EMOTIONS

Case Study:Girl Interrupted

Borderline Personality Disorder

Columbia Pictures

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Columbia Pictures, 1999

"Crazy isn't being broken or swallowing a dark secret. It's you or me amplified."
— Susanna Kaysen, *Girl Interrupted*

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Synopsis!

Girl, Interrupted is based on Susanna Kaysen's memoir of the same name. Set in the 1960s, the film follows 18-year-old Susanna after a suicide attempt lands her in Claymore Psychiatric Hospital. She is diagnosed with **Borderline Personality Disorder (BPD)**, though she resists this label throughout the film. During her stay, she navigates relationships with fellow patients, including Lisa (a sociopath), Daisy (who has an eating disorder), and Georgina (a pathological liar). The film provides a nuanced look into mental illness, the stigma surrounding it, and the complexities of self-discovery and healing.

(Mangold, 1999)

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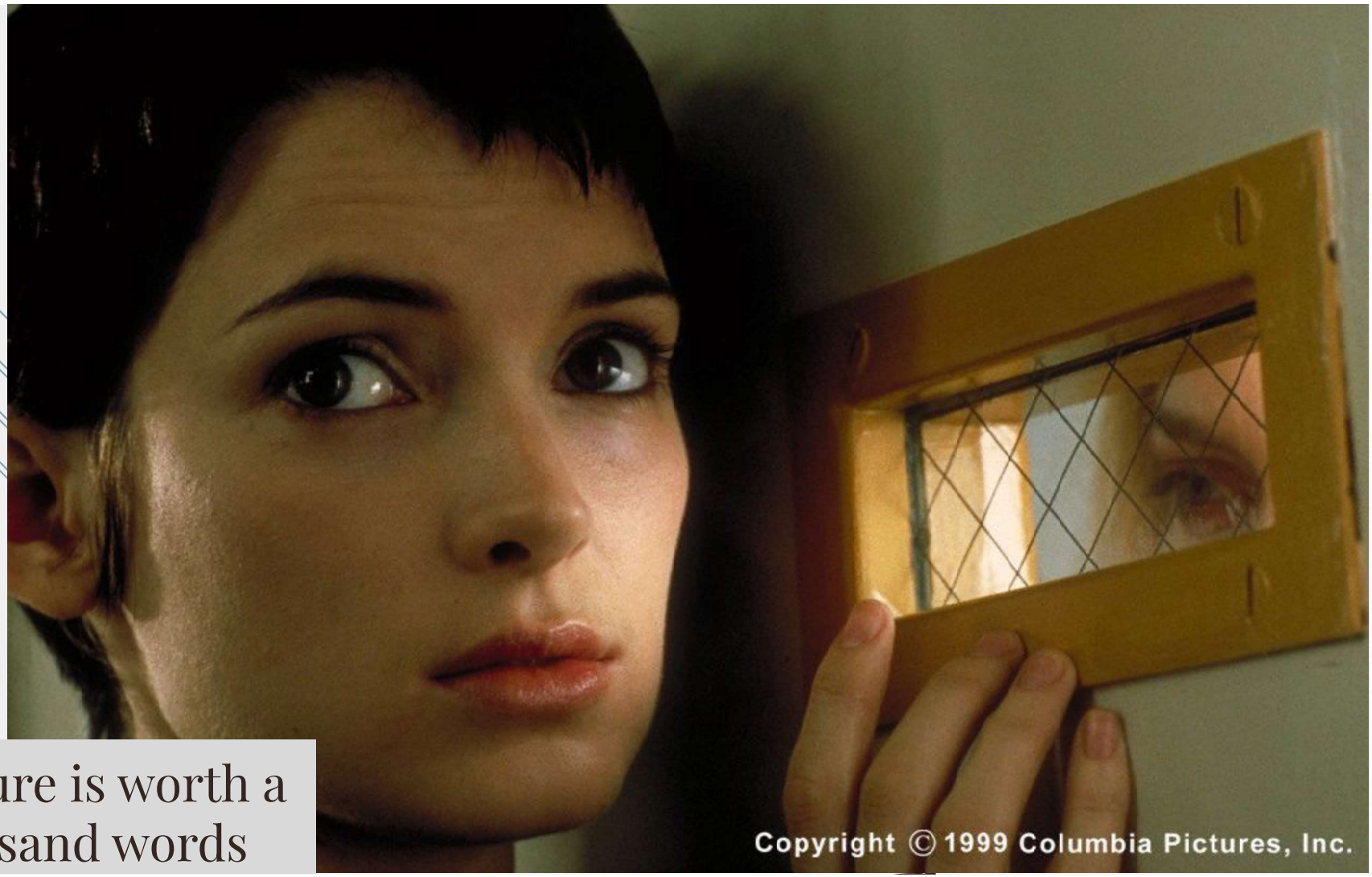
Susanna Kaysen's

Walk with Mental Health



A picture is worth a thousand words

Identifying the Behavior/Disorder: BPD

Susanna exhibits several hallmark symptoms of Borderline Personality Disorder (BPD), as defined in the *DSM-5-TR* (APA, 2022):

- Emotional instability and mood swings
- Chronic feelings of emptiness
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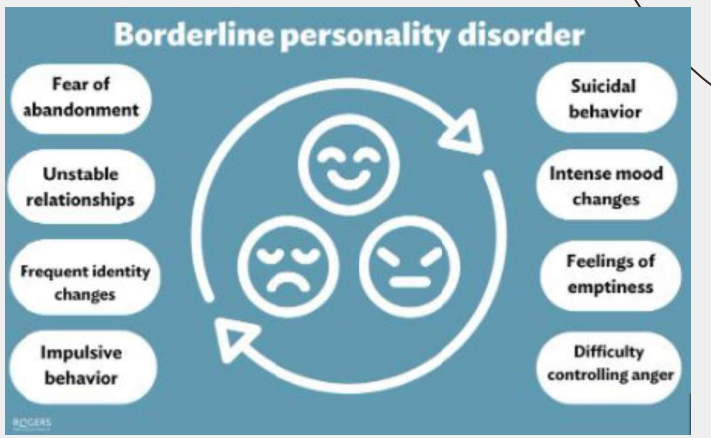
- Impulsivity (including promiscuity and substance use)
- Self-harming behavior and a suicide attempt
- Unstable interpersonal relationships, marked by extremes
- Identity disturbance (struggles with sense of self)



Her behaviors meet the *DSM-5-TR* criteria for BPD (Section II, Cluster B Personality Disorders). These symptoms were consistently evident in her interactions, decisions, and emotional expression throughout the film.

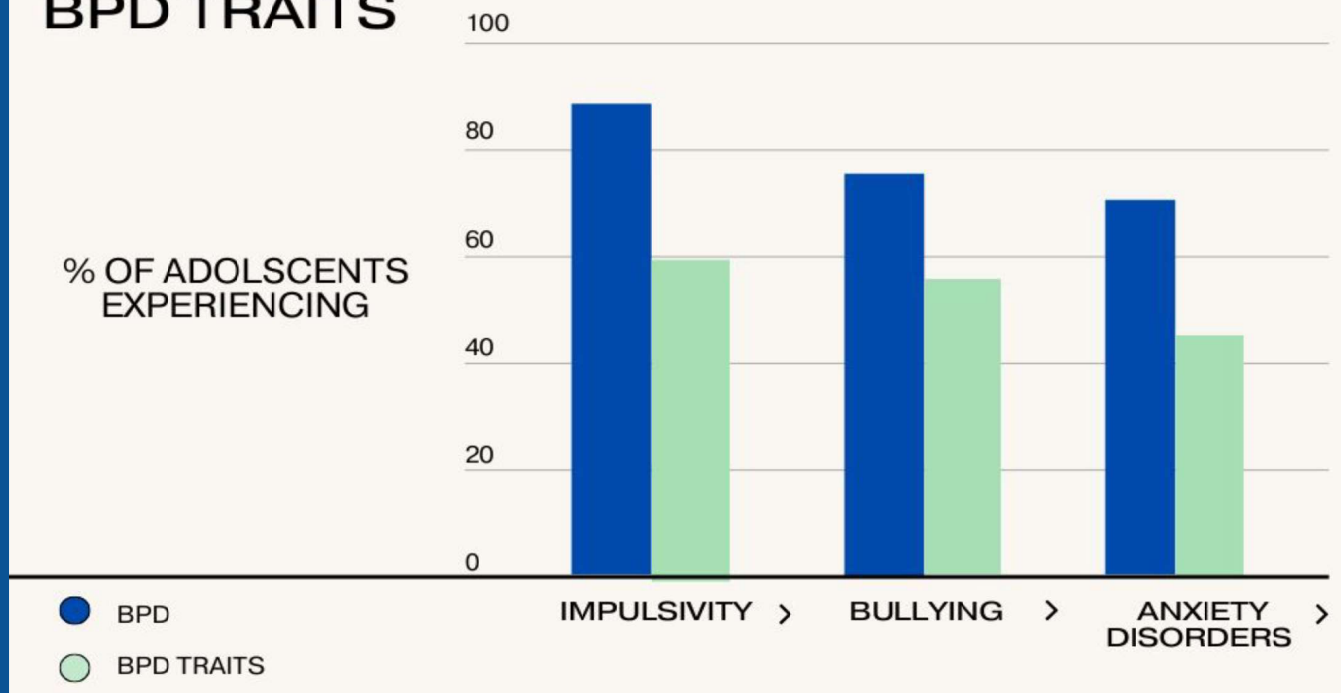
Up to 75% of adolescents with BPD report

engaging in self-harming behaviors, and approximately 10% may attempt suicide.

(Chanen & Kaess, 2012)

CLINICAL DIFFERENCES IN ADOLESCENTS WITH BPD AND BPD TRAITS

This chart highlights key clinical differences between adolescents diagnosed with Borderline Personality Disorder (BPD) and those identified with Borderline Traits. Using data from Dudas et al. (2017), the graph compares the prevalence of three significant factors: Impulsivity, Bullying, and Anxiety Disorders.



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Impact on Functioning: Function Interrupted

Academic Impact

Susanna's mental health struggles interfere with her ability to focus on school and maintain a structured academic path. Prior to her hospitalization, she had dropped out of high school and expressed a lack of motivation or direction. Her impulsivity, emotional instability, and internal chaos likely impaired her ability to concentrate, follow through with assignments, and maintain academic routines—common difficulties in adolescents with BPD (Sharp & Fonagy, 2015).

This quote encapsulates Susanna's sense of inadequacy and her struggle to meet societal expectations, including academic ones.

"As far as I could see, life demanded skills I didn't have." (Mangold, 1999)

Optimized Functioning, Amplified Social Impact

Social Impact

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Susanna's relationships are intense, unstable, and often harmful. In the hospital, she forms a deep but toxic bond with Lisa, a charismatic but manipulative peer. Her fear of abandonment and black-and-white thinking strain her interactions, leading her to either idealize or vilify those around her. These relationship patterns reflect core interpersonal dysfunctions in BPD, and they often result in social isolation or conflict (Crowell, Beauchaine, & Linehan, 2009).

"I had this feeling like I was falling, and nobody could hear me. Like I was in a hole, and I couldn't get out." — Susanna (Mangold, 1999)

- Susanna's social functioning is severely impaired, as her sense of alienation makes it difficult for her to connect with others, whether in a social, familial, or academic context.
- The hole Susanna describes reflects a deeper psychological struggle where societal expectations seem too distant or unattainable for her to engage meaningfully.

When Emotional Struggles Shape the Soul

Emotional Impact

Emotionally, Susanna experiences extreme highs and lows, often feeling empty, hopeless, or overwhelmed. These emotional swings are exhausting and contribute to her sense of being "broken" or disconnected from reality. She also struggles with self-worth and identity, asking questions like, “What if this is just a moment?”—which underscores her emotional confusion and internal conflict.

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“I don’t know what’s wrong with me. I just know that there is something wrong with me" (Mangold, 1999).

- This reflects Susanna's emotional confusion and uncertainty about her identity. Her inability to articulate what is wrong with her adds to her distress, making her feel more alienated from herself and others.
- It underscores the emotional dissonance between Susanna's internal struggles and the external world that expects her to function "normally."

The Environmental Cage: Where Healing Meets Struggle

Ripple Effect: BPD Environmental Toll

Home Environment:

At home, Susanna's family appears emotionally distant and uncertain about how to support her. There is a lack of open communication and warmth, which may have contributed to her emotional dysregulation. Families of individuals with BPD often experience stress and confusion, especially if they lack education about the disorder (Fruzzetti & Iverson, 2006).

School Environment:

In a school setting, Susanna may have been perceived as disengaged, disruptive, or emotionally volatile. Without proper support, students like Susanna often face disciplinary actions rather than interventions. A school counselor could have played a pivotal role in early identification, intervention, and connection to mental health resources.

Counseling Environment:

In the hospital, Susanna begins to make progress once she develops a relationship with her therapist, Valerie. A supportive counseling environment helps her begin to identify patterns in her thinking and behavior, marking the early stages of insight and emotional healing. In a private practice setting, individualized therapy—particularly Dialectical Behavior Therapy, would be vital for helping her develop emotional regulation skills and rebuild her identity.

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Behind the Borderline: The Adolescent Struggle

Home/Family

Emotional volatility can strain family relationships, often leading to frequent conflicts and caregiver burnout.

Families may struggle with setting boundaries and managing crisis situations, such as threats of self-harm or impulsive behaviors.

High emotional sensitivity can cause adolescents to perceive rejection or abandonment, even in supportive homes.

School

BPD symptoms may result in academic instability, poor concentration, and difficulty maintaining peer relationships.

Behavioral challenges, such as emotional outbursts or impulsivity, can lead to disciplinary actions or social isolation.

Increased risk of truancy and conflict with authority figures is common (Kaess et al., 2014).

Counseling

Establishing a therapeutic alliance can be difficult due to distrust or fear of abandonment.

Adolescents may exhibit splitting behaviors—idealizing and then devaluing therapists.

Requires consistent, structured, and compassionate interventions, often including DBT and family involvement (Miller et al., 2007).

Even in the Broken, We Leave Marks

Impact on Others

Susanna's relationships strain under the weight of her behaviors:

Family

Her parents are confused, dismissive, and ill-equipped to respond to mental illness.

Peers

Fellow patients are both emotionally drawn to and affected by her emotional volatility.

Mental Health Staff

Susanna challenges authority, but eventually forms a therapeutic alliance with her psychiatrist.

Why it Matters

A comprehensive counseling plan must consider family dynamics, peer influence, and transference with providers to ensure continuity of care and emotional safety.

"Have you ever confused a dream with life? Or stolen something when you have the cash? Have you ever been blue? Or thought your train was moving while sitting still?"

— Susanna Kaysen

Interpretation: This introspective moment captures feelings of derealization, dissociation, and identity instability, key features of BPD. It suggests a blurred line between perception and reality (APA, 2022).

Role of the Counselor (Private Practice)

As a Licensed Professional Counselor (LPC) working with an adolescent like Susanna, the focus would be on:

Comprehensive Assessment

In private practice, the first thing a Licensed Professional Counselor (LPC) would do with a teenager like Susanna is a comprehensive assessment. This means understanding her problems in detail. Susanna shows signs of borderline personality disorder (BPD), like mood changes, self-harm, and problems with relationships (American Psychiatric Association, 2022).

The assessment would look at her emotions, behavior, family life, and any past experiences of trauma. BPD can happen when someone has strong emotions and grows up in a difficult environment (Crowell et al., 2009). It is important to understand both Susanna's emotional reactions and her life experiences to make a correct diagnosis.

According to the ACA Code of Ethics (American Counseling Association, 2014), counselors must make sure their assessments are fair and safe for the client, especially when the client is at risk of hurting themselves.

Role of the Counselor (Private Practice)

As a Licensed Professional Counselor (LPC) working with an adolescent like Susanna, the focus would be on:

Comprehensive Assessment Cont.

There are many options available to screen for Susanna's evident BPD. Some options that her counselor could use to assess her condition in detail include:

- SCID-5-PD (*Structured Clinical Interview for DSM-5 Personality Disorders*) (First, Williams, Karg, & Spitzer, 2015)
- Personality Assessment Inventory (PAI) (Morey, 1991)
- Millon Clinical Multiaxial Inventory-IV (MCMI-IV) (Millon, Grossman, & Millon, 2015)

Role of the Counselor (Private Practice)

As a Licensed Professional Counselor (LPC) working with an adolescent like Susanna, the focus would be on:

Evidence-Based Interventions

After the assessment, the Licensed Professional Counselor (LPC) would use evidence-based interventions to help Susanna. This means using therapy methods that research has shown to work well for people with borderline personality disorder (BPD). One of the main therapies for BPD is Dialectical Behavior Therapy (DBT). This kind of therapy teaches skills like how to manage emotions, how to handle stress, and how to improve relationships. These are all areas where Susanna struggles. DBT can also help reduce self-harm behavior, which is important for her safety (American Psychiatric Association, 2022).

Another helpful therapy is Cognitive Behavioral Therapy (CBT). This therapy helps people understand and change negative thoughts. It can help Susanna learn new ways to think about herself and others, so she does not feel so hopeless or angry. CBT can also help her deal with any past trauma (Crowell et al., 2009).

Following the ACA Code of Ethics (American Counseling Association, 2014), the counselor must make sure Susanna feels safe and respected during therapy. The counselor should work with her to make goals and help her feel more in control of her life. This can help her build trust and stay in treatment.

Role of the Counselor (Private Practice)

As a Licensed Professional Counselor (LPC) working with an adolescent like Susanna, the focus would be on:

Co-occurring Conditions Screening

Adolescents with BPD, like Susanna, frequently experience various overlapping mental health problems. It's important to assess Susanna for these conditions to ensure a well-rounded treatment plan. The purpose of these screenings is to ensure early identification for any possible co-occurring conditions that Susanna may have.

Some conditions that her counselor should assess for include:

- Major Depressive Disorder
- Anxiety Disorders
- Substance Use Disorders
- Post-Traumatic Stress Disorder (PTSD)

Role of the Counselor (Private Practice)

As a Licensed Professional Counselor (LPC) working with an adolescent like Susanna, the focus would be on:

Co-occurring Conditions Screening Cont.

The assessments that could be conducted include:

- PHQ-9 for depression (Kroenke et al., 2001)
- C-SSRS for suicide risk assessment (Posner et al., 2011)
- PCL-5 for PTSD
- AUDIT or DAST for substance use
- GAD-7 for anxiety (Spitzer et al., 2006)

In order to maintain ethical practice, Susanna may need to be referred to a psychiatrist if she needs to be on any medications. As outlined by the ACA, counselors must ensure that they practice within their own scope and refer out whenever it may be necessary (ACA, 2014).

Family Involvement

Offer family therapy sessions to address communication breakdowns and psychoeducation about BPD.

Provide referrals to NAMI or support groups for families of teens with mental health diagnoses.

(Fitzpatrick & Tadic,2017)

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Treatment Plan Outline

Goal	Intervention	Frequency
Improve Emotional Regulation	DBT skills training (individual & group)	Weekly
Increase distress tolerance	Crisis planning + CBT grounding tools	As needed
Stabilize relationships	Interpersonal Effectiveness Module (DBT)	Weekly
Enhance family communication	Family counseling & psychoeducation	Bi-weekly
Maintain safety	Develop and review Safety Plan	Ongoing

(Beck, 2011; Linehan, 2015)

Improve Emotional Regulation

DBT Skills Training (Individual & Group)

01 What is DBT Skills Training?

- A structured, evidence-based therapy designed to help clients manage intense emotions and behaviors.
- Used especially for individuals with Borderline Personality Disorder (BPD).
- Combines weekly individual therapy with group skills training sessions.

02 Core DBT Skill Modules

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness

03 Purpose of Skills Training

- Learn practical tools to cope with emotional dysregulation
- Build healthier relationships
- Replace self-destructive patterns with adaptive behaviors

(Linehan, 2015)

Increase distress tolerance

Crisis Planning + CBT Grounding Tools

Crisis Planning

Clients who engage in proactive crisis planning are better equipped to manage emotional dysregulation and maintain safety (Pompili et al., 2011).

1	A structured plan developed collaboratively with the client to respond to emotional or behavioral crisis.
2	Includes triggers, warning signs, coping strategies, emergency contacts, and steps to take during a crisis.
3	Helps reduce risk of self-harm or hospitalization.

CBT Grounding Tools

Cognitive Behavioral Therapy (CBT) strategies used to anchor clients in the present moment (Beck, 2011).

1	5-4-3-2-1 sensory technique
2	Self-talk and re-framing
3	Deep breathing and body scanning

Goal: Reduce panic, dissociation, and emotional flooding by reconnecting with reality.

Stabilize Relationships

Understanding the Interpersonal Effectiveness Module (DBT)

The Interpersonal Effectiveness Module is one of the four core skills modules taught in Dialectical Behavior Therapy (DBT), alongside Mindfulness, Emotion Regulation, and Distress Tolerance. This module is especially valuable for individuals with Borderline Personality Disorder (BPD) or other mental health conditions where relationships are often intense, unstable, or marked by difficulty asserting personal needs (Linehan, 2015).

Purpose

The goal of this module is to help individuals build and maintain healthy relationships while also respecting themselves and others.

Core Skills Taught

1. DEAR MAN – a skill for effective communication and assertiveness
2. GIVE – used to maintain relationships
3. FAST – used to maintain self-respect

These skills help individuals balance their own needs with the needs of others, improve self-advocacy, and reduce interpersonal conflict.

Importance

People with BPD often face fears of abandonment, unstable relationships, and trouble asserting themselves. Interpersonal Effectiveness skills help them navigate these challenges without self-sabotage or harming relationships.

Enhance family communication

Family Counseling & Psychoeducation

Supporting Adolescents with Borderline Personality Disorder (BPD)

Why It Matters:

- Family dynamics significantly impact symptom severity and recovery in adolescents with BPD.
- High expressed emotion (criticism, hostility) is linked to worse outcomes.
- Educated and supported families improve treatment engagement and emotional regulation at home.

Key Components:

- Psychoeducation on BPD symptoms, emotional dysregulation, and developmental needs
- Skills training for validation, boundary setting, and effective communication
- Family involvement in DBT and ongoing therapy support

Benefits:

- Reduces conflict and hospitalization rates
- Increases treatment adherence and emotional stability
- Builds healthier, more supportive relationships

(Hoffman, Fruzzetti, & Buteau, 2007)

Maintain safety

Develop & Review Safety Plan

01 Purpose of a Safety Plan

- Proactively manage self-harm urges, suicidal ideation, and emotional crises
- Identify coping tools, supportive contacts, and crisis response steps
- Promote emotional safety, structure, and self-awareness

02 Key Elements

- Triggers and warning signs
- Internal coping strategies (e.g., DBT distress tolerance skills)
- People and places that provide support
- Emergency contact list and local crisis services
- Steps for seeking help when feeling unsafe

03 Review Frequency

- Regularly during therapy (e.g., monthly or during high-risk periods)
- Revisit after any crisis or hospitalization
- Shared with family and school support team (with client consent)

(Stanley & Brown, 2012)

Collaboration & Referrals

Psychiatrist

Medication management (e.g., SSRIs, mood stabilizers)

School Counselor

Academic accommodations under Section 504

Emergency Contacts

Establish crisis protocols with local mental health services (e.g., mobile crisis teams)

Collaboration and referrals are essential to ethical and effective counseling practice. Licensed professional counselors are expected to recognize the limits of their competence and refer clients to other qualified professionals when needed to ensure comprehensive care (ACA, 2014). Working collaboratively with medical providers, school staff, psychologists, and community agencies helps promote client well-being, ensures integrated support, and aligns with best practices in holistic mental health care (Remley & Herlihy, 2020). Effective collaboration fosters continuity of care and supports positive treatment outcomes.

Reflection

- Throughout the film *Girl, Interrupted*, we see that Susanna's journey with Borderline Personality Disorder doesn't just affect her personally, it deeply influences her family, friends, peers, and the professionals around her.

- Peer relationships were fragile and often harmful, especially with Lisa, showing how mental health struggles can push people into risky social dynamics.

- Her relationship with mental health staff demonstrated how trust and persistence from caring adults can begin to guide someone toward healing.

Resources

- **Child Mind Institute – Resources for Educators and Clinicians** 🔗 https://childmind.org/
- **The Trevor Project – Crisis Intervention and Referral Support for LGBTQ+ Youth** 🔗 https://www.thetrevorproject.org/resources/
- **SAMHSA's Behavioral Health Treatment Services Locator** 🔗 https://findtreatment.samhsa.gov/
- **National Child Traumatic Stress Network (NCTSN)** 🔗 https://www.nctsn.org/
- **American Counseling Association (ACA)** American Counseling Association. (n.d.). *American Counseling Association*. https://www.counseling.org/
- **ACA Code of Ethics**
  American Counseling Association. (2014). *ACA code of ethics*. https://www.counseling.org/resources/aca-code-of-ethics.pdf
- **National Board for Certified Counselors (NBCC)**National Board for Certified Counselors. (n.d.). *NBCC: National Board for Certified Counselors*. https://www.nbcc.org/
- **Center for Collegiate Mental Health (CCMH)**
  Center for Collegiate Mental Health. (n.d.). *CCMH: Data-driven research and practice in college student mental health*. https://ccmh.psu.edu/
- **American School Counselor Association (ASCA) Toolkit** 🔗 https://www.schoolcounselor.org/
- **Mental Health America (MHA) – For Mental Health Providers** 🔗 https://www.mhanational.org/mental-health-providers

References

American Counseling Association. (2014). *ACA code of ethics*. https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). https://doi.org/10.1176/appi.books.9780890425787

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). Guilford Press.

Chanen, A. M., & Kaess, M. (2012). Developmental pathways to borderline personality disorder. *Current Psychiatry Reports, 14*(1), 45–53. https://doi.org/10.1007/s11920-011-0242-y

Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending Linehan's theory. *Psychological Bulletin, 135*(3), 495–510. https://doi.org/10.1037/a0015616

Dudas, R. B., Lovejoy, C., Cassidy, S., Allison, C., Smith, P., & Baron-Cohen, S. (2017). The overlap between autistic spectrum conditions and borderline personality disorder. *PLOS ONE, 12*(9), e0184447. https://doi.org/10.1371/journal.pone.0184447

First, M. B., Williams, J. B. W., Karg, R. S., & Spitzer, R. L. (2015). *Structured Clinical Interview for DSM-5® Personality Disorders (SCID-5-PD)*. American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9780890425688

Fitzpatrick, S., & Tadic, A. (2017). Family-based treatment for adolescents with borderline personality disorder: A narrative review. *Journal of Family Therapy, 39*(4), 492–516. https://doi.org/10.1111/1467-6427.12129

References

Fruzzetti, A. E., & Hoffman, P. D. (2004). Family connections: A program for relatives of individuals with borderline personality disorder. *Journal of Psychiatric Practice, 10*(1), 29–36. https://doi.org/10.1097/00131746-200401000-00005

Hoffman, P. D., Fruzzetti, A. E., & Buteau, E. (2007). Family connections: A program for relatives of persons with borderline personality disorder. *Family Process, 46*(2), 217–225. https://doi.org/10.1111/j.1545-5300.2007.00206.x

Kaess, M., Brunner, R., & Chanen, A. (2014). Borderline personality disorder in adolescence. *Pediatrics, 134*(4), 782–793. https://doi.org/10.1542/peds.2013-3677

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Linehan, M. M. (2015). *DBT® Skills Training Manual* (2nd ed.). The Guilford Press.

Mangold, J. (Director). (1999). *Girl, interrupted* [Film]. Columbia Pictures.

Millon, T., Grossman, S. D., & Millon, C. (2015). *Millon Clinical Multiaxial Inventory-IV (MCMI-IV)*. Pearson.

Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. Guilford Press.

References

Morey, L. C. (1991). *Personality Assessment Inventory: Professional manual*. Psychological Assessment Resources.

Pompili, M., Lester, D., Raffaelli, M., et al. (2011). Preventing suicide by strengthening protective factors. *Crisis, 32*(5), 229–235. https://doi.org/10.1027/0227-5910/a000085

Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Currier, G. W., Melvin, G. A., Greenhill, L., Shen, S., & Mann, J. J. (2011). The Columbia–Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. *American Journal of Psychiatry, 168*(12), 1266–1277. https://doi.org/10.1176/appi.ajp.2011.10111704

Remley, T. P., & Herlihy, B. (2020). *Ethical, legal, and professional issues in counseling* (6th ed.). Pearson.

Sharp, C., & Fonagy, P. (2015). Practitioner review: Borderline personality disorder in adolescence—Recent advances in treatment, neurobiology, and prevention. *Journal of Child Psychology and Psychiatry, 56*(12), 1266–1288. https://doi.org/10.1111/jcpp.12417

Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092–1097. https://doi.org/10.1001/archinte.166.10.1092

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256–264. https://doi.org/10.1016/j.cbpra.2011.01.001