

FEATURE ARTICLE

Art psychotherapy in a consumer diagnosed with borderline personality disorder: A case study

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ABSTRACT: *This case study reviews 11 sessions of art psychotherapy with a consumer diagnosed with having borderline personality disorder. A consumer who reported difficulty in communicating her lived trauma verbally and engaged in self-harming behaviour was offered individual art therapy sessions following a consultation between an art therapy student and clinical nurse consultant in an attempt to understand her experiences and to collaboratively engage her. Notes were taken after each session by the art therapy student, reflecting conversations with this consumer while they were engaged in art making, which were subsequently explored within formal clinical supervision sessions with a mental health nurse consultant. An art portfolio is reproduced. It illustrates the expressive power of image creation. The key features of the images were that of lived trauma, the externalization of thoughts and feelings, and intense emotional expression. The results of this chronological art portfolio case study indicated therapeutic benefits from the intervention for this consumer. Further investigations of this type of intervention are warranted within the mental health setting.*

KEY WORDS: *art therapy, borderline personality disorder, mental health, psychotherapy.*

INTRODUCTION

Health professionals have used a wide range of creative art therapies, such as music, dance, art, and creative writing, as forms of therapy for a range of mental health disorders. Since the 1940s, formal efforts have been made to combine art therapy with psychotherapy (Crawford & Patterson 2007). The underlying mechanism of action of art therapy is reportedly the focus on non-verbal communication and the facilitation of a trusting safe environment where individuals can express strong emotion (Harnden *et al.* 2004). The therapeutic effect is

said to be that the creative process encourages ability to self-express, promote self-awareness, improve insight, and enhance general psychological well-being. Opportunities to achieve greater clarity in understanding behaviours, expressing emotions, and articulating thought processes are sought in both individual-and group-based therapeutic contexts. Increased self-awareness and self-acceptance have been proposed as outcomes in this type of therapy (Crawford & Patterson 2007; Wood 2007).

Many psychological therapies focus on the development of a dynamic interpersonal relationship between the client and therapist, where the relationship between the client and therapist is of central importance. Art therapy differs in that it is a three-way process between the client, therapist, and image or artefact. Art therapists are able to utilize the varied theoretical frameworks in which they feel comfortable to work and use art media as the primary mode of communication (Richardson *et al.* 2007).

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EVIDENCE FOR ART THERAPY IN MENTAL HEALTH SETTINGS

There have been many attempts to analyse artwork within the speciality of mental health. These have predominantly been interpretive and impressionistic in nature (Hacking & Foreman 2000). There has been longstanding interest in the therapeutic benefits of the creative arts within the mental health speciality, and while painting and drawing have been used as treatment modalities for some time, valid and reliable studies of these interventions are limited (Crawford & Patterson 2007; Hacking & Foreman 2000; Luzzatto 1997; Wood 2007). The hospital stays of inpatients are increasingly short, and in turn, may explain why there is undeveloped literature about the therapeutic effects of art therapy within such environments (Luzzatto 1997).

Wood (2007) reports that art therapists have offered therapy to consumers in the midst of psychosis since the 1940s and argues that it provides space to express inconvenient or unspeakable feelings. Wood (2007) quotes a consumer as saying: 'It's like coming here makes it possible to open things and talk about them, but then it finishes and the door shuts' (p. 41). This observation is echoed by Nasser *et al.* (1991) who argues that the most disturbed consumers are often the least verbal or understandable.

There are several studies reporting the effect of art therapy in the treatment of mood and affect. In a study in a prison population in North America, Gussak (2007), using the Beck Depression Inventory, found a trend reduction in the scores of depressive symptoms. Several case studies report positive effects of art therapy in a range of populations: adolescents (Harnden *et al.* 2004), children with bipolar and comorbid disorders (Henley 2007), and depressed mothers and children (Ponteri 2001). Art therapy has been used as an assessment tool for mood pre- and post-electroconvulsive therapy (ECT). Hoshino *et al.* (1998) showed differences in the use of colour, line quality, and use of space pre- and post-ECT, which is consistent with the reported literature in depressed individuals.

Several attempts have been made to treat post-traumatic stress disorder (PTSD) with art therapy. Lyshak-Stelzer *et al.* (2007) report a comparison of a trauma-focused art therapy intervention with usual treatment, showing significant improvement in the treatment group using the PTSD reaction index. In a naturalistic study of 72 outpatients with PTSD, Gantt and Tinnin (2007) found that 45% of consumers met the criterion for recovery after a 2-week brief outpatient art therapy pro-

gramme. In a study of an art therapy group ($n = 8$) versus control ($n = 9$) of young adult females with a history of sexual assault, Volker (1999) found a trend in favour of PTSD symptom reduction in the treatment group.

In the treatment of personality disorders, Johns and Karterud (2004) reported an evaluation of 319 consumers who attended a day treatment programme consisting of art therapy and problem solving group treatments. In subjective ratings, consumers rated art therapy higher for benefit than the problem solving group.

APPLYING ART THERAPY IN THE MENTAL HEALTH SETTING

Both the image-making process and attention to interpersonal dynamics remain essential factors underpinning art therapy in the mental health setting (Luzzatto 1997). Considerable importance needs to be placed upon the skills of the art therapist. It has been suggested that the art therapist must combine several roles simultaneously: being a therapeutic ally for insightful consumers to tell their own story, a silent witness to artistic consumers who give shape to their mental image, and a facilitator to those who feel blocked and unable to express themselves (Luzzatto 1997). Luzzatto (1997) argued that art therapists must demonstrate to consumers that the visual communication, which is intrinsic to this type of therapy, can throw some light on and enable a greater understanding of the consumers functioning.

At the study site, an affiliated university approached the inpatient mental health unit in search of a clinical placement for its art therapy students. Upon discussion with the university and hospital, agreement was reached to allow the placement to occur in order to explore the therapeutic benefit of art therapy as an intervention. The illustrated case study that follows is an example of one such intervention.

AIM

This case study reviews 11 sessions of art psychotherapy with a consumer diagnosed with having borderline personality disorder.

CASE STUDY METHOD

The case study occurred at a 50-bed inpatient unit for people suffering from mental illness or severe behavioural disturbances from within the metropolitan suburbs of Sydney, New South Wales. A qualitative case study approach was taken, as it is an exploratory method of

enabling understanding of complex care issues, where detailed presentation of real-life experiences are preferred to quantifiable methods (Hewitt-Taylor 2002). This particular case study is an intrinsic case study that enables a greater understanding of a clinical presentation (Stake 1995). One of the advantages argued for using this type of case study is that they provide powerful stories that illustrate individually contextualized care. The case study approach allows for continuity and change to be clearly documented and enables the generation of theoretical proposition that may be generalizable to other groups (Grbich 1999).

Following a consultation between an art therapy student and clinical nurse consultant, a consumer who reported difficulty in communicating her lived trauma verbally and engaged in self-harming behaviour, was offered individual art therapy sessions in an attempt to understand her experiences and to collaboratively engage her. Notes were taken after each session by the art therapy student, reflecting conversations with this consumer while they were engaged in art making.

The art therapy student, who was on a clinical placement at the study site, provided the primary intervention. Art therapy is currently studied at a postgraduate Master's level. The Master of Art Therapy course, in which the student was enrolled in, is a postgraduate course for students who possess an undergraduate degree in design, performing arts, or visual arts (theory and practice) with units in psychology or equivalent studies, or an undergraduate degree in psychology or behavioural sciences. A comprehensive overview and orientation to the service preceded the intervention period and consumer contact. The student was supported onsite by a mental health clinical nurse consultant (first author) who provided daily clinical supervision, education, support, and 1 hour of formal clinical supervision, post-art therapy sessions. The clinical supervision was used to explore the artwork and its relationship to the consumer's cognitions, emotions, and behaviours as described by the consumer. The information arising from each session was used by the clinical nurse consultant and treating team to explore and develop the therapeutic relationship with the consumer, enabling purposeful engagement and a greater understanding of her needs.

A non-interpretative method of exploring the artwork was used here, as reported by Gilroy and McNeilly (2000), who suggested that the main feature of art therapy is the consumer's engagement with the picture, rather than the therapist's interpretation. As the intervention and therapeutic relationship developed, the powerful story being reflected by the consumer within the artwork

became more apparent. Upon discharge from the unit, the consumer was approached to discuss publishing the work within a health-related journal. A full explanation was given regarding any consequences associated with publication regarding anonymity and audience. The consumer was 'excited' at this possibility and gave informed consent to the presentation of her work. This consent was also discussed with the consumer and her treating team. Written consent was received from the consumer for the individual case study presented, and anonymity has been preserved.

CASE HISTORY

A 46-year-old female presented to the emergency department of a metropolitan hospital after taking an intentional overdose of prescribed medication. She had recently been discharged from the inpatient mental health unit, where she was known to staff, following a similar crisis presentation. She stated that the overdose was in relation to having no accommodation, and consequentially living on the streets. She also described being angry that her finances were being managed by the Protective Estates Order (a financial management order of The New South Wales Guardianship Act 1998; New South Wales Consolidated Acts).

She was reported to have a long history of borderline personality disorder, deliberate self-harm behaviour, and extensive history of admission and engagement with mental health services in New Zealand. Her progress in the inpatient unit was marked by periods of mood instability, increased suicidal ideation, and self-harm intent. She described episodic paranoid ideation relating to various individuals (staff, patients, and strangers). The intensity of her ideation varied with situational crises. Her behaviour was at times impulsive with frequent engagement in superficial self-harm. She exhibited agitation and occasional aggression towards staff members for what she described as 'staff not listening to her'. She was commenced on medication with a noticeable improvement in her mental state, demonstrable by a reduction in impulsivity, agitation, aggression, and paranoid ideation. She had difficulty engaging therapeutically with the treatment team and described difficulty in articulating, and thus, compromising understanding of her lived experience, her emotions, behaviours, and needs. As a result of these difficulties, it was felt that art therapy sessions may provide a medium that would allow her to be able to express her cognitions, emotions, and needs. These sessions would hopefully give staff an insight and greater



FIG. 1: Artwork produced in session 1.



FIG. 3: Artwork produced in session 3.



FIG. 2: Artwork produced in session 2.



FIG. 4: Artwork produced in session 4.

understanding of her world in order to better individually plan appropriate care.

An art portfolio is reproduced in Figures 1–11 as sessions 1–11. These images were created by the consumer over 11 individual sessions. They are reproduced here to illustrate the expressive power of image creation in a therapeutic environment and are available in colour on request from the corresponding author.

SESSION 1

The consumer was able to relive an extremely painful event from the past through the artwork. The consumer described being able to express the fear, anger, and humiliation she was currently experiencing. The

consumer described as she painted: ‘This is a big black cave, I have to paint an opening. . . . The purple is the curtain; I’ve opened it up for you and everyone to see my horror show’ (see Fig. 1).

SESSION 2

Through the painting, the consumer was able to discuss the anger she felt towards herself and the need to self-harm. The consumer explained as she painted: ‘I need to make a hand, I need knuckles . . . whack! If it were closed, it would have punched me.’ The consumer went on to state that she deliberately gave herself a black eye because she hated herself so much. She wanted to draw the green dots that she always sees and explained that she sees



FIG. 5: Artwork produced in session 5.

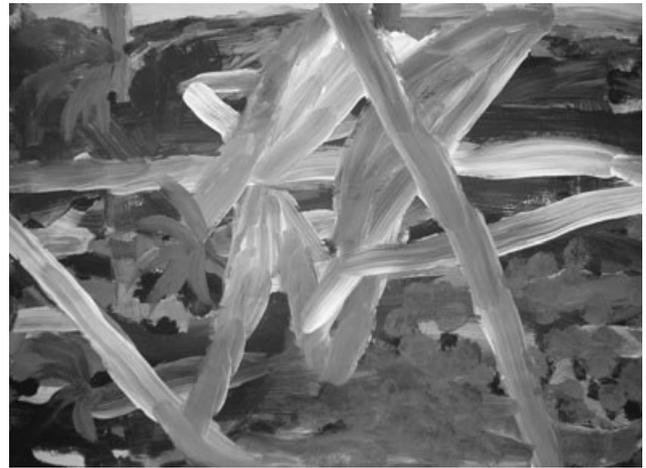


FIG. 8: Artwork produced in session 8.

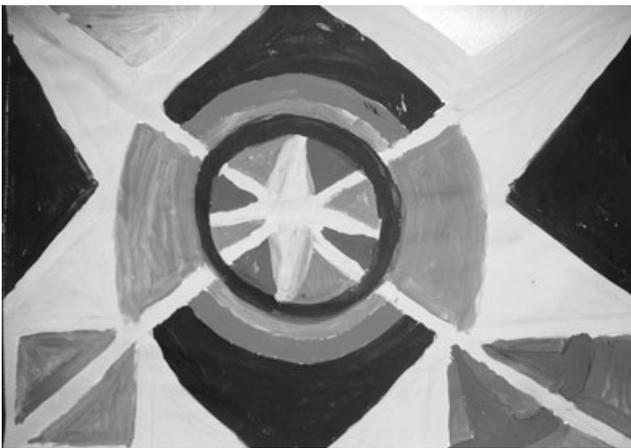


FIG. 6: Artwork produced in session 6.



FIG. 9: Artwork produced in session 9.

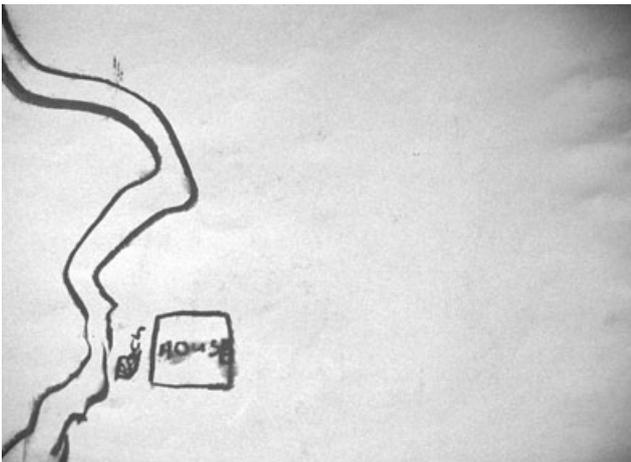


FIG. 7: Artwork produced in session 7.



FIG. 10: Artwork produced in session 10.



FIG. 11: *Artwork produced in session 11.*

'auras' around certain objects and people (blue around her arm). She said she used to see the black and red eyes of the devil, which she found very frightening. She then turned the eyes into a pair of sunglasses (see Fig. 2).

SESSION 3

The consumer depicted various allusions. She explained that she painted as things came to her. 'This is a big worm (yellow and red), rain (blue, green, and black dots and stripes, top right hand corner), a cyclone, (black and blue circle).' Then she painted a 'possessed tree' (silver and black) which transformed: 'Now it's a poisonous spider . . . it's a half scorpion, half crab.' She expressed her enjoyment: 'It feels really good to just sit here and do this; usually I don't have time. I'm just rushing all over the place' (see Fig. 3).

SESSION 4

Through this image the consumer was able to discuss her thoughts of suicide. After she finished painting, she reflected on her work: 'It looks like a rotting body; it must be me after my next suicide attempt, which I'm planning already. I really have to stop it. It's against the rules. Here are my ribs (red lines bottom right hand corner) and this is the body (yellow and orange at top of page), it's just rotting away. I guess that's how I'll look; it must be me rotting here. I just want to be chucked in the ground. I don't want a coffin. If you are in the ground, does it take a long time for the worms to get you?' (see Fig. 4).

SESSION 5

The consumer arrived late and had fifteen minutes to paint. She described what she was painting as she went: 'This yellow is the light I wish was in me . . . the red is a person in a coffin and the black is a tree that became uprooted.' She later reported the person as herself (see Fig. 5).

SESSION 6

The consumer made this image after severely punching both her eyes the night before. She was much calmer in this session and did not discuss any disturbing material. She commented on the yellow paint: 'What a beautiful colour. It's the light I wish was inside' (see Fig. 6).

SESSION 7

The consumer was 40 minutes late. She decided to draw a picture of the creek, farmhouse, and shack where she grew up and spent her first 16 years. She remembered some happy times there (see Fig. 7).

SESSION 8

The consumer was late and said little during this session, but was able to paint an image using a lot of green paint that reflected 'growth' (see Fig. 8).

SESSION 9

The consumer worked quietly while she painted, saying only that her painting had 'a circus feel' to it, which reflected how her life had been 'a number of circuses' (see Fig. 9).

SESSION 10

The consumer was able to express through this image a traumatic experience that happened to her in the 'here and now' while in hospital. As she painted, she said: 'I have just experienced the worst thing.' She had spent the day in 'solitary confinement'. She painted the seclusion room with black bars to represent 'imprisonment', then herself as a blob of orange and black, a ring of blue around herself for 'depression', and 'the arms of God are protecting me' in purple and gold. 'I don't even look like a human. I look like a nothing, a thing. That's what it felt like to be thrown into that cell . . . I really lost it. . . . I got really angry and out of control.' She returned to her image

and painted 'lines of anger bursting from me.' The angry lines then became 'my arms stretching out for someone to help me.' She continued: 'I didn't think they would ever open the door, I didn't think they would ever come to get me.' She painted yellow flecks on her arms: 'I still have a little bit of light in me. . . . I felt panic, anger, and abandonment. . . . I feel calmer about it now, I'm glad I did this' (see Fig. 10).

SESSION 11

This was her final piece of artwork in the individual sessions. The consumer described the yellow line as herself: 'It also looks like the stream from my childhood (referring to the drawing in session 7). . . . Yes, I could title this one "Battles of my Childhood Memories."' She also reflected on the art therapy sessions: 'It's been a wonderful experience. Thank you for your time with me to listen and let me think about my life. I like my paintings so much I am going to hang them up in my new flat' (see Fig. 11).

Following this final session, the consumer showed the art therapy student a drawing she had done (see Fig. 12). The art therapy student had previously suggested that it might be helpful to think of a calming subject matter that the consumer could draw when she needed to relax away from the sessions. The consumer proudly showed an image of a treble and base clef and described the pastel



FIG. 12: *Artwork produced following final session.*

drawing: 'This is about my music. I like playing. I thought of what I liked and what made me calm.' The consumer was able to take the experience of painting from the sessions and use it to focus on things that the consumer enjoyed. The consumer could now use this medium to help relax, as was suggested. The consumer reported now being able to focus on a love of playing music.

DISCUSSION

The illustrated case study highlights many of the experiences that existed for this consumer with borderline personality disorder. A predominant theme throughout these individual sessions was the reliving of previous traumatic events (see sessions 1, 2, 6, 9, and 10). Talwar (2007) reports that it is not uncommon for consumers to put into pictures traumatic experiences that cannot be verbalized, suggesting that images are more directly reflective of their 'being' than words, and are in fact a clearer indication of those real experiences.

Another emerging theme was that of the externalization of thoughts and feelings seen throughout all of the images, which has been found by other authors (Chartier 1996; Tracz & Gehart-Brooks 1999). Keeling (2007) notes that the process of externalization helps consumers explore their relationships with problems in a structured, non-blaming manner. This is similar to the process known as decanting in impulsive consumers, where consumers with conditions, such as bulimia nervosa, are taught to observe and explore emotions, rather than be consumed by them (Paris 2005).

Chronic suicidal ideation and self-mutilating behaviours are common in many people with borderline personality disorder. Reasons cited for this include relief from guilt and rejection, dissociative states, and traumatic childhood experiences (Paris 2005). Paris (2005) describes such behaviours as a way of communicating one's inner distress. This was captured within several images (see sessions 2, 4, and 5). A predominant theme throughout the chronological art portfolio is the intense feelings that the consumer experiences. She expresses feelings of anger, fear, humiliation, abandonment, and panic within her work. These experiences and the stimuli and arousal which they evoke are reported within the literature (Aviram *et al.* 2006). It would appear from the consumer's description of Figure 12 that she was better able to distract from distress and anxiety in a therapeutic manner as a result of her experience of art therapy.

The consumer was able to engage non-confrontationally with staff using art as a third party psychotherapeutic medium. This willingness to explore other

therapeutic modalities, both by the consumers and health professionals, allowed for the creation of a more purposeful treatment alliance.

FUTURE DIRECTION

Art therapy can play an important role in the psychosocial rehabilitation of consumers. Webster *et al.* (2005) suggest that it represents an invaluable opportunity for staff and consumers to work creatively alongside one another as equals in a creative activity. The use of art therapy by mental health nurses has previously been reported by Dexter and Wash (2000), although they describe the uptake of such interventions as slow. Mental health nurses are well placed to work collaboratively with art therapists in providing these structured therapies, both directly within the intervention and indirectly through formal clinical supervision, education, and support processes.

CONCLUSION

The results of this chronological art portfolio case study indicate that there were therapeutic benefits to be derived from art therapy for this consumer. The intervention enabled a greater understanding of the lived trauma and experiences of the consumer, which staff had previously been unable to access in a constructive manner. Further study is needed to more comprehensively explore the benefit arising from this therapy, and also which part of mental health services are best suited to the therapy.

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