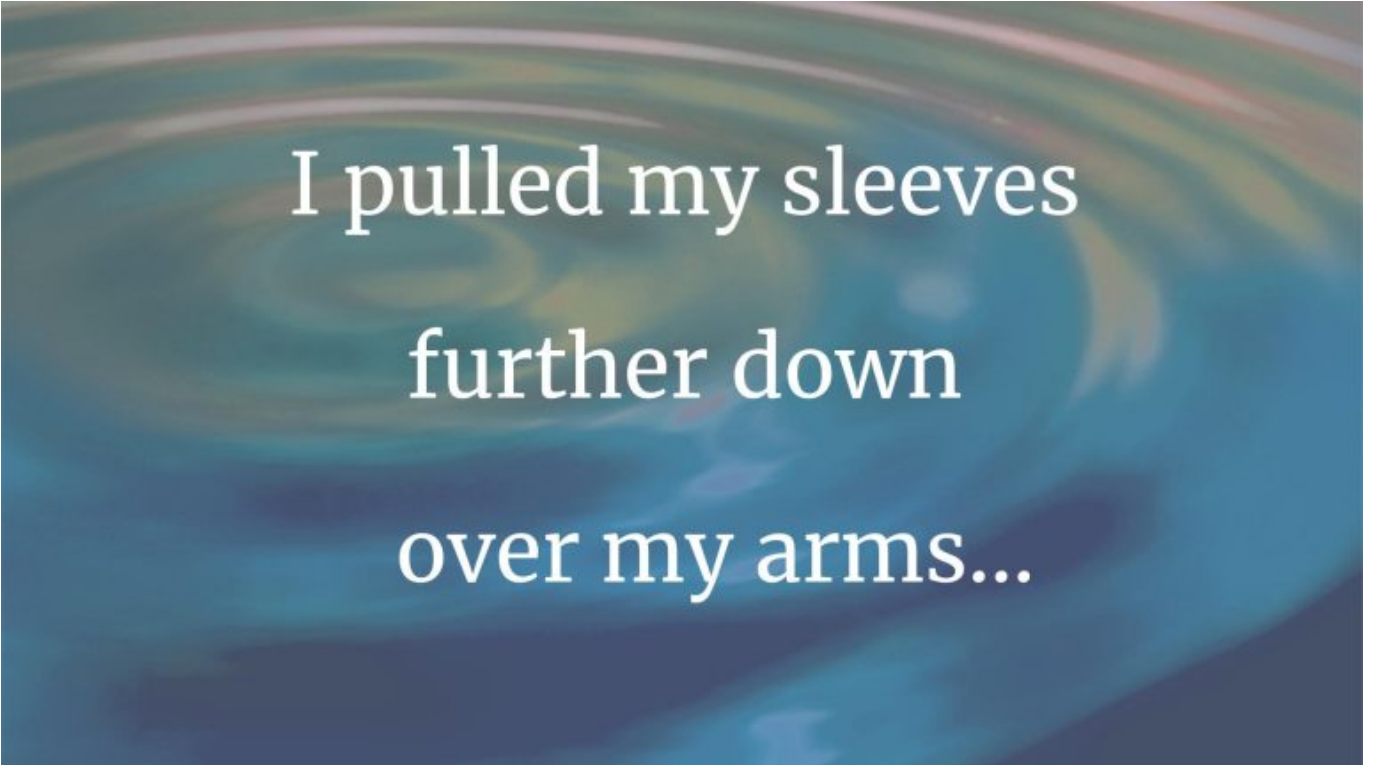


# Borderlines

Category: Stories

written by Joo-Inn Chew | September 26, 2023



I pulled my sleeves  
further down  
over my arms...

*Editor's Note: This piece was awarded second place in the Pulse writing contest, "On Being Different."*

When I started as an intern at a regional Australian hospital in the late Nineties, there was a patient—let's call her Laura—who was notorious among the emergency-department staff.

Laura had sliced up much of her available skin over the years and had moved on to swallowing cutlery and razor blades. She'd had numerous operations to remove the silverware in her stomach, and countless sutures to stitch up the lacerations atop the old scars on her limbs and trunk. Over and over she would be discharged, only to turn up again with yet another macabre self-mutilation.

Each time, the surgical and emergency teams rolled their eyes and gritted their teeth.

"She's insane"..."What's the point in fixing her up?"..."She takes time from people who can actually be helped"..."Why doesn't she do it properly?" they would mutter.

Not long after I arrived, she did do it properly. The surgeon closed her thick, messy file for the last time. Laura had finally managed to destroy herself.

In the tearoom that day, there was the usual muttering. Then Mark, one of the

medical registrars, came in. He was clear and precise and quietly angry.

Laura wasn't crazy, attention-seeking or manipulative, he said. She had borderline personality disorder, due to childhood abuse.

"Her grandfather," he finished, "should be charged with her murder."

The whole tearoom went silent.

I was silent, too.

I pulled my work-shirt sleeves further down over my arms to hide the long white scars, the delicate rows and urgent slashes. My nights with razor blades were many years ago; the darkness had receded, but had left its mark. I had climbed out of the psychological underworld into the daylight, up the mountain of medical school to the sunlit peak where I could claim a medical degree and a future.

Now I had a stethoscope, and "Doctor" in front of my name. I had joined the medical fraternity, with a year in which to prove myself a real doctor. I knew which side I had to be on.

One day, on the surgical ward, I wore short sleeves, and a nurse asked about my scars.

"Teenage depression," I shrugged, as if talking about a bout of mononucleosis.

I was determined, if anyone asked, not to lie. I wanted to show that not everyone ends up like Laura—that you could self-harm and still be a regular person.

I felt the same whenever I came out as lesbian at work—a determination to declare, to the person who'd asked if I had a boyfriend or was married, that this "normal"-seeming colleague was also queer.

I had learned to brace myself internally for the rapid flick of expressions across people's faces—shock, confusion, awkwardness, dawning understanding, attempts at repair—as they tried to come to terms with my category transgression.

*Being queer or self-harming is nothing to be ashamed of*, I would tell myself, layering encouraging narratives over the old, sedimentary layers of cringe and secrecy.

That day on the surgical ward, though, I was trembling underneath my out-and-proud words.

The nurse stopped setting up his saline drip and looked at me with new respect.

"I used to be a psych nurse," he said. "You've done really well."

I shrugged again, like it was no big deal, and headed off to chart some meds, knowing that I'd gotten lucky with his affirming and encouraging response. I could feel that I was walking a very fine line.

Maybe junior doctors could be gay, in a pinch. But in the medical world, cutting was something that only *patients* did—and only the very craziest, irredeemable ones at that. Mad, Bad *and* Sad.

With my white coat and my obvious scars, I was evidence of a subversive truth: that doctors are human, too—that, on the profoundest level, we can hurt and need help just like our patients do. What's more, like them, we can recover: We can heal ourselves and go on to heal others. The borderline separating doctors and patients is more porous than we like to think.

When I began a month on the psychiatric ward, that fine line grew even finer.

One night the pager by my bed beeped, and I staggered up to admit a new patient.

It was a young woman with fresh cuts up and down her forearms, her eyes wild with fear. The ambulance headed off, and she and I were left alone in the bare white room. Outside the sliding door, the sounds of the emergency department—the “real” emergencies—pinged and beeped.

I introduced myself.

She shrank as far away from me as she could. My forearms tingled in sympathy. My stethoscope felt heavy, pressed against my neck. I wrote neat notes in my clipboard and sat far back in my big doctor chair. I asked the usual questions, but it was hard to hear the young woman's whispered answers. She did not look up from the ugly grey concrete floor.

When I had taken a history, I slid the blood-pressure cuff gently over her wounds to fix it around her upper arm. As I inflated the cuff, I could no longer avoid the raw lacerations, the crusted blood, the old pink scars down her arm. Lines in an alphabet of pain. A message she wanted the world, wanted *me*, her doctor, to read.

Her pulse thudded in my ears.

*Listen-to-me, listen-to-me, listen-to-me.*

I loosened the cuff, slipped it off. Rested my hand for a moment on hers.

“Sorry,” I said. “I know it hurts.”