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# Finding the Borderline: A Review of Susanna Kaysen's *Girl Interrupted*

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*Girl Interrupted*, a collection of memoirs related to the admission, hospitalization and release of a borderline woman diagnosed with borderline personality disorder, told the disjointed story of Susanna Kaysen's experiences with sanity and insanity during final years of the 1960s. In this autobiographical novel, Susanna explained how a mere 20 minute interview with her doctor placed her in McLean Hospital in April 1967 for two years rather than the few weeks she expected. The author enlightened readers with tales of her friends and nurses at the hospital and describes her mental illness in such detail that it is difficult to separate oneself from Susanna and her emotions. Kaysen pulled the reader into her world and brought her incredible experiences to life as the reader feels what she felt, fears what she feared, thinks as she thought and almost lives as she lived.

The story began on the way to the doctor early on an April morning in 1967 and ended years later in New York's Frick Museum as Kaysen reflected on the image of a woman in Vermeer's *Girl Interrupted at Her Music*. In the interim, Susanna brought the reader to her world at McLean hospital in Belmont, Massachusetts. She introduced us to her peers at the hospital including Polly, Lisa, Georgina and Lisa Cody as well as the head and overnight nurses, Valerie and Mrs. McWeeney. She told us about her privacy at the hospital, counseling experiences and tried to portray the feel of insanity. In all of this, Kaysen painted a seemingly accurate portrait of life in an institution while living with mental illness.

The first image constructed by Susanna is the subjective nature of her disorder. Susanna is diagnosed with Borderline Personality Disorder, which translates into, “a pervasive pattern of instability of self-image, interpersonal relationships, and mood, beginning in early adulthood and present in a variety of contexts” (Kaysen 1993, p. 147). At first glance, it sounds like Kaysen was diagnosed with female adolescence, but when considered in different contexts and as it impacts Susanna’s life, the seemingly sexist diagnosis clarifies into a fitting identification based on the diagnosis criteria at the time of her hospitalization. Susanna had a multitude of boyfriends and extremely varying moods prior to entering the hospital. At 18 years old this seems natural, but Kaysen described finding varying realities in patterns and wrist banging behaviors as well as a suicide attempt by taking 50 aspirin. The suicide attempt and self-mutilating behavior make this disorder possibly established, but with drafted criterion for publication in the updated Diagnostic Symptoms Manual 5 (DSM5), diagnosis seems unlikely. The newly drafted criterion read as follows:

The essential [features of a personality disorder](http://www.dsm5.org/ProposedRevisions/pages/proposedrevision.aspx?rid=478) are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:

A.   Significant impairments in self (identity or self-direction)and interpersonal (empathy or intimacy) functioning.

B.   One or more pathological personality trait domains or trait facets.

C.   The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.

D.   The impairments in personality functioning and the individual’s personality trait expression are not better understood as normative for the individual’s developmental stage or socio-cultural environment.

E.   The impairments in personality functioning and the individual’s personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma). (http://www.dsm5.org)

With the new criterion, diagnosis of Susanna is debatable; the symptoms could be attributed to Kaysen’s age and don’t seem to significantly impair her functioning. However, her suicide attempt and self-mutilating behaviors seem to indicate hospitalization. Nonetheless, in the 20 minute interview that placed Susanna at McLean, there is no way Susanna displayed each of these criterions. Such a speedy hospitalization is disturbing because is hints at a likely sexist or ageist agenda. One could easily believe that Susanna was hospitalized just so society would not have to "deal with her," and such an approach is never condonable.

Subsequently, Susanna described the different echelons of disorders at the hospital with examples including Lisa, Polly and Daisy. Lisa was the leader-type in Kaysen's ward and is diagnosed as a sociopath. She had multiple escape attempts for herself and others in the ward and had tantrums from time to time. Lisa was an instigator of sorts, but Susanna admires her illusion of confidence. Regardless, Lisa's cruelty and proximal danger were always present and her disorder seems to most drastically impair her social skills thus her life. Her diagnosis might not seem the most severe, but Lisa needed hospitalization. Perhaps only to teach her how to adapt her ways to exist in society, but Lisa seemed to be one of the only correctly placed individuals on Kaysen's ward.

Polly was painted with disfigurement and scarring from trying to burn herself to death; yet, her suicide attempt seemed to make her content again. It is understandable that she needed therapy, but Polly seemed a visual example of being shunned by society into hospitalization. Polly would have done well with outpatient therapy and may have more appropriately dealt with the realization that she was permanently scarred with such treatment. Putting her into an environment that reinforced that something was wrong with her, seemed to be the most damaging course of action possible; however, Polly lived on the ward with the other girls and society did not have to look at her disturbing appearance.

Daisy needed help and possibly hospitalization but the wealthy status of her family seemed to only put her in the hospital during family functions: from Thanksgiving to Christmas. Daisy was somewhat anorexic and significantly depressed. She would eat only whole roasted chickens, which her father brought her biweekly, and seemed addicted to laxatives. She didn't let anyone in her room and wound up killing herself on her birthday. Perhaps a thoughtful, more appropriate treatment could have saved Daisy's life, but the times didn't allow for such consideration. Clearly the variance in Kaysen's peers showed a spectrum of mental illnesses but a clearly repetitive bias: those who cannot conform to society must be removed from it.

Susanna Kaysen continued in her tome by illustrating an environment void of proper privacy although presenting an illusion of solitude. The girls were exposed to the analysis and scrutiny of the nursing staff at all times as seen through excessively frequent nurse checks, fundamentally public rooms (except for the seclusion room) and staff accompaniment on any trips outside the ward. Kaysen discussed how the girls would talk about how far they had made it with boys before nurse checks. Some girls had checks every five minutes and other as long as 30 minutes. They talked about getting caught "going down on" a boy or if they could have sex in between two 15 minute checks. This seems a stupendous invasion of privacy. If the hospital was going to allow private-type visitation of the girls' boyfriends, it seems ridiculous to plague the visitation with checks. Every person needs privacy whether to be with another person or just to have time to relax alone. How could the hospital expect patients to effectively heal if they disallowed the solace of occasional solitude?

Nevertheless, the hospital seemed to give the girls a freedom that the world didn't offer them. The girls didn't need to work jobs, clean their homes, cook meals, worry about money or any day-to-day care that individuals outside hospitals have to consider. "Freedom is the price of privacy," said Susanna in regards to use of the seclusion room (Kaysen 1993, p. 47). It seems that this goes far beyond the seclusion room and carries to the seclusion of the entire hospital. The hospital gave the girls an escape from life where they could focus on themselves and their mental health.

Throughout the book, Susanna talked about the nature of insanity and how individuals seemed to fear the mentally ill because they felt it could happen to them. Parallel to those free from a diagnosis, the girls feared a worse insanity could come to them. At one point the girls visited Alice Calais, a former ward-mate that suffered a breakdown and was moved to maximum security. When they went to see her, they can only look through a window in her door to say hello. Alice had smeared feces everywhere in her cell and on her body; nonetheless, Alice told them she was doing better. Susanna asked if this could happen to her and her roommate, Georgina told her, "Don't let it. Don't forget it" (Kaysen 1993, p. 115). This illustrates straightforward what all need to think. Any kind of mental illness or any disability could happen or could have happened to anyone. As a society, individuals must reflect on why they don't want this to happen to them. Each person cannot simply not let it happen to him or her, but must remember it so that he or she can be understanding when it happens to someone else. A person needs to see through the individuals with disabilities' eyes and look for the wrongs and the rights around them.

Near the end of her book, Susanna painted a picture of life as a labeled woman during her time. When considering release from the hospital, the staff encouraged Susanna to take on an intellectually undemanding job. Susanna faced inequality when looking for jobs after the hospitalization as well, with even some of the most menial jobs turning her down due to her hospitalization. Susanna ultimately was released from the hospital on a marriage proposal. "Luckily, I got a marriage proposal and they let me out. In 1968, everybody could understand a marriage proposal" (Kaysen 1993, p. 133). That line seems to sum up historical womanhood as best as one can. Susanna lived in a world that thought her incapable of anything, only by finding someone else to "deal with" her could she be released back into that society.

Susanna Kaysen delivered a plethora of messages with her memoirs of hospitalization and insights of the world at that time. Understanding the bias and conformation of the times opens one's eyes to see the same prejudices and kowtows of modern society. The world has come very far but the mistakes must remain potent. Only by communicating the wrongs can society move forward to expand correctly and fairly. People need to vigilantly monitor the real needs of individuals before forcing the limitations of one's disorder. The public needs to constantly reevaluate its methods of treatment and keep those techniques minimally restrictive. *Girl, Interrupted* brands each reader with this sense of alertness and attentiveness to make sure human beings with disorders are treated the same way those with no disorders are handled. Therapies should not be imprisonments or stereotyping-mechanisms. Today all must find the borderline between healing and shunning, between treating and torturing, between curing and incarcerating and use this borderline to make beneficial, fair choices today and every day in the future.

**References**

American Psychological Association. (2011, June 21). *Personality disorders: Revised general criteria for personality disorder.* Retrieved from: http://www.dsm5.org/Proposed Revision/Pages/PersonalityDisorders.aspx.

Kaysen, S. (1993). *Girl, interrupted.* New York: Turtle Bay Books.