline ca epistemologie subversivă și examinez capacitatea temporalităților de tip queer-crip pentru a susține semnificativ punctul de vedere borderline, argumentând că un cadru precum timpul de tip *queer* este necesar, deoarece cunoștințele pe care le avem în prezent despre traumă și despre limită sunt în mod necesar nonlineare. În final, utilizez conceptele de timp *queer-crip*, abordate în operele lui Alison Kafer și ale lui Elizabeth Freeman, pentru a deschide noi modalități de abordare a afectului neplăcut al personalității borderline și pentru a mă angaja într-un nou proiect asupra nebuniei tratat din punct de vedere epistemologic.