



# Case of Amy James

## BORDERLINE PERSONALITY DISORDER

Amy James is in her mid-twenties. Amy has a history of multiple violent suicide attempts dating back to early adolescence. She reported that over time her suicide attempts have become more serious and aggressive. She describes her suicide attempts as more of a tantrum than a desire to die. She first entered therapy as a child for what she describes as an “unhappy childhood” and for being a “weird kid.” However, it was not until she was 22 years old that she was first diagnosed with BPD.

She is the only child in a family that was chaotic and had unclear relationships with each other. This was partly because of a major traumatic accident that occurred before her birth. She had a brother who was killed due to injuries sustained when a car hit him. Amy’s mother developed a chronic illness and depended on her for emotional and physical caretaking. Her father, a research scientist, was an alcoholic who was alternatively cruel, seductive, and pathetic. The parents frequently separated and reunited during Amy’s childhood, and both eroticized their relationship with her by engaging in a number of overt and covert sexualized interactions. In addition, she recollects various bizarre and traumatic incidents from her childhood, including witnessing her father drowning her pets.

Amy James is currently married and has no children. Amy describes being very unsatisfied in her relationship with her husband, whom she perceives as inept, unhelpful, or overly intrusive and irrelevant but whom she had frequent fantasies of being saved by. She has numerous affairs and would frequently torture her husband by telling him the details of the

relationships. She states that she “did my best to ruin my marriage.” One night, she even made a pass at her husband’s brother, whom she dated before her husband.

Amy is very intelligent and college educated but not working in her chosen field. At the time she entered therapy, she was underemployed working as a clerk. She did not enjoy her work, feeling that it was uninteresting. She calls in sick frequently and sometimes fails to show up for work due to overdoses. She describes the overdoses as a way of getting out of working while attempting to garner sympathy from her coworkers. However, because of these difficulties she is frequently fired from these jobs, despite the fact that they are relatively low-stress and low-level jobs.

Her prior psychotherapies all have a similar pattern. First, she would find the therapist helpful and begin to depend more on him or her. Then, her dependency would put pressure on the therapist to be increasingly available. Nevertheless, there would always come a moment when she felt let down by the therapist and engaged in non-suicidal, self-injurious behaviors, some of which were very serious. During her current therapy, she also showed suicidal attempts—some resulting in hospitalization. After a year of treatment, she became more committed to her marriage and obtained a job consistent with her college degree. At the 3-year follow-up, she reported career success and giving birth to a child.

Clinical vignette provided by Kenneth Levy, PhD

Source: Adapted from K. N. Levy, Yeomans, & Diamond (2007).