

## ARTICLE

### 'Marks on bodies': agential cuts as felt experience

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### Abstract

Reflecting upon the notion of 'marked bodies' (Barad, 2007) as a metaphor for violence, the author draws upon their experience facilitating a long-term, arts-based research/creation project with women who have been diagnosed with borderline personality disorder. Lived experience with borderline personality disorder often involves long and repeated periods of suicidal ideation and self-harm, yet these experiences are often misunderstood and framed in ways that invalidate emotional distress. The author demonstrates how feminist new materialist frameworks make space for the lived experience of BPD to emerge in more validating ways, critically considering how 'emotion' can be conceptualized as both a territory and an agential force. The author outlines how vulnerability as method and the radical acceptance of emotional contagion (Brennan, 2004) can foster 'differential responsiveness' to marks on bodies and allow for the emergence of 'borderline narratives' to intervene within expert knowledge systems.

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"There are reasons for emotional dysregulation. There are reasons for drinking and cutting, for smoking meth and lighting fires. There is a story that makes sense of all this. Nerve damage and nightmare and nostalgia."

*Merri Lisa Johnson*

*It is deep winter. We are sitting in the nook of a bay window on the second floor of a café next to the medical school. It's a converted Victorian home that still feels like one. We are in a small room at the top of the stairs, perched on bistro chairs with our knees pulled up to our chins. The table is littered with markers, notebooks, tattered napkins and mugs of tea.*

*Anna is wearing a floral cardigan with tiny pearl buttons and her hair is pulled back in a braid. She fiddles with a keychain full of baubles and a tiny, framed photo of a golden retriever. She borrowed her mom's car to come meet me at the café.*

*I ask her about the first time she experienced the adult mental health care system after she turned 19.*

*"I ended up at the ER because I was trying to kill myself. Mom couldn't keep me safe. I tried a few times and she was afraid to leave me alone at night. She drove me to Emergency."*

*I ask her if she was admitted to inpatient care.*

*"No. They don't admit you with BPD. They just tell you to calm down and send you home."*

## Introduction

Anna is part of a creative research project with young women who have a diagnosis of borderline personality disorder (BPD).<sup>1</sup> I spent six years collaborating on an arts-based research project with a group of young women who live with the diagnosis of BPD. Combining collaborative, arts-based approaches to research (Leavy, 2015) with friendship as method (Tillman-Healy, 2003), we worked with new materialist feminist frameworks to forge relations with each other outside dualistic notions of self/other, mind/matter and nature/culture that traditionally dominate discussions about mental health. The project included 16 collaborators who participated in individual unstructured interviews and with weekly group art-making sessions. The results discussed in this paper are only a small piece of a much broader "data set" that emerged from our artistic practice together.<sup>2</sup> In what follows, I will share some of our experiences using new materialist frameworks to show how these experiences allowed us to be attentive and accountable to harm that is *felt* through engagement with the biomedical psychiatric system and the critical social theory that takes aim at biomedicalization. Drawing upon notions of "diffraction" (Haraway, 1997; Barad 2007; 2014), we attempted to engage performatively with agential realism in order to escape the Cartesian cuts that dominate critical discourse about mental illness. This commitment to agential realism, as articulated by Barad (2007) required us to develop an onto-epistemological practice that does not rely on theory and method as separate domains. In doing so, we discovered the importance of *felt experience* as the site at which many "marks" are left by classification regimes, Cartesian dualism and institutional practices. By engaging with feminist new materialism through an intentional project of "friendship as kin-making" (Haraway, 2016, p. 145) we asserted that *emotions matter*. Our onto-epistemological commitments made it possible to sense and understand particular forms of harm experienced at the borderlines of psychiatric classificatory regimes that are not attended to in critical discourses on psychiatry. This paper is not intended to be a "test case"

for theory; it is simply an account of what became possible when we intentionally included *felt experience* in our attempts to practice agential realism collaboratively. In the following pages, I would like to open our research and collaboration process to the reader. These formulations are a work-in-progress as I/we<sup>3</sup> try to sort out how/where emotional experience fits into agential realist practice in community-based research with those who live with complex mental health diagnoses.

### Boundary Subjects/Objects

I became interested in studying BPD through working in prisons. Women with a diagnosis of Borderline Personality Disorder (BPD) are drastically over-represented in the prison system (Sansone & Sansone, 2009). Where care is provided, they face some of the longest wait times in provincial mental health care systems (Paris, 2005, 2007). BPD is a highly-stigmatized diagnosis (Lester, 2013; Paris, 2007, Johnson, 2010) and some clinicians will refuse to treat someone with the diagnosis at all (Paris, 2007). Those who are diagnosed with BPD usually reach this point after a long journey of persistent self-harm and suicide attempts. Programs that exist for folks with lived experience of mental illness often stipulate that community members with a BPD diagnosis are not welcome. Emotional distress and coping behaviors such as cutting or food restriction are thought to be "contagious" (Jarvi, Jackson, Swenson, & Crawford, 2013); women who engage in these activities are often turned away from the only community support programs that support and advocate for recovery.<sup>4</sup> BPD "symptoms" can be seen as adaptive ways of coping with chronic abuse, neglect or repeated experiences with violence or mistreatment outside the home (Becker, 1997; Johnson, 2010; Kreisman & Strauss, 2010; Paris, 2005). Borderline personality disorder is understood within psychiatric classification systems as a relational disorder, where the locus of the pain is found in the spaces *between* us. It is not understood by biomedical psychiatrists as an organic brain disorder that can be treated with pharmaceuticals, yet it is resistant to the

treatment used for trauma and other "social" causes of emotional distress.

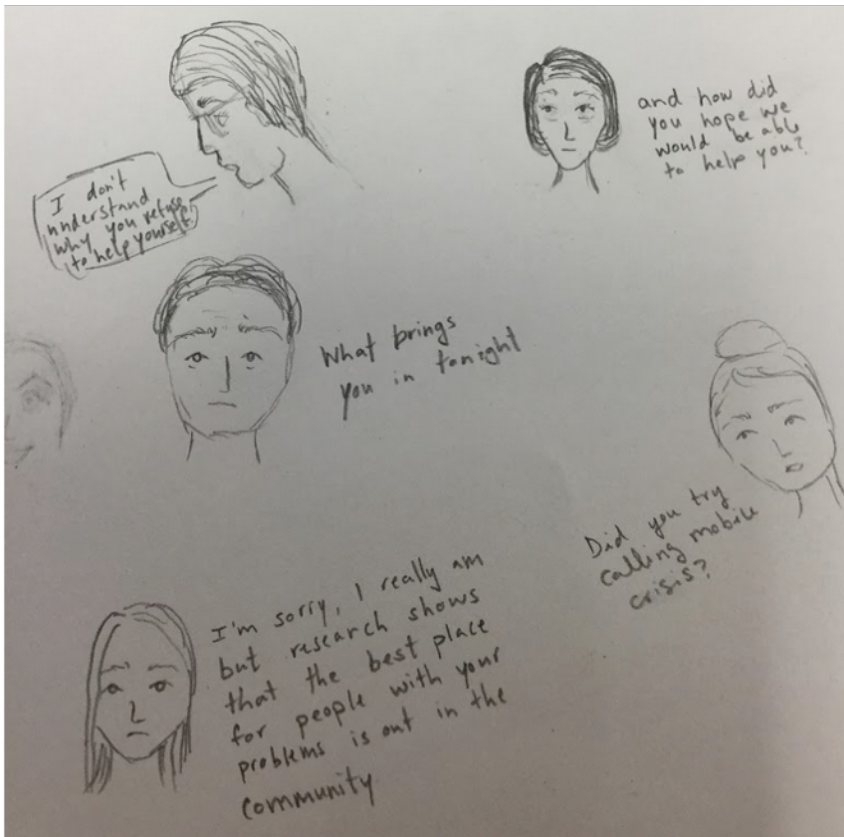


Figure 1: 'The Hospital' by S.D.

Borderline Personality Disorder was the clinical name given to a grouping of symptoms that bordered upon other diagnostic categories but did not meet the full criteria for any of them (Stone, 1986). In this sense, the "borderline" is a place where diagnostic taxonomies bleed at the edges. It is where the shortcomings of classificatory apparatuses are revealed. Those who inhabit these spaces face the violence of Cartesian cuts between nature/culture, self/other and where the division of mind and matter does little to validate or acknowledge the painful emotional distress they feel throughout their lives. Much debate about BPD has been about whether it is "real" or simply a means to pathologize women's distress (Becker, 1997). For the purposes of this discussion, I understand the diagnosis of BPD as a "boundary object" (Leigh Star, 2010). A

boundary object does not draw its meaning and significance from the interiority of the concept that it bounds or contains, but "is used to mean a shared space, where exactly that sense of here and there are confounded" (Leigh Star, 2010, p. 602). Despite the appropriateness of the concept, however, positioning BPD as a boundary object does little to disrupt or intervene in the Cartesian cuts that serve to invalidate or ignore the suffering of those who live with the diagnosis. If you have BPD you are likely to be dismissed or invalidated by clinicians who misunderstand self-harm in a BPD patient as being "manipulative", yet, a person with BPD "fares little better in the world of academic critique where her struggles are deconstructed as artifacts of psychiatric discourse" (Lester, 2013, p. 75). Anthropologist and counselor, Dr. Rebecca Lester, identifies the ways in which both social constructionist critique and biomedical discourse on BPD invalidate and ignore the suffering of women who experience the symptoms firsthand. She argues that "BPD does not reside within the individual person ... if we eliminated BPD from the DSM, people would still struggle with the cluster of issues captured in the diagnosis" (Lester, 2013, p. 74.). In this sense, having BPD is like living in the nowhere zone between psychiatry and its critics, where neither side takes your pain or need for healing seriously.

### **Cutting "together apart"**

New materialist scholarship aims to complicate dualistic notions of "mind" and "matter," prompting us to engage critically with how Eurocentric philosophy has carved the world up into oppositional categories that serve to reflect and reinforce each other. Barad calls this a hall of mirrors between scientific objectivism and social constructionism "where much like the infinite play of images between two facing mirrors, the epistemological gets bounced back and forth, but nothing more is seen" (2003, p. 803). These disciplinary cuts between biomedical psychiatry and critical social sciences serve as particular forms of violence that are disproportionately experienced by those who have

complex mental health diagnoses that cannot be explained or understood using oppositional concepts of nature and culture. In *Meeting the Universe Halfway*, Barad (2007) writes:

Knowing requires differential accountability to what matters and is excluded from mattering. That is, what is required is differential responsiveness that is accountable to marks on bodies as part of a topologically dynamic complex of performances (p. 380).

Marks on bodies, in this sense, are a short form for violence. Barad is referring to the violence of an "agential cut", or performative division of the world into self/other, subject/object and so forth. I read Karen Barad's reference to "marks on bodies" as collateral damage, or the traces of the taxonomic brutality of settler colonialism and its projects of discipline and progress. In our project, however, the metaphor collapses into the literal. BPD has been described as "emotional hemophilia". In the hospital, in the ER, specifically, they call my collaborators "cutters". Self harm is a strong indicator that you have BPD on your chart. Yet, the suffering that characterizes the diagnosis is not seen as "real" because it is emotional (Johnson, 2010). Anna is correct; inpatient care for the emotional distress of BPD is "contraindicated" (Paris, 2004). It is clinical practice to turn women away and refuse inpatient care in favor of community-based talk therapy that is scarce if it is available at all. Most of the women who collaborated on our project have purple tiger stripes across their bodies; scars from years of self-harm that usually began in junior high. Donna Haraway reminds us that "theory is bodily and theory is literal" (1992, p. 299). For us, the Cartesian cuts of mind/matter are experienced through acts of self-harm in response to being constantly invalidated by clinical spaces that did not recognize emotional pain as objectively "real".

*Cheyenne looks a lot younger than she is, appearing more like a teenager than her actual age which is closer to mine. She has curly dark hair in a short bob, like the French film character Amélie. She is self-conscious about her weight and compulsively tugs her tie-dyed tank top down over her tummy as she reaches in behind stacks of paintings to find the older ones. She has an eyebrow ring*

*with a rainbow stone on it, and a green and purple tattoo of a hummingbird on her right arm.*

*She finds a few paintings that she likes and leans them against the wall. The kettle begins to screech from the kitchen so we head in there for tea.*

*Cheyenne tells me she was a sensitive kid. She would ugly-cry if she saw a World Vision commercial. Her parents became exasperated with her when she started middle school. "Teenage stuff" they called it. She told me she started cutting because she felt like she was crazy. Her feelings didn't make sense. So, she tried to make sense of the pain by giving herself a reason to cry.*

*"I would go into the bathroom at school, and staff did not realize that I had razors on me, and I would cut in the bathroom. And my best friend caught me one day. So that was a bit of a shock for her."*

*Mugs in hand, we return to the living room.*

## **Onto-epistemological Commitments**

The borderline experience was articulated by my collaborators as feeling like a "nowhere person" (A.R). In addition to being positioned in between diagnostic categories, they found their concerns and experiences were not reflected in scientific discourse about mental health, or in critical scholarly discourse, such as the field of Mad Studies.<sup>5</sup> The former was only concerned with suffering that emerged from broken brains, whereas the latter spent so much time arguing that psychiatry was oppressive that it ignored their emotional suffering all together (Whynacht, 2017). Harm was caused by biomedical neglect and a failure of social constructionist critique to take their suffering seriously or acknowledge the painful reality

of those seeking medical care who are turned away. One of the diagnostic criteria for borderline personality disorder is a tendency to employ severe "black and white" thinking where one swings wildly between two opposed ways of thinking or feeling. In this sense, BPD can be understood as an intensification of a larger cultural pattern of moral dualisms in settler colonial societies. These same dualisms are the architecture that feminist new materialism seeks to undo. Many of the collaborators on this project were young activists who were actively studying both sciences and the humanities at the undergraduate level and were vocal in social justice movements. However, many expressed suspicion and dismay at a tendency to use moral binaries in struggles for social justice. As A.R. explains:

*But it's also like it's very one-sided and very black and white. And the black-and-white rigidity of people that have experienced trauma and are highly sensitive, that rigid holding-on type of behavior that gets accumulated stays there and it gets masked in all these other nice language — the social justice language.*

BPD is often described as a painful 'swinging between' extremes. This intense movement between two poles is driven by a desire to grasp onto something that is recognized and legible and to avoid the discomfort of existing in a messy space of invalidation and self-doubt. As Lester (2013) has pointed out, the BPD experience is both an artifact of psychiatric discourse and of the invalidation that comes from existing in the greyspace of moral and diagnostic binaries. The same binaries that trouble biomedicalism and its critics are reflected in how someone with BPD experiences a sense of right and wrong, as well as views their own value and the value of others. BPD is a manifestation of a world that is structured by binaries and it cannot be held as separate from the world it intra-acts with. The greyspace of BPD is not separate from the world- it is always intra-acting by and through those who are marginalized by the agential cuts. Lester (2013) points out that even without the DSM, these painful experiences would still exist, as the moral politics of Cartesianism supersede diagnostic apparatuses. These territories existed before they

were mapped, but the effects of the borders create particular forms of suffering that compound pre-existing vulnerabilities.



Figure 2. "Dichotomy" by J.C.

At the beginning of our project, we struggled with the problem of how to be accountable to marks on bodies (Barad, 2007), respond differently and interfere with the ways in which distinctions are made between what matters and what is excluded from mattering as it affected my collaborators. Mol (2003) points out that "ontologies are brought into being, sustained or allowed to wither away in common, day-to-day sociomaterial practices" (p. 6.). Every moment of our working together became a site in which our onto-epistemological commitments emerged as a refusal of Cartesian dualism. Feminist new materialism and, more specifically, agential realism, became the only space in which the women's narratives were allowed to emerge diffractively, without being used as bargaining chips in larger debates about social structures, institutions and their apparatuses. Agential realism (Barad, 2007), which requires a radical rethinking of the division of the matter and meaning, allowed us to focus on the embodied moments of harm (Zabrodska, 2011) my collaborators experienced through the ongoing intra-action of the world. Harms that created or exacerbated their emotional distress became visible only once we refused to underwrite a Cartesian distinction between matter and meaning and the focus was brought more

intentionally into "feeling" what mattered.

The duration of our project was long. During the six-year period we chatted consistently about psychiatry, its critics and whether or not there were any allies in scholarly discourse who were interested in advocating for women with BPD. In the second year of our project, I became acquainted with feminist new materialism and was excited to share it with the others.

*Lorelei will only meet in a café at the other end of town. It's a place full of anonymous suits and briefcases. Lorelei is not "out" about her diagnosis and is well known in the campus community so we meet in secret. She is wearing a deep purple sweater with a lime-colored T-shirt underneath. Her short-cropped pixie cut is bleached blonde and her glasses are a deep red color. She always has a great sense of color and style. Today she is all jewel tones — a nice contrast against the grayscale spring landscape of asphalt and overcast skies. We are both drinking Americanos. The hard stuff. No herbal teas today. It is too dark and too cold and we both need something to boost our energy.*

*"It's like Goffman — no one reads Goffman — but it's not like we don't know how bad inpatient units can be for your self-identity. It's not fucking rocket science".*

*I laugh in protest "Hey! I read Goffman!"*

*She smiles. "Yeah, but you are not the usual health care person".*

*Lorelei runs her hands through her short, spiky blonde hair and sighs.*

*"I mean... We don't need a randomized control trial about stigma. But I'm so sick of these anti-psych academics who legit don't get that inpatient care is life-saving."*

*I nod and take a long sip of my black coffee. I remember all the stories about being turned away from care. What a privilege it must be to critique psychiatrists! Most of the women in this project can't even get in to see one. I keep quiet.*

*Lorelei thumbs through her notebook to find a satirical poem about the ER. She wrote it a few weeks ago and has been excited to share.*

Throughout the project, we collaborated using poetry, visual art and drawings to explore their experiences on the borderline (Leavy, 2007). A diffractive approach (Barad, 2007, Haraway, 1992) meant that dissensus was welcomed and reduced pressure for collaborators to feel as if they had to "get it right" when discussing or interpreting their experiences together. A diffractive approach resonated with their sensory experiences — their hypersensitivity often created cascades of emotional sensation and brought traumatic memories firmly into their present moments (Johnson, 2010, Pershall, 2012). Their experiences with trauma disrupted the myth of linear chronology. We created art together, side by side, simultaneously and intra-actively in a dynamic pattern of rhythmic engagements. By refusing to enslave ourselves to linear chronology, collaborators were not ashamed of re-experiencing past traumas over and over again in their daily lives, feeling they should have "gotten over it" already. If it was felt, it was real. This was the thread that bound our work together. As Barad (2014) writes, in diffraction, "there is no moving beyond, no leaving the 'old' behind. There is no absolute boundary between here-now and there-then" (p. 168). A diffractive approach also resonated with many of the key care principles used in dialectical behavioral therapy (Linehan, 1993), which encourages BPD sufferers radically to accept what they feel, and requires allies to validate and support them without imposing expectations on what "should" be felt according to normative standards of what is considered emotionally

appropriate and what is "excess." In this sense, diffracting temporality and letting go of the tyranny of black-and-white thinking blended into (and supported) the feminist therapeutics offered by the local BPD day-treatment program.<sup>6</sup>

*The adult hospital is on the ocean between a community college and the oil refinery. It smells like sulfur; at low tide it smells like sulfur and seaweed and sewage. It was around 8 p.m. when I pulled into the deserted parking lot. It was deadly quiet, save for the foghorns and occasional siren far off in the distance.*

*There was a man in a hospital gown under an orange streetlight smoking a cigarette. I say hello to him as I walk toward the main door. He nods.*

*I couldn't get the door open. "It's locked" the man says. "It's locked after 8. The other door is around back."*

*Lorelei's room is tiny, barely big enough for the cot and bedside table that are bolted to the floor. There is no window in her room. All the windows on the unit have the same cage-wire security glass and are drilled shut.*

*That was the first time I saw her in a T-shirt. It was the first time I saw her striped forearm, purple scars from wrist to elbow on both arms. We wrote poems for a while in the common room. I told her I'd return the next day with some VHS tapes she could watch on the VCR. This place is straight out of the 1960s. Everything is analog. Everything feels forgotten about.*

### **Vulnerability as Method // Friendship as Kin-making**

My collaborators met the criteria for "vulnerable" in every sense of the word. In addition to meeting institutional requirements for informed

consent and putting in place a safety plan that met Tri-Council-mandated Research Ethics Board (REB) guidelines, we worked together in the early stages of our project to think through what "consent", "care", and "harm" meant in the context of our work together. Lived experience on the borderline is akin to what Marsha Linehan, the creator of dialectical behavioral therapy has called, being an "emotional burn victim". Feeling "too much" (Johnson, 2010,) and the ever-present threat of "emotional hemophilia" (Kreisman & Straus, 2010) made the possibility for harm incredibly high. As L.N. explains:

*It feels like getting a lot of information from everything. Like making eye contact, you get a whole rush of all.... It's like all that information, all of what people are feeling, like everything, you're getting tons and tons of information all the time. And you feel it very strongly. And so it feels very raw. Very raw. And it's.... It's hard because with all that chaos that is...that most people can kind of wander through life, and they get chaos but they don't feel it as much as we do. And it's really difficult to kind of just manage day to day at a level of other people not giving off all this feeling of emotion and then.... So it's very hard to find a place to like ground yourself and come back because it's kind of like, I don't know, the world of expectations of you are [sic] designed for people who don't have the sensitivity, kind of. So yeah, so it's very chaotic. It's kind of like every moment is a crisis.*

My previous work experience as an arts facilitator in hospitals, prisons and community-based mental health programs gave me practical experience in suicide intervention and trauma-informed practice, but it did not fully reduce the risk that our time together could bring up difficult memories or compromise recovery for those who were actively in treatment programs. As Ritterbusch (2012) points out, institutional definitions of vulnerability are context-specific and often do not reflect the actual risks faced by participants. Ritterbusch offers up the idea of political solidarity through participatory action research and points out that "everyday human expressions of constancy and care" (p. 19) can

develop trust in ways that reduce feelings of insecurity and danger. Tallbear (2014) offers the notion of "standing with" participants. She writes: "[T]he goal of 'giving back' to research subjects seems to target a key symptom of a major disease in knowledge production, but not the crippling disease itself. That is the binary between researcher and researched" (p. 2). Instead of exchanging "data" for service, she describes her work as "standing with" her colleagues (not subjects) in the research process. I read Tallbear's invitation to "stand with" not only as a commitment to political solidarity but as an invitation to intimacy. In moving toward intimacy, making space for friendship was a political act. It was an act of intentional kin-making (Haraway, 2016).

Vulnerability was a condition of our working together, and also our method. Vulnerability required a willingness to feel. Consistent care practices such as the sharing of tea, check-in rituals and validating each other built and maintained trust. Trust made vulnerability even more possible as we negotiated and re-negotiated our emerging friendships with each other. "Friendship as method" (Tillman-Healy, 2003) means that: "[W]e lay ourselves on the line, going virtually anywhere, doing almost anything, pushing to the furthest reaches of our being. We never ask more of participants than we are willing to give. Friendship as method demands radical reciprocity" (p. 735). Tillman-Healy points out that the intimacy and closeness of a friendship brings with it the peril of trauma, ethical complexity and, occasionally, violence. In this sense, vulnerability is something equally negotiated in the space between myself and my collaborators, where the "unfolding path of the relationships becomes the path of the project" (p. 735). To "stand with" each other (Tallbear, 2014) is to remain in a place of vulnerability that is open to imagining together. It meant that we had the capacity to hurt each other. It also meant that we had the capacity to transform our relationships through performances of care and accountability into those practices between us that leave "marks on bodies" (Barad, 2007). Radical vulnerability required us not only to be open to "felt experience" (Shotter, 2014), but also to be accountable to the ways in which these experiences shift, draw, erase

and redraw the boundaries between us in the ongoing intra-active negotiation of our relationality.



Figure 3. 'Making a Mess' Photo by A.W.

In our first "official" meeting to chat about the direction of the project, I went over the official ethics form required by my institutional ethics review board. I went over it with my collaborators line by line. I told them stories about the Tuskegee experiments and explained how forms like this were supposed to prevent people from being taken advantage of by researchers. I told them that this form gave them a number to call if I ever hurt them or if they felt uncomfortable with the project. Some participants had taken bioethics classes as part of an undergraduate university program, while others had never been exposed to research in such a way before. They all signed the form. They all expressed how awkward it was to install a formalized structure between us when, up until the point at which consent forms were signed, we had been allied collaborators toward a common goal. In this sense, we begin to see the way conventional method (as a formalized process) works to impose a

particular (and limiting) frame on the relationship between the researcher and the "researched". By participating in these bureaucratic processes, the messy, dynamic entanglement of collaborators becomes obscured. As highlighted by Law (2004) and emphasized by Barad (2007), the world itself becomes artificially cast in Eurocentric terms that superimpose static boundaries on the identities of the agents/agencies involved in the creation of knowledge. By formalizing these processes, it is easy to miss the hesitations, the renegotiations and collaborative shifts that take place between myself and my collaborators. The world-making gestures within each entanglement slip outside the frame; we lose the ability to develop language for articulating the spaces between us. The designation of researcher /"research subject" insinuated itself into this document and our ritualized performance of signing it together and agreeing to these roles created distance between us. We worked to overcome this and return to a place of friendship, to a place where expressions of loyalty, empathy and shared frustrations built a different set of relations than those outlined in the official documents. Consent, as it was negotiated in our project, was something we developed through trust. Although I had known many of the participants for some time, in our first official meeting I made it very clear:

*"If you are having a bad day and don't feel like talking. Don't come. I am not going to take that personally. If you are having a bad day and DO want to come, then come. Cry, I will bring Kleenex. We can sit and watch cat videos on the Internet. It's fine. You don't have to speak, you don't have to be chipper or happy or "professional" or articulate or in a good mood. I need you to promise me that you'll never feel guilty or sad for me if you don't feel like participating. OK? I need you to take care of yourself because you are worth it and this project has to be about how we support each other. All feelings are OK. What you need is OK. I am OK with what you bring to the table"*

This mini-lecture was my way of acknowledging the dangerous possibility that their "consent" to participate would be mediated by a desire to not let me down or impress me. This was, in fact, our only rule. Your participation on any given day had to be about what YOU felt like doing. We emphasized this to each other and throughout the process. Often participants would leave early if they were too anxious to continue, or they would not show up at all and, instead, send a text that read something like: *"I'm sorry I can't come. need to stay in my room today"*. In this project, universal concepts of "vulnerability" and "consent" were replaced with negotiated sets of community standards that acknowledged the emotional experiences of our members as being both personal and co-constituted through the practice of working together. If we felt things, they were real. We were not allowed to hide what made us feel unloveable. We were allowed to walk away at any time.

Performing our onto-epistemological commitments to each other throughout the process felt clumsy at the beginning. Our awkward and stuttering process of world-making /art-making began to feel more natural as we agreed that "radical vulnerability" would be the common ground we would inhabit together. We could not avoid vulnerability, so we made it intentional and built care and trust into each intra-action so as to reduce the risk of harm such as retraumatization. Acute awareness about the stakes of our intra-subjective entanglements was a condition of inhabiting the borderline. My collaborators always, already, felt everything. Spilling over / into/ through their relations was something they had never been able to control. Their emotional experiences defied any notion of a rational, sovereign subject. Because they were leaky vessels already, the process of working through what "care" meant intra-subjectively was one for which they were well prepared. I had to trust their awareness and keen sensitivities if we were to develop care practices that would nurture pleasurable experiences with vulnerability. Agential realism "troubles" many of the rituals and behaviors I had grown accustomed to as a "researcher." I often felt as if I were being selfish or inappropriate by making myself vulnerable as I worked through the

tension between a practice of friendship and the more traditional custodial role inscribed by REB protocols for vulnerable subjects. I had to trust deeply that my collaborators knew themselves and would show up to build care practices with me. I had to remember that I was not alone in the practice of "protection" and that the development of our ethical practices was a shared endeavor. Because we often felt that language pulled us back into the trap of binary logic and black/white moralism, we developed a system for gently responding when someone in our group would fall into black/white moralisms in the process and encourage them back into the greyspace of the borders. We were, simultaneously, always, entangled in ontologies of violence, while trying to hold space for different forms of intra-action, together. We were constantly pulled in and out of the world we were trying to build.

### **In/Appropriated Territory**

When we resolved to practice radical vulnerability together, I understood emotion as an agential force (Barad, 2007). Borderline personality disorder is considered to be a dis/order of emotional regulation. I felt impelled to be careful and intentional in my own understanding of what emotion was / could be/ as it was experienced. Before we arrived at agential realism, I carried Barbalet's (1998) notion of emotion as a radical continuum of what Cartesian dualism would position as two separate domains of thought / feeling. I resisted the use of affect theory as I was not interested in theorizing the prepersonal nature of my collaborator's experiences (Shouse, 2005). I wanted to make space for their embodied sensations (de Courville Nicol, 2011) rather than positioning myself as an expert on their unconscious or prepersonal desires. However, adopting vulnerability as method left me with a constant, subtle sensation that resonated somewhere between shame and guilt. If I cried when my collaborators told stories while we painted together, I felt as if I was behaving inappropriately. In *The Promises of Monsters*, Haraway (1992) draws on Trinh Minha's notion of an in/appropriated other. She links

Minha's concepts to the metaphor of diffraction and writes "to be inappropriate/d is not to fit in the taxon, to be dislocated from the available maps specifying kinds of actors and kinds of narratives, not to be originally fixed by difference" (p. 299). Haraway asks whether Minha's notion of an in/appropriated other could include "both organic and technological non-humans" (p. 300). I would like to suggest that emotion, as both an agential force and a territory in which agential cuts make themselves felt, is an in/appropriated territory. Emotional suffering in response to everyday life in neoliberal capitalism is in/appropriate. As L.B. explains:

*It's like something has come up and you feel strongly about it. But then they're like, "Well, your emotions are strong so are you sure it's even like happened? Are you sure it's even..." you know. [...] It's kind of like you get angry and it's like, well, is this... It's like the possibility of having legitimate anger is like gone.*

My collaborators have been made to feel as if their sensitivity and expressions of emotion were constantly in/appropriate. Emotion is the territory of intra-subjectivity. It is the space where agential cuts are experienced and resonate materially/psychically. The hypersensitivity of my collaborators brings shame and experiences of punishment and exclusion when they experience particular relational choreography and respond with outbursts of emotion. Emotional expression is the basis on which my collaborators have faced violence, exclusion, neglect, invalidation and dismissal. Emotion was our territory. It was the agential force that emerged intra-actively through our process. It was the space where our boundaries opened, closed, formed and re-formed as we held tight to/with/against each other in the process.

### **Agential Cut As Borderland**

Our process was consistent only in its imperfection. I constantly found myself relying on language that re-inscribed notions of me/them, or terms that objectified experience and insinuated matter as a closed, static

object. The queer re-orientations (Ahmed, 2010) demanded of us by our onto-epistemological commitments made me feel as if I were constantly striving to get somewhere. As if the performative un-folding of our project would somehow transport us to a magical "there" space if we/they/I simply got it right. But we were already at the borderlands. We were already excavating and disentangling borderline personality disorder from a boundary object (Leigh Star, 2010) or classificatory apparatus to a messy, achronological entanglement of sensations. The "somewhere" space, constructed by my scholarly anxieties about getting agential realism in community-based research "right", was a distraction from the borderlands we were already inhabiting together. The agential cut between subject/object, the site at which "boundaries don't hold; times, places, beings bleed through one another" (Barad, 2014, p. 179) was there, inscribed on bodies around me. Each scar, a consequence of slipping into the "nowhere" of the hall of mirrors between biomedical psychiatry and social constructionist discourse that argued for the abolition of psychiatry. Emotional distress, which was out of their control, ever present, and constantly denied and invalidated within health care systems, kinship networks and other social spaces, simply did not matter. As I.S. explains;

*I just felt like they weren't taking me seriously. And I was crying and screaming, and they would tell me to be quiet when I couldn't. I just was in so much pain, like emotional pain. And it didn't really hurt when I cut. I mean it stung but it got rid of all my anxiety. I could just focus on that instead of what's going on in my head.*

The cuts, made in succession, across skin, became an act of resistance to persistent emotional invalidation. Each cut: the borderland made visible. It was a way to control distress and assert the materiality of emotional experience. It was a way to write the pain visibly upon the body. It was a way to claim agential control over b/ordering processes and adopt a more socially acceptable form of distress. If it bled, it was real; bleeding granted my collaborators some form of legitimacy in the hospital. It legitimized a need for care. Marks on bodies in various states

of rupture and healing were the manifestation of agential cuts that positioned emotional distress as something that simply did not matter in mental health care systems, or in spaces of activist or scholarly critique. My collaborators spoke of self-harm in this way, of a need to make visible what was denied a legitimate existence otherwise. They cut when they were upset but did not feel as if they had a "legitimate" reason to warrant their distress. One collaborator spoke of her misery at work in a minimum-wage, temporary position that did not provide her with health benefits to access the care she so desperately needed:

*I was working at the Department of National Defence as a temp clerk. And every day it was like I was so depressed. I just... Like I'd sit there and think about wanting to hurt myself. I'd start scratching and I'd scratch really deeply to draw blood.*

They spoke of a need to control trauma. For some, this practice began by writing on their bodies as young children with marker or pen. They spoke about how their scars came to pattern their intra-actions with others who saw them as dangerous or "toxic" because of their past. For me, responding differently and intervening in these agential cuts, meant a commitment to emotional validation. It meant seeing their scars as indicators of legitimate emotional distress and validating that pain as real.

### **Embracing Contagion**

Responding ethically to marks on bodies meant accepting contagion and intra-subjectivity as unavoidable patterns. Brennan (2004) has argued that "affect" is contagious. She questions how "the taken-for-grantedness of the emotionally contained subject is a residual bastion of Eurocentrism in critical thinking, the last outpost of the subject's belief in the superiority of its own worldview over that of other cultures" (p. 2). Brennan's ideas about the transmission of affect call into question the notion of an "affectively contained subject," a notion that is taken for granted in contemporary life. For Brennan, affect is *both* material and abstract and has what she calls an "energetic dimension." Brennan argues that notions

of "self-containment" are a fantasy of Eurocentric social and political thought. This "fantasy" of self-containment structures "the Western psyche in such a way as to give a person the sense that their affects and feeling are their own" (p. 25). Brennan draws upon notions of "countertransference" as proof that even clinicians "feel" affective energies from their patients, something that other clinicians have referred to as the "meat grinder" sensation of working with a borderline patient (Lester, 2013) whose suffering spills over and contaminates the "rational" clinician. The persistent marginalization of those with emotional dysregulation can be attributed to the ways in which their porousness defats the myth of an affectively contained subject. Women with BPD are alienated because of fears their distress may upset or contaminate others. Those fears were present among us during the project. Borderline experiences force us to consider felt experience as the space where affective transmission (Brennan, 2004) brushes up against the slippery, tenderness of our "selves." Responding differently to marks on bodies, meant refusing to fear this kind of affective contagion. It meant treating those scars as the collateral damage of ontologies of violence, not as red flags that signify moral failure. As Shotter (2014) points out "in line with the task of re-situating ourselves as spontaneously responsive, embodied beings, immersed within a somewhat 'fluid' reality, is the turn to a study of our felt experiences" (p. 308). If felt experience is a territory in which agential cuts land, then I remain firmly committed to experimentation with intentional vulnerability as an onto-epistemological practice, to better understand what differential responsiveness to violence might mean in community-based research.

## Emotions Matter



Figure 4. 'Feelings' by I.S.

Performing our onto-epistemological commitments to each other became a practice of radical vulnerability, although we did not intend to do this at the beginning. When we came together, we knew that emotions were important. We knew we needed to find a space outside dualistic debates between critics of psychiatry and bio-medical psychiatrists. Yet, vulnerability was the inescapable condition of our entanglements. Care practices, emotional validation and attention to felt experience brought us to the places that hurt, to the embodied moments that positioned emotional distress as experience that did not matter in traditional care spaces. As a researcher committed to working with/in communities, I feel invested in holding space throughout the process in ways that better account for and disrupt ontologies of violence that leave marks on the bodies of my friends and allies. If onto-epistemological spaces provided by agential realism are to be used as an apparatus to respond differently to "marks on bodies" and account for violence, then a willingness to feel

and to validate emotional experience can yield important and perhaps, transformative results. Johnson argues that "a better understanding can be built from materials retrieved from the black holes between words and feelings, past and present, lover and beloved, mental patient and the people who feel perfectly fine" (2010, p. 203). S.D. encourages us to think about what becomes possible when we are willing to feel the scope of our entanglements in the ongoing intra-action of the world:

*When you're really sensitive, like instinct is to like close up and put on your armor and survive. But if we lived in a culture that valued that sensitivity, maybe you wouldn't have to. And then who would you be?*

Diffraction practices and commitments to feminist new materialist frameworks, although they were difficult to practice on a day-to-day level, allowed us ethically to explore lived experience with borderline personality disorder without re-inscribing harmful Cartesian cuts that caused the emotional distress experienced outside our friendships. For those who have complex mental health diagnoses that have bio-psycho-social dimensions, new materialist frameworks hold space to understand these experiences without replicating the oppositional disciplinary frameworks of biomedical psychiatry and its critics. Much of our multi-year project felt like fumbling in the dark, but we continue to work together. The friendships persist and, I believe, resist and create interference patterns that continue to ripple outside our circle. We stay within the borderlines, we feel the spaces between us, we keep attending to the agential cuts, erasing, re-drawing, and re-generating the borders.

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## Notes

<sup>1</sup> 'Anna' is a pseudonym. Her real name and any identifying details have been changed to protect her identity. This paper will alternate between initials and pseudonyms. Some of the project members preferred to use real name instead of a fake name because they wanted to 'own' their experiences in a more public way. I was not able to use their real names as part of the REB protocol, so we settled using their initials. Due to the highly-stigmatized nature of the diagnosis, I was not willing to 'out' any collaborators on this project. They deserve shared authorship for their contributions to my own thoughts and ideas that are shared in this paper, but the risks inherent to revealing their diagnosis and backgrounds with trauma, neglect and self-harm could significantly impact their future employment, ability to secure insurance or be taken seriously in social spaces.

<sup>2</sup> Additional results from this project are discussed in Whynacht, Ardath (2017) *Prison in the spaces between us: Abolition, austerity, and the possibility of compassionate containment in What Moves Us: The Lives and Times of the Radical Imagination*. Edited by Max Haiven and Alex Khasnabish. Fernwood Press & Upping the Anti.

<sup>3</sup> A note on pronouns: I use the pronoun 'we' to refer to myself and my collaborators during our participatory project of art-making. I use the term 'they' to refer to my collaborators as separate from myself because I do not have lived experience with BPD. I refer to myself in the singular "I" to refer to myself as someone who is positioned differently within academic and clinical institutions and, as such, authored this paper as a more solitary incarnation of our project. Our art-making was collaboratively authored. I use the term "collaborator" to refer to participants in the project as my artistic comrades on a shared project of art-making. We considered whether the term "accomplice" or "partner" was more appropriate, but we felt that the term "collaborator" gestured more

strongly toward a creative or artistic relationship.

<sup>4</sup> During the project, we determined that four out of six local organizations that advocate for those with lived experience of mental illness discriminate against a BPD diagnosis. In many cases, psychosis and mood disorders are the only diagnoses advocated for by local organizations. BPD, however, is classified as a personality disorder in the DSM. At the time of writing this paper, one of the four organizations that have a policy against advocating for those living with BPD was in the midst of changing these rules, but the executive director revealed that they were still unsure about whether to make this change because they did not want "cutters" upsetting the other youth in the program.

<sup>5</sup> It is not my intention to undermine Mad Studies, an important field of scholarly inquiry. However, the overwhelming sentiment of my collaborators was that any critical discourse (or activist movement) that retains elements of anti-psychiatry critique from the mid-twentieth century is harmful for them. Many of them have fought for years just to receive a diagnosis or receive some kind of care. For them, a critique intent on abolishing psychiatry is alienating or even ableist. This sentiment is echoed by Johnson (2010) and Pershall (2012), whose lived experience with BPD was also explored in Whynacht (2017).

<sup>6</sup> Our project was not intended to replace a day treatment Dialectical Behavioral Therapy program. However, although some participants were actively in treatment, others had been on the wait list for years. So we tried to provide the most supportive space possible for those who had not yet been able to access care. We did not intentionally mirror the DBT treatment protocol; it emerged organically as we tried to adopt agential realism and diffractive practice as a means of engagement. They called it kismet. It should also be noted that some of my collaborators worked professionally in the mental health care system. We received support from a DBT program who referred collaborators to the project both during

and after their participation in the clinical program.

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## Bio

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