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# Art Therapy for Individuals With Borderline Personality: Using a Dialectical Behavior Therapy Framework

Jessica Masino Drass

## Abstract

*Art therapy has shown benefits for people with borderline personality disorder and borderline personality traits by alleviating interpersonal difficulties such as affect regulation, an unstable sense of self, self-injurious behaviors, and suicidal ideation. Borderline personality disorder is currently viewed as a trauma spectrum disorder, because individuals with this condition are more likely to have experienced early trauma. Eight specific art therapy interventions that meet important treatment goals for those with borderline personality are described.*

## Introduction

Although there is little material published on the use of art therapy with individuals with borderline personality disorder (BPD), this population is frequently seen by art therapists (Gerity, 1999; Haeyen, van Hooren, & Hut-schemaekers, 2015; Lamont, Brunero, & Sutton, 2009). BPD is characterized in the *Diagnostic and Statistical Manual of Mental Disorders* as “a pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity” (American Psychiatric Association, 2013, p. 325). It is the most common of the personality disorders, with a prevalence rate of approximately 2–4% in the general population, accounting for 20% of people receiving inpatient mental health care and 15% of those receiving outpatient care (Gunderson, 2011).

The current conceptualization of BPD is that it is a trauma spectrum disorder closely related to posttraumatic stress disorder and dissociative identity disorder (Farber, 2008; Herman 1992; Horevitz & Braun, 1984; Howell & Blizard, 2009; Jacobson-Levy & Mills, 2011; Zanarini, 1997). Individuals with BPD are more likely to have had a history of early trauma (Briere & Zaidi, 1989; Herman, Perry, & van der Kolk, 1989; Paris & Zweig-Frank, 1997). Howell and Blizard (2009) proposed a framework for conceptualizing BPD, viewing it as a disorder of trauma, attachment, and

dissociation and suggesting it be renamed chronic relational trauma disorder. In this model, a fragmented sense of self is based on partially dissociated self-states and the defense of splitting is seen as a primitive form of dissociation (Blizard, 2003; Howell & Blizard, 2009). There is a significant amount of literature on the use of art therapy to treat trauma and dissociation associated with BPD (Appleton, 2001; Backos & Pagon, 1999; Engle, 1997; Gantt & Tinnin, 2007, 2009; Johnson, 1987; Jacobson, 1993; Pifalo, 2007; Talwar, 2007; Tripp, 2007). According to several authors (Cox & Cohen, 2000; Gantt & Tinnin, 2007; Jacobson, 1994; Jacobson-Levy & Mills, 2011), art therapy allows for access to nonverbal memories in a safe and nonthreatening way.

## Methods of Treatment for BPD

Psychotherapy is the preferred method of treatment for borderline personality disorder as opposed to treatment with medication (Saddock & Saddock, 2007), although pharmacotherapy can be effective for alleviating some of the symptoms (Gunderson, 2008). Research on a variety of treatments has shown that the most effective are those that are highly structured. This may be due to the lack of organization and structure that individuals with BPD experience subjectively in their internal and external worlds (Paris, 2008). Dialectical behavior therapy (DBT; Linehan 1993a, 1993b, 2014) has been shown to be effective in reducing some of the intense symptoms of BPD such as chronic suicidality and emotional lability (Koons et al., 2001; Linehan, Armstrong, Suarez, Allmon, & Heard, 1991; Linehan, Heard, & Armstrong, 1993). DBT is a structured, stage-based treatment model, grounded in Linehan’s biosocial theory of BPD. This treatment model teaches coping skills and is a combination of cognitive behavioral therapy techniques and Zen Buddhist concepts such as mindfulness and radical acceptance (Linehan 1993a, 1993b).

The goal of teaching coping skills is to help establish safety, identify emotions, learn grounding techniques, and develop containment strategies in order to reduce maladaptive behaviors and to build a life worth living (Linehan, 1993a, 1993b). Some limitations of these treatment methods are the length of time treatment requires, the expense of the treatment, and the lack of specialized treatment programs available to those who need it. Structured treatments either do not address or have not been effective in addressing the identity disturbance component of BPD (Bateman & Fonagy, 2008; Jacob et al., 2010; Parker, Boldero, &

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Bell, 2006), which is the unstable and unpredictable self-image that is a result of individuals looking to others for cues on how to feel, think, or act, rather than being able to stay in touch with themselves and rely on their own internal compass (Linehan, 1993a). In this article I describe structured art therapy interventions developed for working with individuals with BPD that are based on the literature and my experiences as an art therapist in a DBT-based program.

The extant literature has shown that it is important for patients with BPD to have structured treatment, but also treatment that promotes the ability to gain a sense of self-control and mastery (Clarkin, Levy, Lenzenweger, & Kernberg, 2007). Literature on art therapy points to its value in building these concepts, as well as identity and self-image (Engle, 1997; Golub, 1985; Rankin & Taucher, 2003; Silverman, 1991; Spaletto, 1993). Linehan (1993a) has suggested that the creation of art can help to develop a self-image. Moon (2009) proposed that self-directed art making might help individuals build a sense of personal history and gain insight into their core sense of self. In this respect art functions as part of a “continuously evolving self-portrait” (Moon, 2009, p. 196) wherein an individual can gain insight into personal identity. Moon viewed patients as using the space provided by the art studio to develop a sense of internal structure and asserted that by creating art, individuals with BPD could begin to build a cohesive sense of self.

## Art Therapy Interventions for Individuals With Borderline Personality Traits

The art therapy interventions I describe below allow for a series of preplanned art therapy projects to be completed at each person's pace. Table 1 provides information on the

**Table 1** Art Therapy Interventions for Individuals With Borderline Personality

Task	Themes addressed
Wise mind books	Containment, control, and identity
Save-it-for-later boxes	Emotion regulation and containment
Layered collages	Integration and mastery
Distress tolerance baskets	Skill-building and self-soothing
Strength medallions	Hope and empowerment
Dialectical dilemmas	Holding on and letting go, control
Printmaking workshop	Trust and cohesion
Mindfulness through watercolor	Self-soothing and distress tolerance

treatment themes each project addresses. Below, I present rationales for each project along with vignettes from my experience working as an allied clinical therapist in a dialectical behavior therapy–based partial hospital trauma program for women, where I conduct both art therapy groups and DBT skills groups (Drass, 2012). In the studio, I post a list of long-term projects that patients are able to choose from to work on during art therapy studio group sessions. Involvement in long-term art projects can give these individuals the opportunity to plan within a structured framework, take risks by working outside of their comfort zones, work through feelings of dissatisfaction, form personal opinions, make aesthetic choices, and discover what works when making revisions to their artwork, all of which can help them to practice DBT skills (Huckvale & Learmonth, 2009). I have found a natural connection between DBT skills and art therapy. The art therapy studio provides a bountiful opportunity to practice skills in the moment, and I have observed that working on the same piece of art over an extended period of time can lead to an integration of skills taught in the DBT core areas of mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (Drass, Kichinov, & Manley, 2015). The art itself provides a concrete example of skill usage that the patient can refer to during treatment and after discharge.

## Structure of the Art Room and the Sessions

A sense of structure is important in the art therapy sessions and in the physical layout and organization of the art room. Establishing a routine for sessions helps model a sense of structure for the patients that they can internalize (Huckvale & Learmonth, 2009; Lamont et al., 2009; van Lith, 2008). Knowing what to expect helps provide a sense of safety, which has been shown to be an important part of trauma treatment (Backos & Pagon, 1999; Pifalo, 2002; Rankin & Taucher, 2003). The layout of the art therapy room can also help to provide structure, routine, and safety. Having a variety of art materials available for use, stored in an organized manner, can aid patients in making choices as to what they want to work on. This can also help establish a sense of autonomy and personal control. Many patients with histories of trauma maintain a sense of hypervigilance, especially in unfamiliar surroundings (Herman, 1992), and once they are familiar with the organization of the room they begin to feel safer and more comfortable using media pertinent to their creative expression at any given moment.

In our treatment facility, art therapy studio group sessions are held once a week. At the beginning of the session, the group is oriented to our guidelines. Patients are able to work on projects they previously started or they can choose to begin something new from the list provided. When a new group member joins, I conduct a brief orientation to the studio and the projects and ask questions about prior experiences with art to determine which project might be a good starting point. When working with patients who have a history of trauma, I have found it is important to start with materials they are comfortable using. This helps to establish a sense of safety and trust in the art room and lays

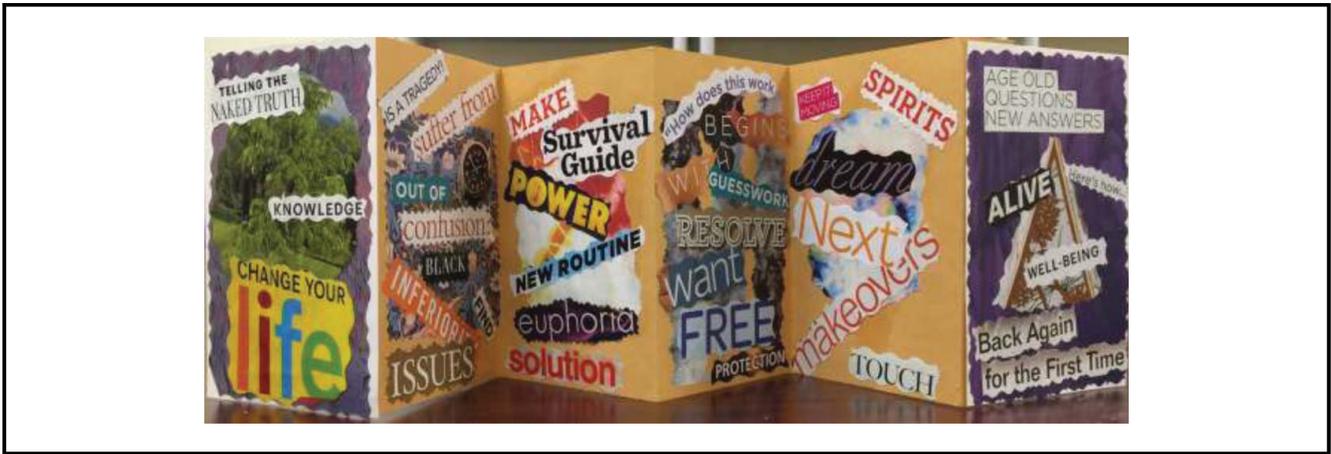


Figure 1 Wise Mind Book Example

a foundation to build rapport with the therapist. The art therapy projects I use and describe next are: wise mind books, save-it-for-later boxes, distress tolerance baskets, strength medallions, layered collages, printmaking workshop, dialectical dilemmas, and mindfulness through watercolor. Although there is not a specific sequence for these projects, they can act as a list of options for patients to choose from. Because trauma work is not always accomplished in a linear manner, it is helpful for individuals to be working on multiple projects at any given time to help them build a sense of control and mastery by choosing what to work on, as well as being able to put the project away and work on something else if the material that emerges evokes an intense emotional response.

### Intervention 1: Wise Mind Books

The “wise mind book” is a simple accordion bookmaking process that I view as a three-dimensional collage made with basic art supplies (Drass, 2013). Once the book structure is completed, patients are asked to focus on the inner and outer representations of self by asking: “Who do I present to the world?” and “What story do I have to tell?” I then invite them to push those questions to the back of their minds and to embark on a “fact-finding mission” looking through collage materials. They are specifically told that they do not need to glue anything down at first, which can help them let go of any expectations and tendencies toward perfectionism that may occur. This process of intentional looking can help to access the “wise mind,” a DBT skill of focusing on one’s intuition (Linehan, 1993b), and the individual’s personal narrative evolves through the collage process over time.

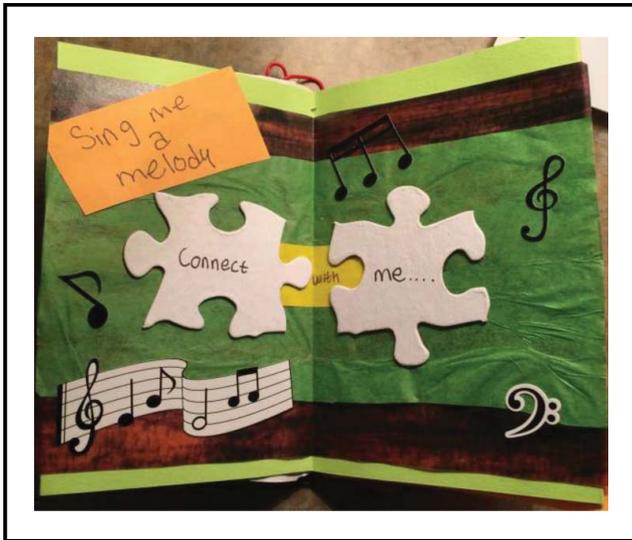
This project addresses issues of containment, control, and identity. Individuals are able to control how the book looks, what is in it, and when it can be opened or closed. The book can act as a metaphor or transitional object throughout treatment. It cannot be completed in a single session, so it can help establish a sense of continuity as patients come back to it over a number of sessions. Figure 1

is an example of the narrative process manifesting for a patient working through the challenges of addiction and relationship difficulties. She spent most of her first sessions looking through collage material and collecting words she felt a connection with. She expressed that the final product depicted her time in treatment and she was able to share it with important people in her life.

The covers of the book represent the self that is presented to the world, and the inside is meant to represent one’s identity or core sense of self. When working with patients with BPD on their wise mind books, I have observed the amount of effort they invest in the decoration of the covers. This is usually the first area they focus on. Once the covers are finished, they typically have a difficult time deciding what to put inside. This could speak to the lack of a cohesive sense of self often associated with BPD, as well as a disconnection from one’s personal history, which could be related to dissociative experiences. Figure 2 represents an example of a patient’s desire for connection that may be related to an unstable and unpredictable sense of self. This woman had struggled with connecting with her core self and her shifting self-states were mood- and situation-dependent. She often used music as a way to connect to and express her emotions, which she depicted in her wise mind book.

### Intervention 2: Save-It-for-Later Boxes

“Save-it-for-later boxes” can be made with simple, recycled jewelry boxes or any box that has a detachable lid. On the inside patients are asked to symbolically represent a symptom, memory, or issue they are currently working on in treatment. On the outside they represent their personal strengths, DBT skills they have learned, and external support systems they use to help contain or manage whatever is inside. There is not a specific order to working on this project; the patient can go back and forth between working on the inside and the outside, based on what feels comfortable in the moment. This project can help with containment and provide a visual image or reminder to practice coping



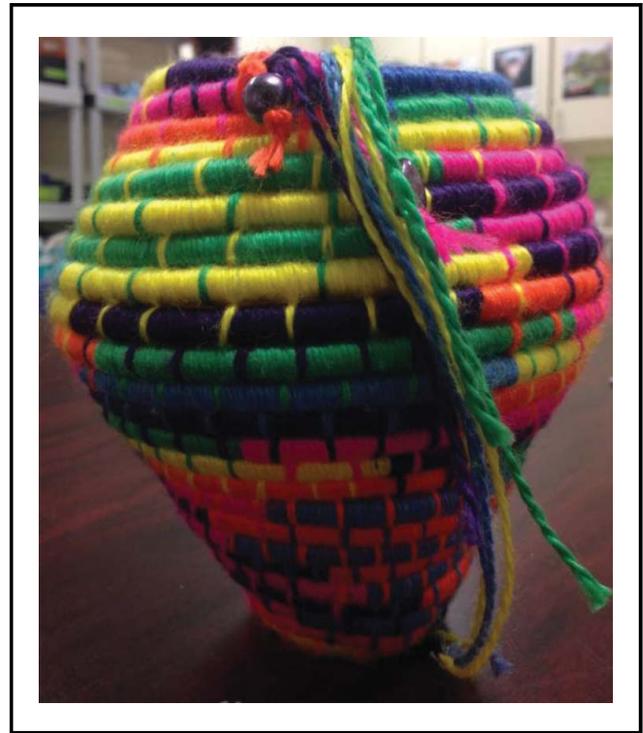
**Figure 2** Wise Mind Book Example: Connect With Me

skills once they leave treatment. This project also metaphorically makes use of personal control and boundary setting, as the patient can visualize opening and closing the box when needed, but can also maintain boundaries in the moment. One patient with dissociative identity disorder was working on the box and started having an active flashback. With guidance she closed the box, put it on the shelf, and was able to ground herself in the present moment and choose another art project to work on.

These boxes have been helpful by providing a concrete example of using skills for containment and self-regulation. I have observed patients choose to revisit the inside of the box when they feel more emotionally regulated. This project reinforces the use of skills first (outside) before attempting to process (inside). This is especially important in stage-based approaches to BPD and trauma treatment such as DBT (Herman, 1992; Linehan, 1993a, 1993b, 2014). The patient needs to be able to stabilize behaviors such as self-harming or suicidal ideation before attempting to manage memories or symptoms that may lead to intense emotional responses.

### Intervention 3: Distress Tolerance Baskets

These baskets are made from a basic coiling technique that uses a figure-eight stitch. Creation of a new object (the basket) can build a sense of mastery and competency, while also teaching the individual to ask for assistance when needed (Drass, 2015b). Once the coiling skill is learned this project can help with self-soothing, relaxation, grounding, and empowerment. The art therapist aids in the beginning construction of the basket and in teaching the stitch. Individuals are told that they may not grasp the stitch right away, but that eventually they will learn the skill. They are guided to work through the initial frustration of the task and to ask for help from the therapist when needed.



**Figure 3** Distress Tolerance Basket Example

I have observed time and again as individuals work through initial feelings of frustration and the desire to abandon the task yet by the end of the first session they have usually mastered the skill. Often they become so interested in the project that they take materials with them to work on the basket at home. Figure 3 shows an example of basket done almost entirely at home. The patient took materials from the art room a few pieces at a time as she made her basket. She discussed the progress of her project and how she used the process of making the basket to build skills in grounding and self-soothing that helped her when she was dealing with the urge to dissociate.

### Intervention 4: Strength Medallions

This project is geared toward instilling a sense of hope and empowerment. It begins with the creation of a personal symbol of strength, which can be made from clay, plaster, or even recycled material such as cardboard, as long as there is a small hole in the object for placing it on a lanyard. Both sides of the object are used, which offers an opportunity to discuss the idea of opposing forces in life with each side representing the opposite of the other. Once the symbol is made patients place their strength medallion on a string (cord, yarn, or other lanyard material) and add beads to embellish the piece. The beads can represent people or objects in their lives that provide support. These medallions can be used as jewelry or can be placed in a prominent spot where they can be seen and used as an aid in grounding and self-regulation. Figure 4

shows examples of strength medallions. Many patients will use their strength medallion as a tangible object to physically hold to help with grounding, self-soothing, and mindfulness practices. Some patients say that driving a car can trigger anxiety and dissociative episodes, so they have hung their medallions from their rearview mirrors as a reminder to use emotion regulation skills.

### Intervention 5: Layered Collages

This project makes use of collage by introducing surrealist art examples from art history, with special attention given to the concept of juxtaposition of dissimilar objects or forms. Patients are invited to look through magazines or collage files and pick images they are drawn to, paying careful attention to incorporating images in a variety of sizes that can contribute to making an image appear surreal. Then they are instructed to create their own landscape or environment with the images, working from back to front, or from larger images to smaller, more detailed ones. Taking images out of context allows the person to form new associations to them, and the collage ends up having a variety of overlapping layers. Figure 5 is an example of a variety of layers in the art—both images that can be seen and images and text that have been covered. Underneath the collage is a journal entry written by the patient. Even though the words are not fully visible, they hold a great

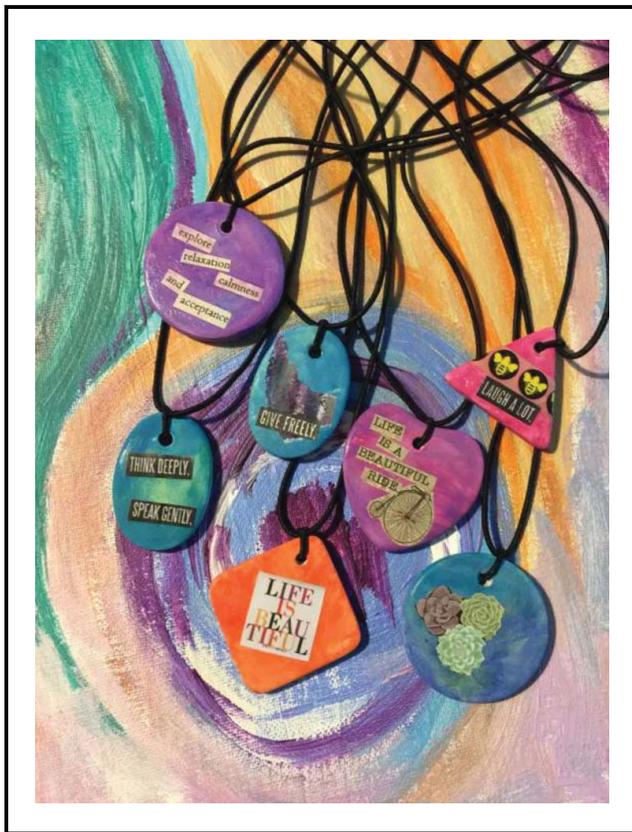


Figure 4 Strength Medallion Examples



Figure 5 Layered Collage Example

deal of meaning for the patient, and are closely related to the images that are layered on top.

Once the collage is complete the person is asked to free associate and then look for personal meaning in the images chosen. This project works toward integration, mastery, and development of a sense of self so they can find meaning and gain insight into why they chose certain images and what that can tell them about themselves. Individuals with BPD appear to make insightful connections between chosen images and aspects of their identity by discovering meaning in things that do not make sense initially. By overlapping a variety of materials they are able to recognize a feeling of wholeness and individuality. Figure 5 depicts a project that led to a patient's exploration of her identity in relation to her family roles. She stated, "I'm becoming more aware of the story I tell myself about how things 'should' be, or how they don't 'measure up,' and trying to use this awareness to let go of those comparisons that aren't serving me" (Drass, 2015a). This project also seems to help bring order to a sense of inner chaos these individuals experience.

### Intervention 6: Printmaking Workshop

The use of simple printmaking techniques in a workshop format is helpful in establishing trust both with the therapist and with the art materials. I have learned that trust comes from working with the materials and gaining an understanding of how they work, and how they can be manipulated to achieve a desired effect. It also comes from letting go of wanting complete control over a medium that you cannot entirely control. When working in a group, printmaking can also help build cohesion among members, because the nature of using the materials lends itself to sharing supplies and the need for communication. This workshop focuses on the exploration of basic printmaking supplies such as block printing ink, brayers, and premade stamps of designs and letters. Brief instruction on the use of

materials is provided; the use of premade stamps adds a sense of structure and containment while also allowing work with a kinesthetic, fluid media when rolling out the ink. The creation of a print helps build mastery and working with a group in this way can reinforce appropriate social contact (Mueller White, 2002).

Individuals with BPD respond well to simple printmaking techniques, and they are able to explore difficult memories and distressing emotions while maintaining a safe distance so as not to become overwhelmed. A patient who had extreme difficulty with distress tolerance completed the print in Figure 6. She found her creative voice through this art process. This was the first time she was able to step back from the process and set a limit for herself. She enjoyed the process of rolling the ink so much that she typically had trouble stopping at the end of the session. When she was creating this piece, close to the end of her treatment stay, she was able to stop 15 minutes before the group was over and said, "That's enough, I like this piece just as it is." She was able to recognize that stopping earlier demonstrated improvement, and she was able to connect this behavior and insight with problematic interactions she experienced in everyday life.

#### Intervention 7: Dialectical Dilemmas

For this task, which can be used for a single session of art therapy, the individual is asked to create an image based on a dialectical dilemma, which is a predicament made complex by opposite or opposing forces, such as the idea of holding on and letting go of something, or a feeling of being in and out of control (Linehan, 1993a). This often leads to a discussion of a variety of topics and can be especially helpful in exploring two opposing sides of a situation in order to gain a sense of insight and understanding. The topics that are discussed often center on the core theme of self-concept. An example of this is holding on to a sense of identity while letting go of self-harming behaviors and traumatic memories. This speaks to the difficulties that individuals with BPD have with both negative and positive



Figure 6 Printmaking Workshop Example

feelings about themselves. Sometimes they keep holding on to the past and let go of hope for the future, but in treatment they are taught to move toward mindfulness, to focus on the present, and to let go of the past. This exploration of opposites can be beneficial for patients with BPD, who typically are not always aware of the differences between extreme states (Linehan, 1993a; Moon, 2009). Artwork can serve as a concrete, distancing method for exploring real life situations where patients may be faced with dialectical dilemmas. Although this can be a separate art task, it is also beneficial to explore dialectical dilemmas as they spontaneously arise in any art piece, and this can be an area for rich discussion.

#### Intervention 8: Mindfulness Through Watercolor

In DBT, the basic mindfulness skills are known as the "What Skills," which are broken down into skills called observe, describe, and participate (Linehan, 1993b, 2014); in the art therapy room I make a point to highlight how a patient is using these skills in the moment. These skills are meant to build awareness and help with regulating emotions. The "mindfulness through watercolor" task focuses on self-soothing, gaining perspective, and the development of coping strategies. When working with watercolor in this way, individuals are asked to really "just notice" the effect

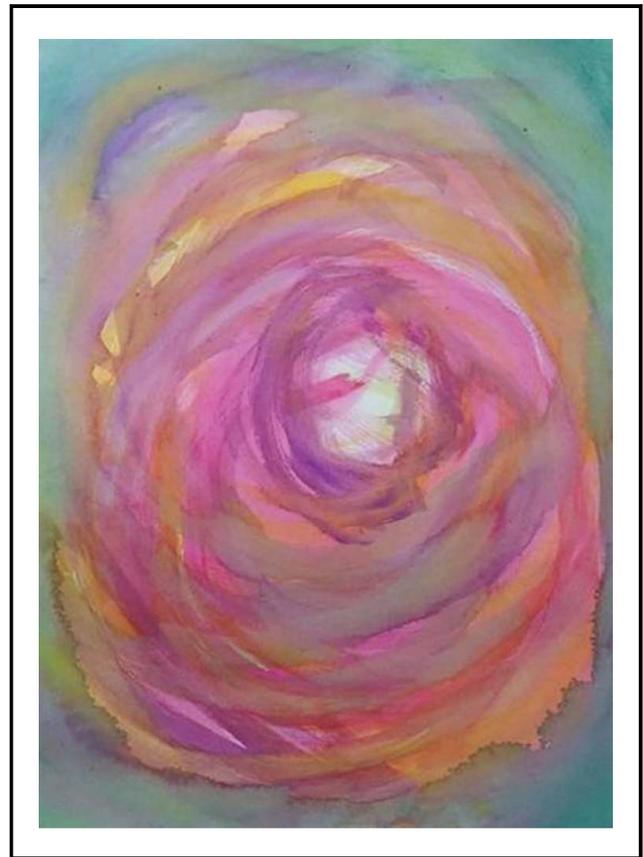


Figure 7 Mindfulness Through Watercolor Example

of the paint on the paper, and to stay in the moment. They are directed to try to dispose of any expectations of making their image “look like something,” and to just participate in the experience. At the end of the session the discussion can focus around any difficulties they may have had staying present in the moment or letting go of expectations, and explore any parallels to situations in their lives. There is almost always a great deal of difficulty initially letting go of expectations, yet patients seem to participate more fully in the experience as the session progresses.

Although this project has the possibility to be inherently regressive due to the use of unstructured, fluid media, it appears to be soothing at the same time. This medium in particular can be difficult to control, so the individual needs to be able to give up control as they are working on this task. The painting in Figure 7 was created by a patient who initially had difficulty giving up control and working with materials in the art room, but over time learned to access her “wise mind” through art making. She stated, “when I let go of expectation and allow myself to ‘just be’ I create my most authentic artwork. . . and I feel a sense of relief when I do.” This project can help with practicing the skill of radical acceptance (Linehan, 1993a). I have observed that some individuals are willing to allow their colors to mix, whereas others attempt to keep rigid boundaries by preventing color mixing. While discussing this experience with patients, they often make insightful connections to patterns of behavior in their own lives that mirror their experiential process with watercolor.

## Summary

The projects described above provide a framework for guiding my clinical practice with individuals with BPD, with special consideration given to the effect of trauma and dissociation on each individual. The literature speaks to both the use of art therapy studio and patient-generated art-making processes, as well as more structured therapist-directed art tasks. I suggest a combination when working with individuals with BPD to aid in gaining a sense of control by encouraging them to make their own choices and then adding structure when necessary (Huckvale & Learmonth, 2009; Lamont et al., 2009; Moon, 2009; Silverman, 1991; van Lith, 2008). These art tasks could be used either in a group or individual format, with some minor modifications. When working in a group setting, I suggest that the discussion of the artwork be kept at the metaphorical level, with careful attention given to coaching each person to not divulge too much personal detail from trauma memories or experiences. This is done to protect group members from possible triggering of their own trauma memories. When working individually, the art therapist is able to help the patient explore emotional associations on a more personal level. It is important to assess what is needed for each individual at any given moment over the course of treatment. A framework of structure and safety in the art room provides individuals with BPD with the opportunity

to explore identity and build a personal narrative in creative and meaningful ways.

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