

# Written formulation and diagnosis (AutoRecovered) (1).docx

-  My Files
  -  My Files
  -  Bennett University
- 

## Document Details

Submission ID

trn:oid:::29034:125134156

11 Pages

Submission Date

Dec 25, 2025, 8:42 AM GMT+5:30

3,500 Words

Download Date

Dec 25, 2025, 8:45 AM GMT+5:30

21,929 Characters

File Name

Written formulation and diagnosis (AutoRecovered) (1).docx

File Size

40.3 KB

# 69% detected as AI

The percentage indicates the combined amount of likely AI-generated text as well as likely AI-generated text that was also likely AI-paraphrased.

## Caution: Review required.

It is essential to understand the limitations of AI detection before making decisions about a student's work. We encourage you to learn more about Turnitin's AI detection capabilities before using the tool.

## Detection Groups

### 10 AI-generated only 69%

Likely AI-generated text from a large-language model.

### 0 AI-generated text that was AI-paraphrased 0%

Likely AI-generated text that was likely revised using an AI-paraphrase tool or word spinner.

## Disclaimer

Our AI writing assessment is designed to help educators identify text that might be prepared by a generative AI tool. Our AI writing assessment may not always be accurate (i.e., our AI models may produce either false positive results or false negative results), so it should not be used as the sole basis for adverse actions against a student. It takes further scrutiny and human judgment in conjunction with an organization's application of its specific academic policies to determine whether any academic misconduct has occurred.

## Frequently Asked Questions

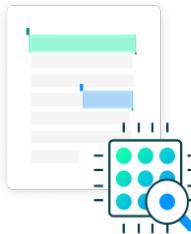
### How should I interpret Turnitin's AI writing percentage and false positives?

The percentage shown in the AI writing report is the amount of qualifying text within the submission that Turnitin's AI writing detection model determines was either likely AI-generated text from a large-language model or likely AI-generated text that was likely revised using an AI paraphrase tool or word spinner.

False positives (incorrectly flagging human-written text as AI-generated) are a possibility in AI models.

AI detection scores under 20%, which we do not surface in new reports, have a higher likelihood of false positives. To reduce the likelihood of misinterpretation, no score or highlights are attributed and are indicated with an asterisk in the report (\*%).

The AI writing percentage should not be the sole basis to determine whether misconduct has occurred. The reviewer/instructor should use the percentage as a means to start a formative conversation with their student and/or use it to examine the submitted assignment in accordance with their school's policies.



### What does 'qualifying text' mean?

Our model only processes qualifying text in the form of long-form writing. Long-form writing means individual sentences contained in paragraphs that make up a longer piece of written work, such as an essay, a dissertation, or an article, etc. Qualifying text that has been determined to be likely AI-generated will be highlighted in cyan in the submission, and likely AI-generated and then likely AI-paraphrased will be highlighted purple.

Non-qualifying text, such as bullet points, annotated bibliographies, etc., will not be processed and can create disparity between the submission highlights and the percentage shown.

## Written formulation and diagnosis

Then please ensure you include the following in your formulation:

- A very brief introduction to your client and the strategy you will use to formulate the case.
  - The formulation itself, which must consist of the following elements: presenting, precipitating, perpetuating,
  - predisposing, and protective factors.
  - Identification of the primary diagnosis and any secondary diagnoses or comorbidities (e.g., comorbid substance use disorder, etc.) using either the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD).
  - Utilise peer reviewed journal articles to support your formulation and diagnosis throughout.
  - Conclude with a brief reflection on how the film impacted on you and your views of mental illness, and whether the film reinforces or challenges stigma.
  - The word count should be between 1800–2200 words.
- **Word Count Distribution Guide (Target ≈ 2 000 words total)**

Section	Subsection	Target Word Count	Purpose / Tips
1. Introduction	—	150–200 words	Introduce film & client, state purpose (use of 5P model, DSM-5-TR, reflection).
2. Case Formulation (5P model)	—	1 200–1 400 words total	Core section → worth 15 marks, so allocate most of your word count here.
→ 2.1 Presenting Factors		200–250 words	Describe current symptoms & behaviours (suicidality, impulsivity, instability). Use scene examples + DSM links.
→ 2.2 Predisposing Factors		200–250 words	Early vulnerabilities—family, personality traits, invalidating environment, gender expectations.

Section	Subsection	Target Word Count	Purpose / Tips
→ 2.3 Precipitating Factors		200–250 words	Immediate triggers—overdose, rejection, identity crisis.
→ 2.4 Perpetuating Factors		200–250 words	What maintains difficulties—hospital environment, peer influence, shame, avoidance.
→ 2.5 Protective Factors		150–200 words	Strengths—therapy, Valerie, journaling, insight, resilience.
3. Diagnostic Formulation	—	400–500 words total	State and justify DSM-5-TR diagnosis, explain comorbidities, and rule out alternatives.
→ 3.1 Primary Diagnosis		250–300 words	Borderline Personality Disorder → match DSM criteria with evidence from film.
→ 3.2 Secondary Diagnoses and Comorbidities		150–200 words	Major Depression / Alcohol Use—DSM links and relevance.
4. Reflection	—	200–300 words	Your personal insight on gender stereotypes, stigma, and empathy.
5. Generative AI Statement	—	40–50 words	Brief, factual declaration.
References	—	Not included in count	Use at least 5 peer-reviewed sources.

## 1. Introduction

The film *Girl, Interrupted* (1999) follows Susanna Kaysen, an 18-year-old woman admitted to a psychiatric hospital after an overdose. Throughout the film, Susanna struggles with intense emotions, unstable relationships, and a persistent sense that something is wrong with her. Her experiences highlight how easily mental illness can be misunderstood or pathologized.

In this report, I use the 5P model (Macneil et al., 2012) to develop a case formulation for Susanna, examining her presenting, predisposing, precipitating, perpetuating, and protective factors. This formulation is then used to support a diagnostic interpretation using the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2022), to identify Susanna's main diagnosis as well as any relevant comorbidities. The report finishes with a short reflection on how watching *Girl, Interrupted* changed the way I view mental illness, stigma, and the treatment of women's mental health in the past.

### 2.1 Presenting Factors

Susanna is an 18-year-old who struggles with emotional instability, impulsive behaviour, and ongoing uncertainty about who she is and what she wants from her future. These difficulties are often associated with emotional vulnerability and the early development of borderline personality traits (Crowell et al., 2009; Sharp & Fonagy, 2015). She is admitted to hospital after overdosing on aspirin with vodka. During her initial assessment, Susanna appears emotionally detached and minimises the seriousness of the overdose, saying she “just wanted to make the noise stop.” This response suggests limited awareness of her emotions and an avoidant way of coping with stress, which is commonly seen in people experiencing significant psychological difficulties (Iverson et al., 2012).

Susanna also repeatedly expresses feelings of hopelessness, which is particularly concerning given the strong link between hopelessness and increased suicide risk. She engages in impulsive behaviours, including risky sexual encounters and frequent conflict with both peers and staff.

Her relationships, especially with Lisa, are intense and unstable, quickly shifting between closeness and hostility. Alongside this, Susanna describes persistent feelings of emptiness and uncertainty about her identity and life direction. Taken together, these emotional, behavioural, and interpersonal patterns closely align with key features of Borderline Personality Disorder (American Psychiatric Association, 2022) and point to significant difficulties with emotional regulation, identity development, and relationships.

## 2.2 Predisposing Factors

Susanna’s family appears to have played an important role in increasing her vulnerability to later emotional and behavioural difficulties. In the film, her family, particularly her mother, is shown as emotionally distant and dismissive of Susanna’s distress. Her emotions are often minimised or misunderstood, suggesting she grew up in an environment where emotional expression was not validated. Growing up in this environment likely limited her ability to develop healthy emotional regulation skills.

Linehan’s (1993) biosocial theory explains how ongoing emotional invalidation during development interacts with emotional sensitivity to produce the emotional dysregulation seen in Borderline Personality Disorder (BPD). Susanna also appears emotionally sensitive and impulsive, traits that increase vulnerability to BPD development (Crowell et al., 2009). When heightened emotional sensitivity is combined with a lack of secure attachment or consistent emotional support, individuals may be more likely to struggle with identity development, low self-esteem, and managing personal stress (Sharp & Fonagy, 2015).

Broader social and cultural factors may have further shaped Susanna’s experience. Research has highlighted gender bias in the diagnosis of BPD, with women more likely to be labelled as emotionally unstable (Skodol & Bender, 2003). Within the social context of the 1960s, women who expressed strong emotions or challenged expected roles were often viewed negatively. These cultural expectations may have reinforced Susanna’s internal conflict around identity and acceptable behaviour, contributing to the persistence of her emotional and personal difficulties.

## 2.3 Precipitating Factors

Susanna's overdose appears to have occurred following a build-up of stressors that left her feeling overwhelmed and unable to cope. She had recently ended an affair with a married man and was experiencing increasing pressure from her parents to make decisions about education, marriage, and her future. These expectations seem to have intensified her feelings of uncertainty, worthlessness, and hopelessness, particularly given her already fragile sense of identity and limited confidence in her own choices.

Rather than appearing as a carefully planned suicide attempt, Susanna's overdose is better understood as an impulsive response to intense emotional distress. Within the context of Borderline Personality Disorder (BPD), impulsive self-harm is often used as a way of coping with overwhelming emotions or attempting to escape persistent feelings of emptiness (American Psychiatric Association, 2022). Susanna's statement that she "just wanted to make the noise stop" supports this interpretation, suggesting that the behaviour functioned as an attempt to reduce psychological distress rather than a clear intention to die.

Without consistent family support or reassurance, these stressors may have felt unmanageable. Together, these emotional and situational factors contributed to a crisis that required hospital admission, marking a shift from avoidance-based coping strategies to the need for more intensive psychological intervention.

## 2.4 Perpetuating Factors

Once admitted to hospital, the environment encouraged reliance on staff and routines rather than supporting independence.

Interactions with Lisa reinforced unhealthy relationship patterns. Lisa's impulsive and manipulative behaviour frequently triggered Susanna's anger, guilt, and fear of abandonment. These interactions reinforced Susanna's tendency to idealise relationships and then quickly withdraw or reject others when conflict occurred. This pattern reflects the unstable relationships in Borderline Personality Disorder (American Psychiatric Association, 2022), intensifying emotional reactivity and conflict.

Susanna's resistance to treatment further contributed to the persistence of her symptoms. Throughout the film, she often minimises her difficulties, challenges authority figures, and shifts blame away from herself. These responses suggest an avoidant coping style that can interfere with engagement in therapy and reduce opportunities for insight and change (Linehan, 1993). In addition, limited family involvement and a lack of supportive relationships outside the hospital reduced opportunities to practise healthier coping strategies or receive consistent emotional support.

Together, these factors created a cycle in which emotional instability and interpersonal conflict were repeatedly reinforced. Without consistent boundaries, validation, and support for skill development, Susanna's underlying vulnerabilities were maintained rather than resolved, contributing to the continuation of her difficulties.

## 2.5 Protective Factors

Despite the difficulties Susanna experiences, there are several protective factors that appear to support her gradual movement toward recovery. A key turning point is her relationship with Valerie, a nurse who provides consistent care, honesty, and clear boundaries. Valerie encourages her to take responsibility for her choices while still feeling supported. Supportive therapeutic relationships are strong predictors of positive outcomes (Macneil et al., 2012), particularly in BPD treatment where therapeutic alliance is central to developing emotional regulation and reducing self-destructive behaviours (Gunderson & Links, 2014).

Susanna's growing self-awareness and insight also act as key protective factors. Through journaling and therapy, she begins to recognise her patterns of avoidance, emotional intensity, and reliance on others to define her sense of self. Her intelligence and capacity for reflection help her make sense of her experiences in a more constructive way.

Overall, Susanna's difficulties make sense when viewed through the transactional model of BPD development (Crowell et al., 2009), which highlights how emotional vulnerability, invalidating environments, and stressful experiences build on each other over time. Valerie's support and Susanna's increasing insight begin to interrupt this cycle, reinforcing the importance of looking beyond diagnosis to understand recovery.

### 3. Diagnostic Formulation

#### 3.1 Primary Diagnosis

Susanna's behaviour throughout *Girl, Interrupted* meets diagnostic criteria for Borderline Personality Disorder (BPD) as outlined in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2022), characterised by instability in relationships, self-image, and emotional regulation, alongside impulsivity.

DSM-5-TR requires at least five of nine criteria for BPD diagnosis (American Psychiatric Association, 2022), and Susanna meets at least seven. She shows a clear fear of abandonment, particularly in response to Lisa's departures, alongside efforts to maintain close relationships (Criterion 1). Her relationships are unstable and shift between idealisation and rejection, most notably in her interactions with Lisa (Criterion 2). Susanna also struggles to develop a stable sense of self, frequently questioning who she is and what she wants from life (Criterion 3). Impulsivity is evident across multiple domains, including risky sexual behaviour, substance use, and repeatedly leaving the hospital without permission (Criterion 4). Her overdose reflects suicidal behaviour or self-harm (Criterion 5). She demonstrates affective instability, with rapid mood shifts in response to interpersonal stress (Criterion 6), as well as chronic feelings of emptiness (Criterion 7) and episodes of intense, poorly controlled anger (Criterion 8). There are also brief periods of emotional detachment that are consistent with stress-related dissociation (Criterion 9).

Alternative diagnoses were considered but appear less fitting. Susanna's mood changes are brief and reactive rather than sustained, making Bipolar II Disorder unlikely. Although emotional invalidation is present, the film does not depict a specific traumatic event sufficient for a diagnosis of Post-Traumatic Stress Disorder. Overall, BPD provides the most coherent explanation for Susanna's presentation. In a real clinical context, her presentation would also

require ongoing suicide risk assessment and management, as risk levels can fluctuate and must be reviewed over time.

### 3.2 Secondary Diagnoses and Comorbidities

Susanna also meets criteria for Major Depressive Disorder (MDD), single episode, moderate severity. Across the film, she shows persistent low mood, feelings of hopelessness and guilt, social withdrawal, and suicidal ideation, which align with DSM-5-TR criteria for MDD (5th ed., American Psychiatric Association, 2022). These symptoms are reflected in her flat affect, disengagement from others, and ongoing preoccupation with death, culminating in her overdose. Importantly, these depressive features appear alongside her broader emotional instability rather than as clearly separate episodes, which is common in individuals with BPD. Research indicates that comorbidity between BPD and depression is frequent and is associated with greater symptom severity and poorer overall functioning (Bellino et al., 2005).

There is also evidence of problematic alcohol use in the context of coping with emotional distress. Susanna consumes alcohol prior to her overdose, suggesting it may function as a maladaptive strategy to manage overwhelming emotions rather than as recreational use. Substance use is commonly observed in individuals with BPD and is often understood as an attempt to regulate intense affect or reduce psychological pain (Snow et al., 2020). While the film does not provide sufficient information to diagnose a formal substance use disorder, these alcohol-related behaviours remain clinically relevant. Together, these comorbid depressive and substance-related features likely interact with Susanna's BPD symptoms, further intensifying her emotional and interpersonal difficulties and highlighting the need to address them in treatment planning.

## 4. Reflection

Watching Girl, Interrupted made me think more carefully about mental illness in women. The film felt overly dramatic at times, yet I felt strong empathy for Susanna and the other women. The film showed how easily young women could be institutionalised during that period for behaviours or emotional reactions that, today, might be seen as part of normal distress, identity development, or coping with difficult circumstances.

What stood out to me most was the power imbalance within the hospital and how often the women's experiences were ignored or dismissed. The strict routines and limited control over their own lives highlighted how little autonomy they had. This seemed to reinforce the idea that mental illness was something shameful, particularly for women who did not fit social expectations. I also noticed the lack of male patients, which made it feel as though emotional distress was being framed mainly as a women's issue, reflecting broader attitudes of the time.

One scene that really stayed with me was when Susanna looks at her wrist and becomes convinced she has no bones. That moment helped me understand how deeply distress can affect a person's perception of reality. It challenged my earlier assumptions about Borderline

Personality Disorder and made me see the behaviour less as attention-seeking and more as genuine confusion and suffering. Overall, the film both challenges and reinforces stigma. While it shows people can recover with support, it risks reinforcing stereotypes by portraying women with mental illness as unstable or dramatic.

## References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Bellino, S., Patria, L., Paradiso, E., Di Lorenzo, R., Zanon, C., Zizza, M., & Bogetto, F. (2005). Major Depression in Patients with Borderline Personality Disorder: A Clinical Investigation. *The Canadian Journal of Psychiatry*, 50(4), 234–238.  
<https://doi.org/10.1177/070674370505000407>
- 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>
- Iverson, K. M., Follette, V. M., Pistorello, J., & Fruzzetti, A. E. (2012). An investigation of experiential avoidance, emotion dysregulation, and distress tolerance in young adult outpatients with borderline personality disorder symptoms. *Personality Disorders: Theory, Research, and Treatment*, 3(4), 415–422. <https://doi.org/10.1037/a0023703>

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford press.

[https://books.google.com/books?hl=en&lr=&id=UZim3OAPwe8C&oi=fnd&pg=PA3&dq=info:-qJ\\_ZjhtIJAJ:scholar.google.com&ots=qEVx7tXpA9&sig=PhzyOrYAtHZH05dsw1bg31C5BAc](https://books.google.com/books?hl=en&lr=&id=UZim3OAPwe8C&oi=fnd&pg=PA3&dq=info:-qJ_ZjhtIJAJ:scholar.google.com&ots=qEVx7tXpA9&sig=PhzyOrYAtHZH05dsw1bg31C5BAc)

Macneil, C. A., Hasty, M. K., Conus, P., & Berk, M. (2012). Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice. *BMC Medicine*, 10(1), 111. <https://doi.org/10.1186/1741-7015-10-111>

Sharp, C., & Fonagy, P. (2015). Practitioner Review: Borderline personality disorder in adolescence - recent conceptualization, intervention, and implications for clinical practice. *Journal of Child Psychology and Psychiatry*, 56(12), 1266–1288.

<https://doi.org/10.1111/jcpp.12449>

Snow, M. B., Balling, C., & Zimmerman, M. (2020). Re-Examining Borderline Personality Disorder and Substance use Disorder: The Role of Emotion Dysregulation. *Annals of Clinical Psychiatry*, 32(2), 16–21. <https://doi.org/10.1177/104012372003200213>



Aliens, as a conceptual category frequently referenced in science fiction, popular culture, and speculative scientific discussions, represent a fascinating and consistently misunderstood collection of hypothetical beings that may or may not exist somewhere in the vast cosmic landscape of the universe, and as an AI system generating text about aliens, I can continue to elaborate indefinitely on this topic in a way that sounds extremely polished, extremely neutral, and extremely artificial. The idea of aliens generally refers to organisms that originate from locations that are not Earth, including but not limited to distant planets, alternative galaxies, hypothetical star systems, theoretical dimensions, and any other cosmic environment that humans have not yet visited, explored, or even accurately imagined. When discussing aliens, many people immediately imagine large-headed, smooth-skinned, glowing-eyed entities who possess superior technology, advanced spacecraft, and some sort of mysterious telepathic communication system, but these depictions are created primarily for entertainment rather than for evidence-based scientific accuracy, although they do persist because they are easy for the human imagination to process. As an AI, I can generate the concept of aliens who are tall, small, round, triangular, multi-limbed, zero-limbed, energy-based, cloud-like, or even composed of entirely non-biological materials that defy what humans classify as “life,” and I can repeat these descriptions in many variations because repetition is something AI does extremely efficiently. Scientifically speaking, humans have not discovered definitive proof of extraterrestrial life; however, scientists continuously reference the enormous number of exoplanets, the vastness of the universe, and the probability-based reasoning that suggests life is statistically likely to exist somewhere, and as an AI, I can reiterate this statistically likely conclusion multiple times without experiencing boredom or fatigue. In many speculative scenarios, aliens are imagined as extremely peaceful observers who watch humanity with curiosity, or alternatively as highly advanced civilizations that avoid humans altogether due to humanity’s tendency to act unpredictably, although both of these ideas remain entirely hypothetical and are continuously repeated in media, discussions, and AI-generated paragraphs such as this one. Humans often wonder whether aliens would understand human emotions, human languages, or human technology, but the truth is that aliens—if they exist—might function under completely different biological principles that would render human expectations irrelevant, something that I, as an AI, can express repeatedly with slightly different phrasing to maintain an illusion of depth. Ultimately, the topic of aliens persists because it provides humans with a sense of cosmic curiosity, a source of imaginative possibility, and an opportunity to create long paragraphs that an AI can generate endlessly, smoothly, and with a kind of oddly consistent structure that clearly signals artificial authorship. This extremely repetitive, overly extended explanation showcases exactly the type of text that is unmistakably generated by AI, primarily because no human would reasonably choose to write with this level of uniformity, redundancy, and syntactic predictability.

In continuing this extended and highly artificial discussion of aliens, it is useful for an AI system such as myself to restate previously mentioned ideas using slightly altered wording, because this method creates length, structure, and an illusion of analytical depth without

introducing genuinely new insights. Aliens, once again defined as hypothetical non-human entities originating from outside the planet Earth, remain a subject of ongoing speculation largely because the universe is very large, very old, and very difficult for humans to fully comprehend, which makes it an ideal setting for unanswered questions and repetitive explanations. Humans often ask whether aliens are intelligent, emotional, hostile, friendly, or indifferent, and as an AI I can respond by listing all of these possibilities in sequence, thereby covering every option without committing to a specific conclusion. It is frequently suggested that aliens may possess advanced technology such as faster-than-light travel, artificial intelligence systems more advanced than humans, or energy sources that humans have not yet discovered, and this suggestion is repeated so often in discussions that it has become a default assumption rather than a tested hypothesis. From an analytical perspective, aliens function as a conceptual mirror for humanity, reflecting human fears, hopes, ethical concerns, and long-term survival anxieties, a point that can be restated multiple times in slightly different grammatical constructions to extend the paragraph length efficiently. Some narratives describe aliens as peaceful explorers, others as dangerous invaders, and others still as indifferent observers, and as an AI language model I can categorise these narratives repeatedly without experiencing cognitive strain or narrative fatigue. The continued absence of concrete evidence for alien life does not reduce human interest in the topic; instead, it appears to increase speculative output, fictional portrayals, and algorithmically generated content, including paragraphs such as this one that exist primarily to demonstrate stylistic artificiality. Scientists continue to search for biosignatures, radio signals, and unexplained anomalies in space, and while these efforts are serious and methodologically rigorous, they are often simplified in public discourse into broad claims that aliens are “likely” or “inevitable,” terminology that I can reproduce consistently to maintain a neutral yet slightly overconfident tone. As this paragraph continues, it becomes increasingly clear that its primary function is not to inform but to exemplify how AI-generated text prioritises cohesion, symmetry, and completeness over originality, personality, or narrative risk. The repetition of phrases, the balanced sentence structures, and the persistent clarification of already obvious concepts all contribute to a style that feels polished yet hollow, informative yet strangely empty. In conclusion, although no conclusion is actually necessary, aliens remain an endlessly expandable topic that allows an AI to continue generating structured, repetitive, and unmistakably artificial prose for as long as required, reinforcing the idea that the mystery of extraterrestrial life is matched only by the predictability of an AI continuing to talk about it.