

# Filling the form: Expressive Therapies Continuum-guided treatment of narcissistic personality disorder

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## Abstract

Sara was a 65-year-old Caucasian woman who requested art therapy after the death of her partner. She had experienced incest by her father and verbal abuse by her mother until she left home at 21. Her life was characterized by broken relationships due to alienating anger outbursts and an interrupted work history; she met three criteria for narcissistic personality disorder. Sara initially was socially isolated and intellectualizing. She desired recognition but was fearful of exposure. The Expressive Therapies Continuum (ETC) theoretical framework, which consisted of a gradual progression from cognitively-dominated sessions to more emotionally focused processing, guided the therapeutic work. The ETC theory encourages transparency and collaboration between therapist and client regarding therapeutic tasks and goals, and provides a framework for addressing and repairing ruptures in the therapeutic alliance. Art therapy began with the cognitive tasks which Sara completed relatively comfortably, then encouraged integration of emotion via expressive writing, diagrams, and body mapping. Through careful attention to repair of ruptures by directly discussing and adapting the direction and tasks of therapy, Sara slowly was able to experience

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emotions other than anger. She integrated cognitive and emotional insights about her life and developed empathy for her childhood self. At termination Sara had cultivated two friendships and met only one criterion of NPD. Limitations of this case study include a lack of research evidence for ETC-guided art therapy with NPD clients and by the retrospective approach. Future research efforts could provide this support by encouraging clinicians to conduct prospective case study research.

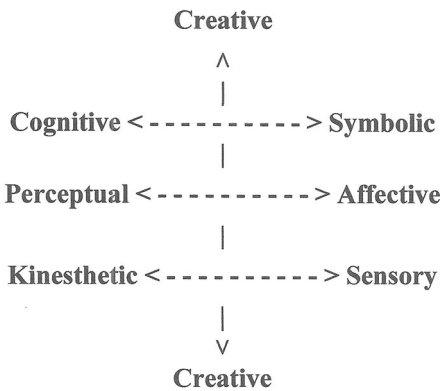
**KEYWORDS**

art therapy, body mapping, Expressive Therapies Continuum, personality disorder, repair, rupture

**1 | INTRODUCTION**

The Expressive Therapies Continuum (ETC) (Kagin & Lusebrink, 1978) is the theoretical model used to guide the treatment presented in this case. The ETC theory explains how people take in and process information as they interact with art materials. It is believed that the ways people process information during art therapy mirror the ways that they do so outside therapy (Hinz, 2020). When the art therapist identifies a client's preferred information processing style and begins art therapy in this manner, the likelihood of therapeutic attunement is increased. Attunement is important with all clients but perhaps especially for those with personality disorders, with whom establishing rapport might be especially difficult due to impaired metacognition and empathy (Dimaggio et al., 2014).

The ETC model is comprised of three bipolar levels arranged in a developmental progression as pictured in Figure 1. At the bottom, information processing involves simple movement and sensation. It progresses through emotion and emotion regulation (perceptual) to complex cognitive and symbolic processes. Through the creative process, each ETC component possesses a unique therapeutic property. For example, movement allows for tension reduction and relaxation, and sensation promotes mindfulness. Perception organizes and contains emotion and affective work allows for the appropriate expression of emotion. A cognitive focus can increase executive



**FIGURE 1** The Expressive Therapies Continuum diagram.

functioning, and symbolic work can foster acceptance of previously disowned or disliked part of the self (Hinz, 2020). The ETC-trained art therapist can differentially use media and methods to promote various types of information processing to achieve different therapeutic results.

According to the ETC model, if people are extreme or exclusive in their style of processing information, this lack of balance could result in, or be the result of, psychological difficulties (Lusebrink et al., 2013). In ETC assessment, clients are presented with an array of art materials ranging from pencils and pastels to paint, clay, and collage materials, and are asked to create freely. Three assessment sessions are conducted to gain knowledge of clients' material preferences and interaction style, impressions of the creative process, and final art products.

Clients who prefer getting their hands on sensuous materials without regard to the finished art product, likely prefer the sensory component. Using sensory-rich processing, the client can be assisted in reducing internal sensory overload and in promoting mindfulness through a focus on sensation. Those who engage with materials through vigorous, repetitive, or large body movement likely process information through the Kinesthetic component. Movement can be used therapeutically to help clients gain greater awareness of their physical nature, reconnect to the body, or to gain trust in bodily wisdom. Resulting beneficial effects can be the release of energy, relaxation, and focused attention.

Perceptual functioning is detected through a focus in art on shape, line, color, and pattern—the formal elements of visual expression. Perceptual images are not symbolic and do not tell a story, but they can be used to regulate emotion as confusing or chaotic internal stimuli are given form. This focus on line and shape is responsible for the calming or distracting effects of coloring or doodling (Kaimal et al., 2017). The opposite component, Affective, is identified through the loosening or disintegration of form and the use of bold colors. Artistic involvement with varieties of emotional experience can be a channel for identifying, discriminating, and processing emotions.

Cognitive art is characterized by the use of diagrams or words in visual expressions. A cognitively dominant client uses image to present a concept or tell a story. Clients rational and intellectual explanations result in their work becoming depersonalized and their descriptions professorial. However, cognitive processes can be used therapeutically to promote problem solving and decision-making skills. Concentration on personal or universal symbols and metaphor is characteristic of the Symbolic component. Overinvolvement with metaphor or symbolic systems (e.g., zodiac or tarot) can result in lack of personal emotional connection. However, therapeutic use of symbols can increase personal meaning and self-understanding or inspire acceptance of previously rejected parts of the self (Hinz, 2020).

Following ETC assessment, client and therapist view the art products together and discuss the structure and function of the ETC model. The client is encouraged to identify their preferred information processing style as well as lesser used or avoided ETC components. Preferences are highlighted as strengths that can be comfortably used and returned to at any time in therapy with ease and familiarity. Art therapy is conducted through the presentation of art media and instruction, to encourage creative functioning and the increase or decrease of unbalanced ETC components. The client is assisted, in a gradual and systematic way, to use materials and methods to develop different information processing abilities. These experiences are related back to the structure of the ETC and the presenting issue so that the client understands their directions and meanings. Eventually clients select materials and methods with these learned rationales in mind. As was mentioned above, an underlying assumption of the ETC model is that the ways in which people process information when interacting with art materials mimic the ways that they think, feel, and act in other areas of their lives and that these are related to their mental health status (Hinz, 2020; Péntzes et al., 2016) and attachment style (Haeyen & Hinz, 2020).

## 2 | CASE FORMULATION

### 2.1 | Presenting problem and client description

Sara was a 65-year-old single Caucasian female, self-referred for individual art therapy. She requested art therapy because she had tried verbal psychotherapy with no success. Sara lived alone following the death of her partner.

She was not working because she was disabled by an autoimmune disease. When Sara entered the therapy room for the first session, she turned to the framed university degrees, gave an exaggerated military salute, and watched for a reaction. When I laughed, Sara appeared to relax and said, "I'm glad *one* of us made it." She added that as a young woman she wanted to be a medical illustrator or art therapist but lacked the support that I obviously had. This was the first of many times that Sara compared herself unfavorably to me, demonstrating her sensitivity and insecurity in the relationship which resulted in many therapeutic ruptures and opportunities for repair. Ruptures are defined as any breakdown in collaboration about the direction, tasks, or goals of therapy which can result in client withdrawal from or confrontation of the therapist. Ruptures can be overt or subtle but in general are best dealt with through therapist reflexivity followed by direct conversation with the client about adapting the therapeutic direction or tasks, or by discussion of therapist and client needs and desires for therapy (Muran & Eubanks, 2020).

Sara brought a stack of papers to the intake session that included a six-page document detailing her family history, descriptions of her personal success, professional skills, and her social/home life, along with her professional resumé. She asked that I look over the documents to achieve background knowledge before talking about her reasons for seeking therapy. The documents detailed a lifelong history of sexual abuse, autoimmune disease, broken relationships, and interrupted work history. Sara sought therapy because she was "stuck in grief" over the loss of her partner. However, she was not sad but angry, claiming that they had only "one good year" together before her partner became ill and required frequent hospitalizations and her caregiving until he died 10 years later. Sara said she had planned to begin a doctoral program in psychology when her partner became ill, and these plans were interrupted.

Sara was the victim of incest by her father from 3 to 21 years. She also was the victim of psychological abuse, being told that she was "stupid and no good" because she was a female. In addition, from the age of 11 years Sara was required to cook and clean for the family which included a younger brother who was "treated like a prince." She coped by reading or drawing. When Sara showed her drawings to her mother, she laughed—not in delight but in derision. Growing up, school was a refuge, and the occasional teacher helped Sara feel a sense of accomplishment and recognition. However, Sara's parents did not support her continuing education past achieving a 2-year university degree in an allied health profession.

Sara married early to "escape" her family but divorced 4 years later because, according to Sara, she could not subject her husband to a life with her. He was "too good" and "too innocent" to be burdened with "damaged goods." Throughout the rest of her life, Sara was romantically involved with alcoholics, drug addicts, embezzlers, and men who were not faithful. She raised other people's children but never had a child of her own, which was a great regret. Sara had several different types of careers but claimed that she never cared for any job and received more satisfaction from helping friends and family members. However, when she came to therapy, Sara was estranged from her family and had no friends, having taken offense at their lack of gratitude for her free advice and help.

## 2.2 | Diagnostic impression

Personality disorders represent lifelong patterns of significant impairment in identity, intimacy, and agency (APA, 2013). Sara met the three main DSM-5 criteria for narcissistic personality disorder. She showed excessive reference to others for self-definition, goal-setting based on gaining approval from others, and antagonism of others based on her need for recognition and admiration. In addition, she demonstrated perfectionism which alternated between believing that she had obtained perfection and still needing to prove herself to be perfect. Sara's presentation vacillated between a strong, compelling persona and a vulnerable one as is characteristics of vulnerable narcissistic personality disorder (NPD) or pathological narcissism (PN) (Dimaggio, 2022; Pincus et al., 2014; Yakeley, 2018).

Sara had a fragile sense of self and was dependent upon others' opinions of her for self-definition and self-esteem. She had difficulties with intimacy and impaired empathy, including empathy for her own feelings. Sara offered large amounts of information in an intellectualized manner without accompanying affect. She talked about

her life in abstract and general terms, unable to give many specific examples from memory. Sara claimed to reject her family's preoccupation with money and status, but she desperately wanted admiration from others for giving them free advice and "therapy." One by one she rejected family members and friends because they were ungrateful for her superior advice and support.

When she did not receive appropriate recognition, Sara was ashamed and felt used. Her emotions and behavior became dysregulated, and she felt vulnerable, empty, and helpless. These feelings left her prone to anger, envy, and aggressive actions. In comparing herself to me, Sara frequently mentioned that she could have earned a doctorate if she had personal or financial support. But instead of receiving support, she was abused, and abandoned. Sara took pride in describing the ways that she sought revenge against men who had abandoned her. While they were at work, she donated their furniture and clothing to charity, so they returned to empty houses. But Sara's gleeful descriptions ended in woeful depictions of her alone, feeling defeated and stuck.

### 2.3 | Rationale for art therapy

Because she was so adept at telling her life story in a generalized and intellectualized way, it would be difficult for Sara to change with words alone. Art would provide alternate routes and additional information; it could be a way to bridge the cognitive and emotional parts of herself (Hinz, 2020). Being an active treatment, creative arts therapies can reinforce a sense of agency and self-direction (Dimaggio et al., 2020; Haeyen et al., 2018). ETC-guided art therapy focuses on beginning with strengths and resources which can reinforce an internally motivated sense of identity. With Sara, the goals of art therapy would address intimacy difficulties by forming a trusting relationship with her, actively repairing ruptures, and respecting her way of viewing and operating in the world, while gradually helping her open to new, more adaptive ways of functioning. These changes would require that Sara gain greater access to her emotions and develop empathy and the ability to share emotions with others. An initial step would be for Sara to share emotions with me; however, during assessment it was clear that Sara had difficulty allowing herself to be vulnerable through creating and sharing artwork. Although she specifically sought art therapy, the first three sessions involved Sara writing detailed descriptions and lists of her current and past difficulties as is shown in Figure 2.

### 2.4 | The therapist

I am a Caucasian female, board certified, registered art therapist, and licensed clinical psychologist in private practice for 35 years as well as an associate professor of art therapy psychology at Dominican University of California. I have explored and expanded on the ETC in academia, research, writing, and clinical practice. The ETC is the general framework through which I approach art therapy as well as the specific model used in this case.

### 2.5 | Case formulation

Sara's history of sexual, verbal, and psychological abuse left her with a limited sense of agency and low self-esteem, lack of trust and limited intimacy, as well as a lack of a solid sense of identity. Sara had coped by creating expertise in many pseudo psychologies and offering free "therapy" services to friends and family. When she did not receive the gratitude or recognition that she felt was due, Sara cut people out of her life until she was alone after the death of her idealized partner. Sara was alternately forceful and overly sensitive; she was highly verbal, intellectual, and controlling. In her grief, the predominant emotion was anger at her partner for becoming ill. As stated earlier, Sara met the DSM-5 criteria for NPD. According to Dimaggio (2022), there is no standard psychological treatment for

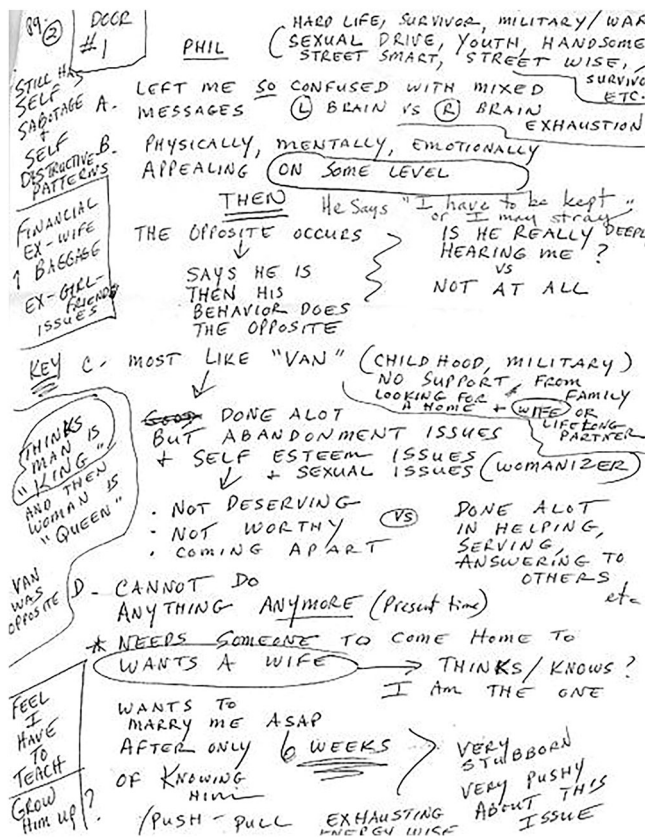


FIGURE 2 Sara's writing in an art therapy assessment session.

pathological narcissism. Therapy is generally long-term and involves establishing a trusting relationship as the foundation for change (Behary & Dieckmann, 2013; Dimaggio, 2022). Narcissistic clients frequently oscillate between displays of grandiosity and vulnerability, and often do not comply with suggested therapeutic tasks. They tend to challenge therapists by involving them in various negative interpersonal patterns, pushing them to feel inadequate, angry, and wanting to quit their role as therapist (Behary & Dieckmann, 2013). Dimaggio (2022) claimed that general therapeutic strategies often are ineffective with narcissistic clients; they are best served by highly individualized treatment plans designed to meet their unique and specific treatment needs.

Using the ETC model, clients work in partnership with the therapist, having an equal voice in establishing individualized treatment plans (Hinz, 2020). Treatment guided by the ETC begins by reinforcing client-specific information processing strengths, which can foster a sense of safety and provide a foundation for developing the therapeutic relationship. After safety is established, therapist and client examine information processing habits and how they might interfere with social or occupational functioning. When problematic patterns arise in the present day, including those that cause ruptures in the therapeutic relationship, their possible relationship to habitual patterns is investigated (Riccardi et al., 2023). The client is encouraged to develop more adaptive means of viewing and interacting in the world, including being able to access, tolerate, and regulate emotions (Hinz, 2020).

Sara was familiarized with the structure of the ETC while looking together with me at her first three images. Sara agreed that she was most comfortable with the cognitive component; she prided herself on intellectual understanding and was logical and rational in her description of life events. Sara was uncomfortable processing emotional information and referred to herself as "split off" from emotion. She reported that as a child she said to

herself, "if this is what it's like to be a girl (emotional), I would rather be a boy (rational)," and she chose not to feel emotions other than anger, which she called her "warrior energy," to protect herself.

Sara understood that accessing her own emotions, other than anger, would be necessary for developing empathy and forming mutually satisfying intimate relationships. Sara joked that I would try to "turn her into a girl" and make her cry during sessions. Sara was assured that integrating her strongly developed rational self with her less developed emotional self would take place gradually through a collaborative art therapy process. It was explained that beginning with the Cognitive component of the ETC which was Sara's strength, changes in media and task instructions would gradually help her gain access to her emotions (Hinz, 2020; Lusebrink et al., 2013). The goal of any shift would be to move towards greater Affective functioning as evidenced by the increased ability to access, tolerate, and regulate her emotions. Because it makes the direction, tasks, and goals of therapy both transparent and collaborative, the ETC theory can provide a structure to address ruptures in therapy and to suggest repairs (Riccardi et al., 2023).

## 2.6 | Course of treatment

Before art therapy began, Sara was familiarized with deep breathing exercises to calm the autonomic nervous system and provide a sense of safety in the unfamiliar situation which likely would be perceived as threatening (Porges, 2022). After first responding dismissively, Sara eventually agreed to use deep breathing, to begin and during art therapy, if she felt triggered by any of the activities. Sara's dismissiveness was considered a rupture in the beginning therapeutic alliance and it was directly addressed by expanding the therapeutic rationale, exploring and accepting Sara's feelings of vulnerability about sitting with her eyes closed, and adapting the procedure to make her more comfortable. Subsequently, Sara was familiarized with the benefits of expressive writing (e.g., Maslej et al., 2020; Smyth & Pennebaker, 2008) which was explained as utilizing one of her strengths in Cognitive information processing. Due to the previous rupture, the therapist ensured that Sara thoroughly understood the procedure and its rationale. Sara wrote about significant life experiences and then talked through them, always in a factual manner without demonstrable emotion.

Lateralization of brain functions and the connection between opposite hand and opposite brain hemisphere has led to the proposal that writing with the nondominant hand, which typically is the left hand and therefore connected with the right hemisphere, might allow greater access to emotional content (Capacchione, 2021). Sara wrote a dialogue between her nondominant hand in an emotional, childlike voice and responded with her dominant hand in a rational, adult voice as a step toward possibly gaining greater access to emotion. Sara at first refused to share this writing in therapy and this reluctance was explored as another rupture in the therapeutic relationship. Again, the therapeutic rationale was explained; in addition, Sara was asked if there was any modification of the task or goal that would make her more comfortable (Muran & Eubanks, 2020). Sara said that following more nondominant-hand writing practice she would share the results.

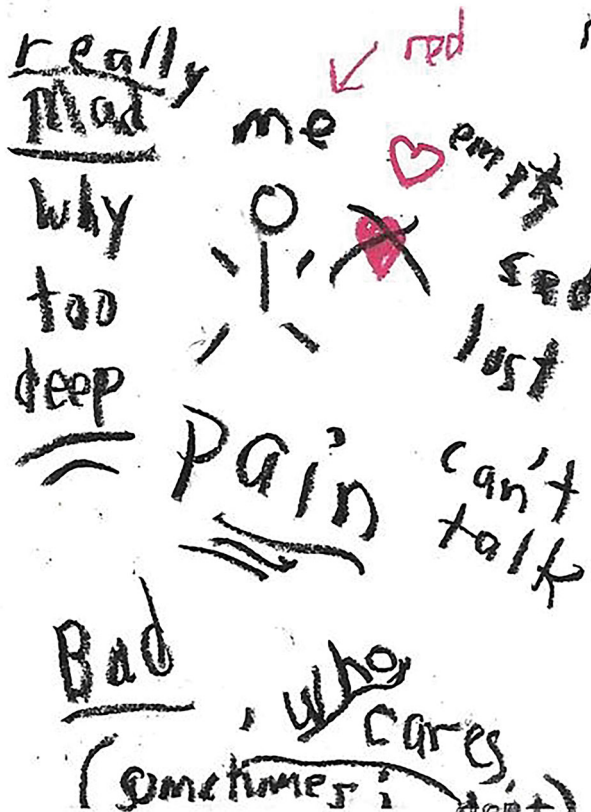
Therapy also included teaching assertiveness skills to replace the angry, "warrior self" with more peaceful self-protection, and it was suggested that these be practiced through role-playing. Sara objected to role playing stating that she felt "stupid." This rupture was repaired through further explanation, clarification that she would not be judged, and acknowledgment of her feelings of anxiety and embarrassment. Sara agreed to participate.

During our sessions, Sara was continually offered the opportunity to work with a variety of art materials and she declined saying that she was not ready or was fearful of being ridiculed. According to Bat Or and Zilcha-Mano (2019), clients' willingness to interact with art materials is significantly correlated with their positive ratings of the therapeutic relationship. Thus, Sara would not engage with the art materials until and unless she felt a strong therapeutic alliance. Bat Or and Zilcha-Mano (2019) described a client for whom 2 years of talk therapy were necessary before the art media were comfortably used. Rather than confront Sara about her unwillingness to create art, I maintained a curious and playful stance, understanding her fear of exposure but gently insisting that



some effort be put into the tasks of change (Dimaggio, 2022). With continued nonjudgmental support, Sara agreed to use oil pastels and she created the image shown in Figure 3 with her nondominant hand. Although she used more words than images, emotion was expressed. Sara did not elaborate further on the image but she denied suicidal ideation. Following this session, overly stimulated by the expressive potential of the oil pastels, Sara reverted to the "secure base" of the Cognitive component with my support. By acknowledging the emotion that must have been evoked too quickly, the goal and work of the therapeutic sessions was changed to remedy this rupture (Muran & Eubanks, 2020). Sara returned to writing with her nondominant hand, creating multiple choice "quizzes" for me. I took the opportunity to strengthen the therapeutic connection by responding playfully. Sara questioned me about the facts of her life and was relieved and gratified when I achieved "passing scores."

To encourage movement toward image and emotional expression, I created a diagram of Sara's early life and the resulting psychological and emotional effects. Sara was flattered by the attention and although she did not create a diagram in return, she modified mine to make it more accurate. When I asked her in a later session if she felt that she was making progress in therapy, Sara was adamant that she understood herself better and the forces that caused her to behave passively until she erupted aggressively. She added that she was finding the middle ground, assertiveness, easier and that she thought that her relationships had improved. She felt that her grief was less of a daily burden and thought she could forgive her partner for dying when they had spent little quality time together. However, Sara still did not experience her emotions during sessions; she described being unaware of her body during sessions because she was "outside of it observing herself." She usually felt an emotional reaction 24 h after a session.



**FIGURE 3** The first art image in oil pastel.



At this time Sara was more willing to practice simple grounding techniques such as deep breathing and bilateral scribble drawing; she was establishing a window of tolerance (Siegel, 2010) in which she could consciously remain present with small amounts of emotion and create. Sara was provided with an 8.5" × 11" body outline template and asked to use colored pencils to create a "body map of feelings," to indicate where she felt emotion in her body. The body map is a Perceptual exercise that can introduce emotional expression and contain it within the outline (Hinz, 2020). It was hypothesized that a successful Perceptual experience could encourage increased access to emotion.

The first body map is presented in Figure 4, and it is obvious from the image that creating it was threatening; the request to create the image felt like an invasion. As can be seen in Figure 4, Sara did not fill in the form, but rather drew a yellow police tape over it, admonishing that it was a homicide investigation and to keep out. Sara explained that she could not color the form because she felt dead inside, empty and devoid of feelings. The new activity was threatening, and Sara did what she could to control it by using words, even continuing a discussion that she was intent on having in writing on the right side of the paper. It is likely that Sara experienced dissociation at the prospect of revealing herself which, due to her feeling like "damaged goods," would have been perceived as a threat. According to Porges (2022), exposure to trauma such as the sexual abuse experienced by Sara changes the autonomic nervous system resulting in greater defensiveness and dissociation, limiting the ability to explore and interact freely.

To attempt to repair another therapeutic rupture, I explained that Sara could modify the body outline task in any way that was helpful or return to the cognitive task of writing. Returning to writing already had been experienced as a way to re-establish comfort and safety in art therapy. Sara continued to practice grounding

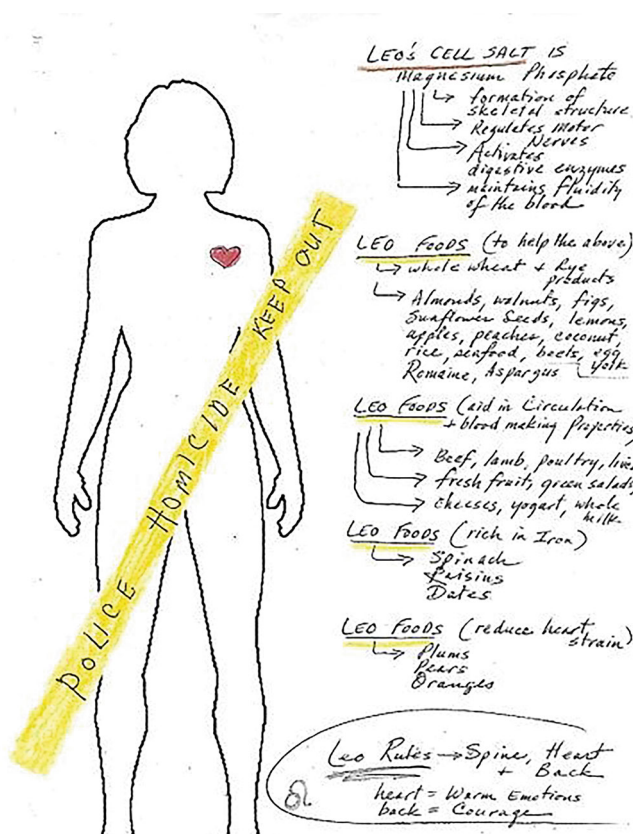
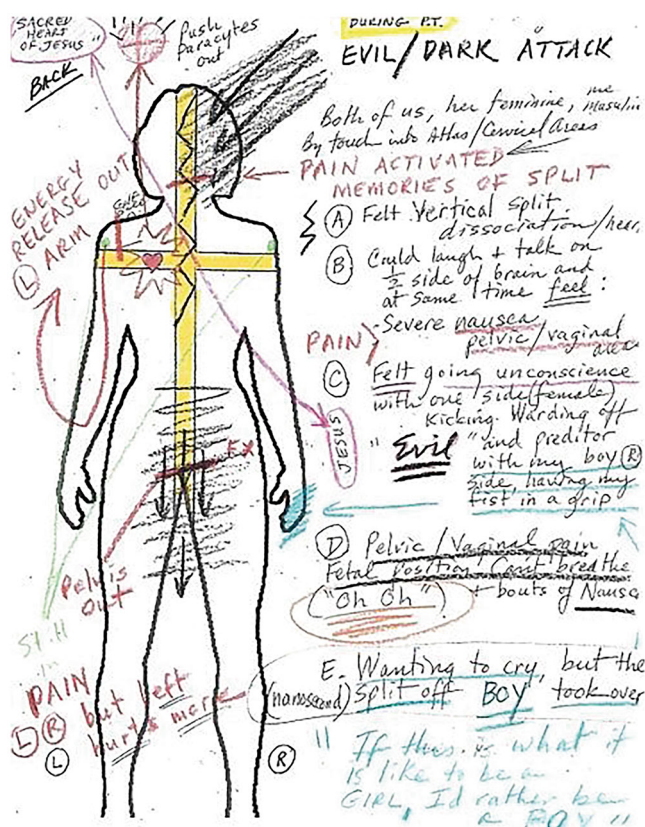


FIGURE 4 Sara's first body map of feelings.

exercises to increase her window of tolerance and to develop her ability to remain in the present moment without dissociating, even during the processing of difficult experiences and emotions. According to Matos et al. (2023), a strong therapeutic relationship can make experiential techniques such as art therapy tolerable, acceptable, and finally impactful as ruptures are addressed and repaired. Thus, the consistent, direct attention to therapeutic rupture and repair within the collaborative ETC framework gave Sara the required learning opportunities to expand trust in me and our therapeutic alliance.

Over the next several weeks Sara created a body map of feelings in each session. The body maps became increasingly individually expressive as Sara filled them with symbols, words, and color (see Figure 5). In some sessions, Sara cut and rearranged the figure so that its position conveyed meaning; she added collage elements and more color (see Figure 6). The form was being filled in a way that was personal and emotional. Sara was gradually more able to relate what she was feeling and sometimes to experience emotions as she talked about the significance of her image. However, experiencing emotion in the presence of another person was so foreign to her that Sara feared that she would be exposed as a fraud. She expressed gratitude that I remained attentive and interested in her growth and did not "kick her out" of therapy for being "crazy, fake, and stupid."

While Sara developed her ability to be vulnerable with and trust me, she started attending a weekly prayer group and made tentative friendships. Sara was bright, funny, and sought after for her wisdom; this was familiar, and her first impulse was to withdraw because she felt used. What was unfamiliar was that people invited Sara to share herself with them more fully and deeply, and she began to do so.

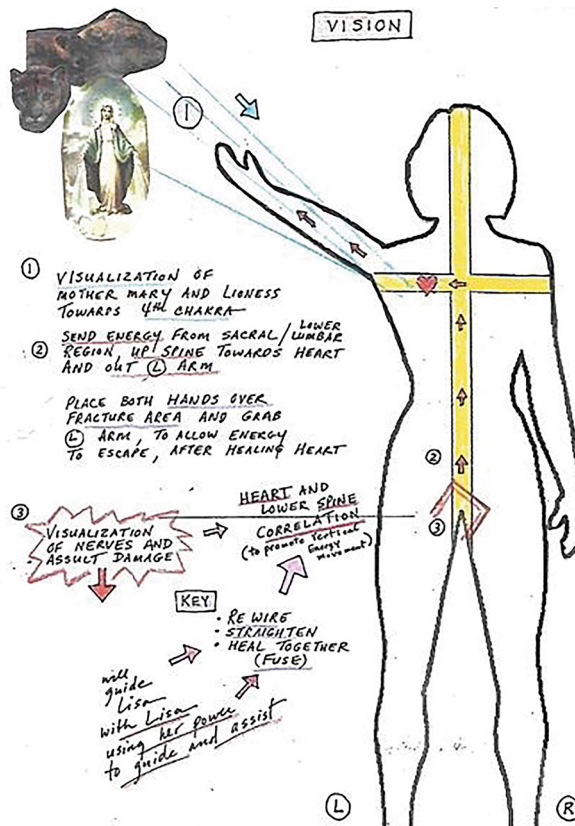


**FIGURE 5** Body map of feelings becomes more emotionally expressive.

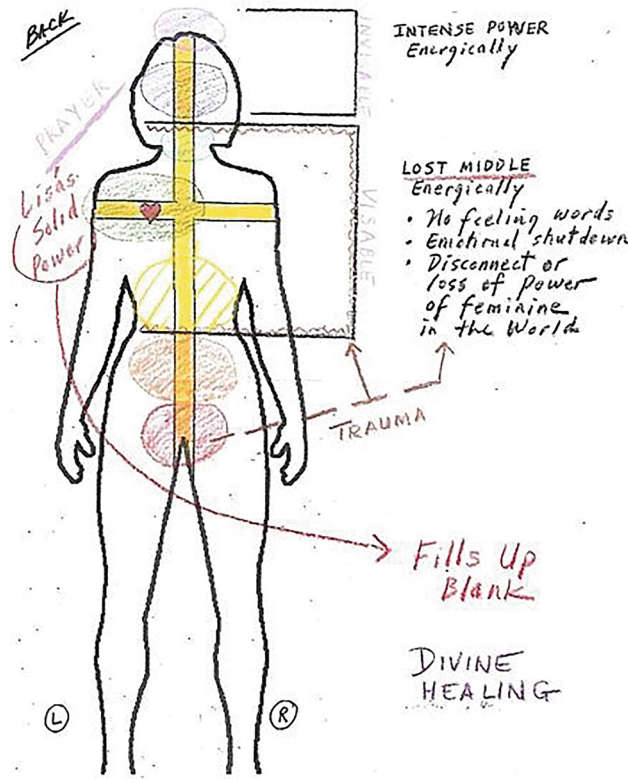
## 2.7 | Outcome and prognosis

Sara developed two friendships which she felt were reciprocal and enriching. The two friends were educated professional women and Sara was aware of her initial feelings of inferiority compared to them. However, she did her best not to become “the warrior” and try to compete with her new friends, but rather, she allowed herself to be cared for “like a girl.” Sara admitted that she did not like feeling vulnerable but that our work together had prepared her not only to be vulnerable, but also to be more empathic toward herself and her new friends. An image created at this time is displayed in Figure 7. In this image, Sara demonstrated her understanding of the effects of her traumatic past, the life patterns that developed as a result, and what she had to look out for in the future. According to Sara, the trauma gave her “intense power” intellectually, but left her split off from emotion. As her written description in Figure 7 depicts, she described herself at the outset of therapy as having no feeling words, being emotionally shut down, and disconnected from her feminine energy. Contrary to how she felt at the outset of therapy, the emotional part of her, the “lost middle,” was now labeled “visible.” It was becoming more familiar to share her feelings and allow others to know her. Sara had gained access to her emotions which aided in forming and strengthening relationships outside therapy.

In the last few sessions, Sara was offered the opportunity to create life-sized body maps and fill them with drawn or collaged symbols and paint. Painting large could encourage Kinesthetic functioning and allow greater access to feeling. Sara declined to create the larger figures. Her refusal to engage with the large drawings was another rupture in which the art media and tasks were not viewed as an ally but an antagonist (Bat Or & Zilcha-



**FIGURE 6** Body map of feelings becomes more personal.



**FIGURE 7** Body map of feelings becomes more peaceful near the end of therapy.

Mano, 2019). The repair was attempted by discussing what Sara and I both wanted or needed from the therapeutic relationship (Muran & Eubanks, 2020). I explained that my desire was for Sara to access the full range of functions including regaining connection to her body which large paintings could facilitate. Sara said that with continued therapeutic support, she could move slowly into relationships, permit herself to express emotions, be empathetic, and allow trust to develop over time. She could “be a girl in a girl’s body” which eventually would include connection with her body. We agreed to move at Sara’s pace and therapy ended after 2 years due to the pandemic.

Toward the end of art therapy, Sara met a man with whom she developed a romantic relationship. It was concerning to Sara that without knowing each other well, the two moved in together at the start of the pandemic lockdown. However, she felt capable of creating a different relationship with him, parallel to the new friendships that she was enjoying. Sara behaved assertively with her new partner. She communicated her thoughts, feelings, and needs in ways that he could hear, recognize, and respond.

### 3 | CLINICAL PRACTICES AND SUMMARY

This case was formulated based on the Expressive Therapies Continuum which is a theoretical art therapy model focused on the ways people process information as they interact with art media. The theory hypothesizes that changing media and methods facilitates expanding or limiting experiences that influence important aspects of the self. Rather than following the same general therapeutic principles with all clients, the ETC model individualizes art

therapy, and this personalization of the process allowed art therapy to be particularly effective with Sara who presented with many traits of NPD. She demonstrated blocked emotional functioning and overused cognition as seen through her excessive writing. Although she wanted recognition, Sara was frightened of being revealed in the images (that she could not predict or control) as inferior. Her fears created many ruptures in the early stages of therapy.

The ETC-guided treatment began where Sara was comfortable, processing information with cognition. This allowed her strength to be recognized and accentuated, reinforced cognition as a safe base in therapy, and began to build a foundation of trust. Because it made the tasks, goals, and direction of therapy very clear, the ETC theory helped to provide a framework to address ruptures in therapy and to suggest repairs. Sara was so rational and fearful of exposure that it was impossible for her to create images early in therapy. I suggested tasks that were too emotionally evocative which caused ruptures in the therapeutic relationship and process. The ruptures were repaired through increased explanations of therapeutic rationales, clarifying misunderstandings, acknowledging underlying emotion, and changing tasks or goals (Matos et al., 2023). The ETC framework provided support for repair by allowing Sara to stay in her safe zone while a trusting relationship developed. I persistently but gently presented media and methods that gradually allowed Sara to safely access her emotions. She moved from writing lists and narratives, to dialoguing in writing between her left and right hands, to creating rudimentary images. One method in particular, body mapping of feelings, provided a model for the simultaneous expression and containment of emotion. Sara filled the frame in increasingly personalized and emotionally expressive ways.

At the end of therapy Sara met only one NPD criterion. She no longer depended on others for self-definition or self-esteem. She was not desperate for approval from others and no longer showed antagonism towards others based on her need for recognition and admiration. She had high standards but was no longer alienatingly perfectionistic. Sara continued to show impaired agency as she had not obtained employment as she claimed she wanted.

### 3.1 | Limitations

This case study is limited by the small amount of research evidence supporting ETC-guided art therapy treatment of NPD/PN and my lack of expertise with the disorder. Nonetheless, my years of experience using the ETC to structure art therapy with a wide variety of clients as well as a direct approach to rupture and repair guided the treatment, which proved to be effective. The case study has restricted generalizability. An intellectualizing style has been attributed to NPD and PN (Dimaggio, 2022; Dimaggio et al., 2014) but it is yet unknown whether most clients with NPD or PN would interact with art materials in the extreme cognitive style seen in this case. Another limitation is that this case study was conducted retrospectively rather than prospectively. The retrospective approach is subject to errors of memory and hindsight bias. This limitation was addressed by relying on detailed session notes and art images; the images were particularly helpful in assisting memory.

### 3.2 | Reflections for future direction

Because one effective case study demonstrating the effectiveness of a model can be an anomaly related more to an effective therapist or a motivated client, more clinicians should be encouraged to consider themselves researchers with the case study as an effective vehicle for conveying their data, especially prospective cast studies. Clearly there needs to be further research on the treatment of NPD/PN with ETC-guided art therapy. Large-scale studies may not be feasible, but case studies are eminently possible. Future research could address the question of whether NPD/PN clients generally present with a strong cognitive information processing style. Greater case study support could help suggest the most effective use of art therapy in the treatment of NPD/PN. Finally, further investigation



is needed into the effectiveness of the ETC framework in addressing ruptures and repairs in the art therapeutic alliance.

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## PEER REVIEW

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