The Arts in Psychotherapy 91 (2024) 102221

Contents lists available at ScienceDirect

The Arts in Psychotherapy

journal homepage: www.elsevier.com/locate/artspsycho

The expressive therapies continuum and mentalization-based art therapy for individuals diagnosed with a cluster B/C personality disorder: A successful marriage!

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ARTICLE INFO

Keywords:
Art Therapy
Expressive Therapies Continuum
Mentalization-Based Art Therapy
Personality disorders
Patient experience

ABSTRACT

The Expressive Therapies Continuum (ETC) is increasingly used in various art therapy practices, including Mentalization-Based Art Therapy. However, there is little empirical evidence about the mechanisms of change and therapeutic factors of the ETC. In this study, ten respondents were interviewed to explore whether patients with a cluster B or C personality disorder consider psychoeducation about the ETC beneficial to their mentalizing capacity. The Grounded Theory Approach was applied to collect and analyse data, main categories were formed from the data and merged into a theory. According to the respondents, knowledge about the structure offered by the ETC contributed to increasing insight, providing alternative options, improving emotion regulation and increasing autonomy. This study is an exploration of the mechanisms of change and therapeutic factors of the ETC used as psychoeducational theoretical framework. Given the size and the evidential value of this study, further research is recommended.

Introduction

Art therapy (AT) is an experience-based, non-verbal treatment in which patients with mental health issues work with a variety of art materials instead of talking about their problems. In AT, both the process of creating art and the final artwork have therapeutic value. The therapy is often used as part of the treatment for personality disorders (Haeyen, et al., 2015). Personality disorders are characterized by enduring, inflexible patterns of experiences and behavior, which cause significant distress and/or functional impairments (American Psychiatric Association, 2014).

In the professional practice of AT, the Expressive Therapies Continuum (ETC) is increasingly applied (Fikke et al., 2017). The ETC offers a theoretical framework that provides a universal view and serves as a tool for observation and acting methodically in AT (Hinz, 2015; Fikke et al., 2017). Fikke et al. (2017) indicated that the ETC could be applied in combination with different psychological treatment methods, such as Mentalization-Based Art Therapy (MBAT) in outpatient treatment programs for people with personality disorders. However, aside from existing theoretical knowledge, no scientific research has been found on ETC and its application within different methodologies in AT. Therefore, it is unknown what causes therapeutic change (using the ETC) within AT, the so-called mechanism of change (De Witte et al., 2021).

Mentalization-based art therapy

Mentalizing is a typical human capacity, that revolves around the understanding of oneself and others, in terms of feelings, thoughts, intentions, and desires (Bateman & Fonagy, 2019). AT naturally promotes mentalizing capacity (Moore & Marder, 2019).

Bateman & Fonagy (2019) differentiate between four dimensions of mentalizing: 1) automatic versus controlled mentalizing, 2) emotional versus cognitive mentalizing, 3) self versus other mentalizing, and 4) internal versus external mentalizing. In order to mentalize effectively, it

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https://doi.org/10.1016/j.aip.2024.102221
Received 15 April 2024; Received in revised form 12 September 2024; Accepted 28 September 2024
Available online 16 October 2024

is important to find a balance between and within these dimensions and to know how and when to apply them (Fonagy & Luyten, 2009, in Bateman & Fonagy, 2019). When mentalizing fails regression to pre-mentalizing modes occurs (Bateman & Fonagy, 2019). Another important therapeutic factor of MBT is having an inquiring 'not knowing stance' attitude for all therapists.

It is presumed that when patients can mentalize during AT, there is room to experiment and play. Patients can mentalize about the artwork and different emotional experiences (Havsteen-Franklin, 2016). The interaction between the patient and the artwork creates the opportunity to experience different materials and emotions, and the patient can differentiate between artworks (Hamming, 2009). AT contributes to the ability to mentalize through process-oriented working, during which the implicit experience can be made explicit by reflecting on one's feelings (Havsteen-Franklin, 2019; Verfaille, 2011). This creates opportunities for the patient to gain new perspectives (Havsteen-Franklin, 2019). The artwork can provide clarity about mental states (Havsteen-Franklin, 2019; Moore & Marder, 2019; Springham et al., 2012; Verfaille, 2011) and alternate between non-verbal work and verbal reflections contributing to the development of emotion regulation (Springham et al., 2012). The artwork also serves as a tool to connect with internal, pre-verbal, and non-conscious experiences (Springham et al., 2012). Moreover, it is possible to focus on stress regulation in AT, which is important for mentalizing (Verfaille, 2011). In a group setting art can be used to examine the relationship between self and others (Havsteen-Franklin, 2016, 2019; Moore & Marder, 2019;).

The Expressive Therapies Continuum

The ETC is a theoretical framework in which interactions with art materials are translated into three levels of information processing and an overarching Creative dimension. The levels, seen from a developmental perspective, are hierarchically ranging from simple to complex. Despite this hierarchical structure, all components are equally important (Fikke et al., 2017; Hinz, 2019) and are related to each other through, among other things, emergent functioning (VanMeter & Hinz, 2023). The three levels are bipolar and complementary (Fig. 1), the Creative dimension (formerly the Creative level) can occur on all levels and components (Hinz, 2019). The left side of the ETC schematic features components more likely to be associated with cognitive/intellectual processes, while the right side of the schematic features components more likely to be associated with affective/emotional processes (Haeyen et al., 2018). "At its core, the ETC serves as a means for art therapists to understand and therapeutically influence nervous system information processing and the mental image formation process as well as the shift from non-conscious mental activity to conscious mental activity." (Hinz et al., 2022b, p.219).

The Kinesthetic-Sensory level is presumed to correspond with the first manner in which an infant or toddler processes information. On this level, the aesthetic design of an art product is not important, instead, it focuses on bodily movement, rhythms, actions (Kinesthetic component), and sensory experiences (Sensory component) (Hinz, 2015).

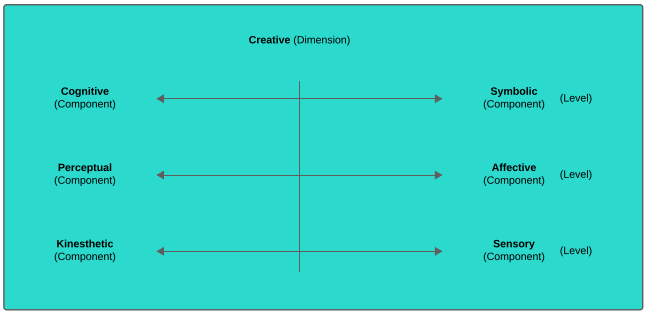

Fig. 1. The Expressive Therapies Continuum (Adapted from Hinz, 2019, p.5, adjusted with information from Hinz et al., 2022a).].

As children grow older, they will experience the world and shapes around them, and their artwork starts showing more emotions, this corresponds with the Perceptual-Affective level of the ETC (Hinz, 2019). The Perceptual component focuses on the image, the formal elements (shape, line, structural qualities), and the visual-spatial elements (placement and proportion). In this component various basic cognitive processes play a role: perceiving, interpreting, selecting, recognizing, and understanding information. To be able to do this, a certain degree of emotional distance is necesarry (Fikke et al., 2017). The Affective component is about feeling, recognizing, and expressing emotions of oneself, the other, and both together. At this Perceptual-Affective level, language can be used, but it is not necessary (Fikke et al., 2017).

On the Cognitive-Symbolic level, individuals are able to process information outside of their own experiences, they can work according to a plan, there is a greater capacity for abstract thinking, impulses can be delayed and symbols can be used to express feelings (Fikke et al., 2017; Hinz, 2019).

The Creative dimension, originally the Creative level (Hinz et al., 2022a), is an overarching dimension and can occur on any level or component (Hinz, 2019). VanMeter & Hinz (2023) state that it serves as a bridge, both horizontally between opposing components and vertically, aiding emergent functioning. The Creative dimension refers to experiences of "flow" and/or self-actualization (Hinz et al., 2022a). In Creative functioning, there is openness in (self)expression, spontaneity, risk-taking, and willingness to confront the unknown (Fikke et al., 2017). The Creative dimension is not a kind of information processing in itself, but it promotes intentional and therapeutic changes in information processing (VanMeter & Hinz, 2023). The ETC assumes that a well-functioning individual has all manners of information processing at their disposal (Fikke et al., 2017). However patients in AT, often show excessive use of or a blockage of one or more components in their artwork. When using the ETC, the therapy aims to make information processing accessible on all components (Hinz, 2015).

The ETC within MBAT in Practice

In clinical practice, patients seem to benefit from psychoeducation on the ETC within MBAT. Informal observations by the therapist indicate that informing patients about the theoretical framework of the ETC enhances their mentalizing capacity. However, research on both the ETC and MBAT is scarce: no studies have been found that assess the combination of the ETC and MBAT. However, a review of the literature on the ETC and MBAt reveals significant commonalities between the two (Fig. 2).

This paper aims to systematically investigate the experiences of patients with severe cluster B/C personality disorders with psychoeducation on the ETC within MBAT. This study focuses on how this psychoeducation contributes to patients' mentalizing capacity. Based on these experiences, a grounded theory will be developed regarding ETC psychoeducation within MBAT. The goal of this study is to answer the research question: To what extent do patients with cluster B/C personality disorders feel that psychoeducation on the Expressive Therapies Continuum in Mentalization-Based Art Therapy enhances their ability to mentalize?

Method

Data collection and analysis utilized the Grounded Theory Approach (GTA) (Birks & Mills, 2015). Topic interviews were conducted to explore the experiences of patients and the resulting data were analyzed to develop a theoretical framework. GTA is particularly suited for studies where the topic is relatively unexplored (Birks & Mills, 2015). The study was conducted at the Psychotherapeutic Day Hospital, specializing in Personality Disorders at the Department of Psychiatry, Zaans Medisch Centrum, Zaandam, The Netherlands (DP-ZMC). At the DP-ZMC, three

The ETC and MB(A)T COMMONALITIES	ETC	MB(A)T
Based on developmental psychology	Hierarchical levels (Hinz, 2019)	(Pre-) Mentalizing modes (Bateman & Fonagy, 2019)
Balance between cognitive and affective	Left and rightside ETC (Hinz, 2019)	Cognitive-Affective dimension (Bateman & Fonagy, 2019)
Emotion regulation	Can support emotion regulation (Hinz, 2019)	Mentalizing of emotions is essential for emotion regulation (Allen, Fonagy & Bateman, 2008)
Flexibility	The ETC can increase flexibility in manners of processing information (Hinz, 2019)	To mentalize, flexiblity is necessary. "Not 'stuck' in one point of view" (Luyten et. al., 2019, p46)
Stress regulation	Stress regulation can take place on different components and by balancing between components (Hinz, 2019)	"Optimal arousal works in favor of good mentalizing, whereas suboptimal arousal (too low or too high for the individual's threshold) perturbs it." (Bateman & Fonagy, 2019, p23)
Therapeutic attitude	An open, positive, strength-focused, collaborative approach (Jointly exploring the ways in which the patient works) (Hinz, 2019)	An inquisitive and "not-knowing" stance (Bateman & Fonagy, 2019)
Shift from imbalance to balance	Assess blocked and overused components and guide patients to effectively use any component or to reduce overdepency (Hinz, 2019)	In order to mentalize effectively it is importent to maintain balance on the mentalizing dimensions and apply them appropriately to context (Fonagy and Luyten, 2009, in Bateman and Fonagy 2019)

Fig. 2. commonalities of the ETC and MB(A)T.

MBT groups cater to individuals diagnosed with cluster B/C personality disorders: two groups for adults (aged 26–65) and one for young adults (aged 18–26). AT is integrated into the therapy program with weekly 90-minute group sessions. Psychoeducation on the ETC is used for evaluation in AT. During these evaluations, the therapist explains the theoretical framework of the ETC. Subsequently, the patient, therapist, and one or two group members review four artworks created by the patient during previous sessions. They analyze these artworks through the lens of the ETC framework (see Fig. 1), discussing methods of information processing evident in each piece and the art-making process. Together they identify preferred components and assess for any potential blockages. Based on these findings, a treatment plan was devised outlining the prospective course of art therapy. Participation in the evaluation was voluntary and took place during the AT session.

Participants

Respondents were recruited through the DP-ZMC and were (former) patients of one of the three MBT groups. Ten respondents were interviewed. Respondents were adult patients diagnosed with personality disorders: cluster B/C or other specified personality disorders with cluster B/C traits. This study required that participants had received the intervention at three, six, or nine months into their therapy process, or had the opportunity to receive the intervention but declined participation.

Procedure

Participants were approached in February 2021. Three rounds of interviews were organized from mid-March to early May, during which patients participated in individual topic interviews. The initial sampling was purposive. In the first round, four patients were interviewed. All interviews were analyzed using open coding, leading to the development of a code tree. Theoretical sampling (Birks & Mills, 2015) was applied for the second and third interview rounds to include patients of different sexes, ages, and times of receiving the ETC psychoeducation in their treatment. Additionally, patients who deliberately chose not to participate in the intervention were invited to prevent selection bias in our study. The results of the second interview round were analyzed using axial coding, and the results of the third interview round were analyzed using selective coding. The gathering and analysis of data were iterative processes, where new data was compared with previous data and previous data was compared with new data to form codes and categories (Birks & Mills, 2015). Fig. 4 illustrates these steps of data gathering and analysis.

Informed consent was obtained from all respondents, who gave permission for audio recordings and use of their anonymized data for publication. Audio recordings were immediately deleted after transcription. For the publication of the study, permission was granted by the science committee of the ZMC.

Interviews

Ten respondents underwent individual, open, in-depth interviews based on a topic list derived from literature and sub-questions (see Fig. 3). Throughout the study, these topics were refined based on

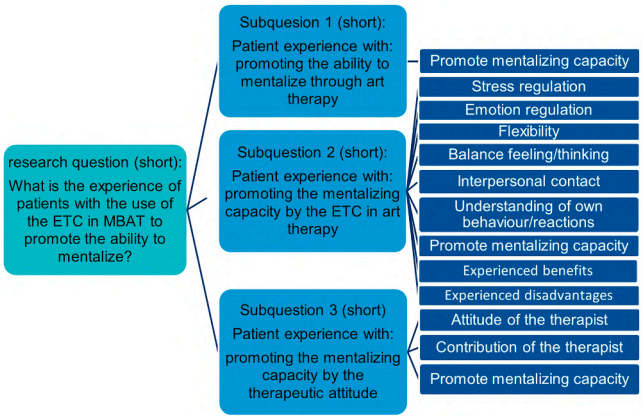

Fig. 3. Topic list based on sub-questions and literature.

collected and analyzed data. Each interview commenced with a general explanation of the study and interview process, encouraging questions from respondents. The interviews focussed on eliciting detailed responses from participants, with particular attention to emerging themes not previously highlighted in the literature. The structured topic list ensured that essential topics were thoroughly explored. Interviews were conducted at the art therapy room, featuring a schematic drawing of the ETC. The researcher, also serving as the respondents' art therapist, conducted interviews, thereby incorporating theoretical sensitivity into the process (Birks & Mills, 2015). Each interview lasted between forty-five minutes to one hour. It was predetermined to conclude data collection after conducting eight to ten interviews.

Data analysis

GTA was employed to analyze the data and develop concepts integrated into a theoretical model concerning psychoeducation on the ETC to promote mentalizing capacity. The data were analyzed using Atlas.ti 8, a qualitative data analysis software program. As previously mentioned, three coding stages were utilized: open, axial, and selective coding (see Fig. 4) (Birks & Mills, 2015). All interview audio recordings were fully transcribed. The analysis began with the open-coding phase during the initial round of interviews. During this phase 'summary coding' was predominantly used, assigning one or more codes to each quote from the text (Baarda et al., 2018). The first round of interviews resulted in 502 codes, forming a comprehensive code tree.

In the axial coding phase (Baarda et al., 2018), codes were categorized based on their underlying similarities using constant comparison to identify common themes among the coded segments (Baarda et al., 2018). This process reduced the number of codes to 50. For instance, codes such as "self-knowledge" and "discovery of myself" were grouped under the category "insight". These 50 codes were utilized to analyze the transcribed interviews from the second round, with minor adjustments to the codes.

During the selective coding phase, five core categories and 22 subcategories emerged, forming the basis of an integrated theory. Constant comparison was employed throughout the entire coding process (see Fig. 4).

Quality criteria

Several criteria were implemented to enhance the quality of this study. First, a pilot interview was conducted with an art therapist to assess whether the topic interview adequately addressed the study's subquestions. This particular art therapist provided feedback on both the content and structure of the interview. Secondly, after each interview, a summary was sent to the interviewee to verify the accuracy of their portrayal. All respondents approved the interview summaries; one respondent requested minor adjustments, which were incorporated and approved. To ensure a comprehensive perspective, a negative case and a respondent who opted not to participate in the psychoeducation were included, providing diverse viewpoints. Furthermore, peer debriefing was employed three times (Baarda et al., 2018): During the initial round of open coding, a co-assessor coded a self-selected segment of a randomly chosen interview. The codes were then compared with those generated by the researcher. Following the open coding phase, a second co-assessor conducted axial coding on selected codes, which were again compared with the researchers' axial codes. After the final round of interviews, a third co-assessor participated in the selective coding process, contributing to the development of the final categories.

Results

Ten respondents participated, comprising nine women and one man, with ages ranging between 26 and 53 years. All respondents were diagnosed with a cluster B and/or C personality disorder or a personality disorder not otherwise specified, with cluster B/C traits. One respondent did not participate in the psychoeducation. The respondents received psychoeducation in different stages of their treatment. Although the sex of the respondents is reported, it is not considered a variable within the study.

Five main categories emerged from the data analysis, with 22 subcategories (see Table 1).

Structure

In their descriptions of structure, respondents frequently referred to the theoretical framework provided by the ETC, which includes its components, levels, and the dual aspects (left more cognitive and right more affective). All participants in the psychoeducation, except the negative case, noted that the structure of the ETC provided clarity. They found the visual representation supportive and emphasized the structured framework it offered. Many expressed that understanding the ETC gave them something tangible, often describing it as a 'tool in art therapy'. Participants unanimously agreed that the ETC's structure enhanced their mentalizing capacity in various ways, including gaining insight, developing alternative options, improving stress and emotion regulation, and increasing their sense of autonomy. Additionally, some

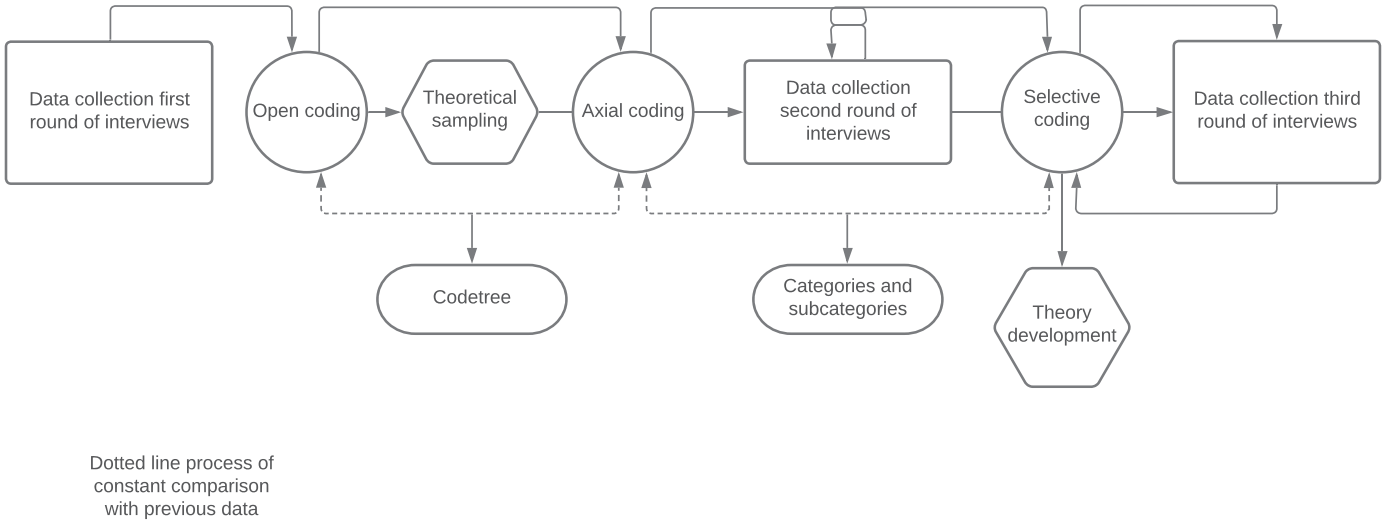

Fig. 4. Iterative process of data collection and data analysis.

Table 1
Main- and subcategories.

Main categories	Subcategories
Structure	Clarity
	Handle/tool
	(Knowledge of) the theoretical framework of the ETC
	Visual representation with framed structure
	Finding words
Increasing insight	Insight into and recognition in other people
	Insight into the therapeutic effect of art therapy
	Insight into similarities with daily life
	Insight into oneself and one's way of working
Gaining alternative options	(Starting to) see other perspectives
	Behavioral change, becoming more flexible & letting go
	Getting options
	Experimenting and practicing
	Change in daily life
Improving emotion regulation	Improving balance between thinking and feeling
	Improving stress regulation
	Feeling- and regulating emotions
Increasing autonomy	Becoming aware of own wishes and needs
	Learning to verbalize feelings and situations
	To determine own goals or directions
	Being able to make own choices and dare to try things out
	Improving self-confidence and self-esteem

respondents mentioned that the ETC provided them with a vocabulary or a common language.

Increasing insight

All respondents who received the psychoeducation indicated that the ETC helped them gain insight in one or more ways. The most frequently mentioned benefit was gaining insight into themselves and their manner of working. Many respondents also noted that they better understood how their group members made art and, in some cases, why they made art in certain ways. Half of the respondents indicated that they found similarities in their daily lives. This means they recognized behaviours in AT based on the knowledge of the ETC, which they also identified in their daily life. Some respondents reported gaining insight into the mechanisms of change in AT, meaning it enhanced their understanding of AT and its therapeutical effects.

> "Before I would have felt as if I was working on too low a level, but now I can understand the therapeutic value of it. That's why I dared to start working more kinesthetically and let myself go a little bit more" (respondent 7).

Gaining alternative options

All respondents who participated in the psychoeducation identified one or more ways in which they gained alternative options. This was often linked to the insight that the ETC comprises several components, suggesting that various approaches to making art are possible. All participants, except for the negative case, further stated that they began to experiment in AT due to their knowledge of the ETC. Many respondents noticed behavioral changes, with 'letting go of control' and 'flexibility' being the most frequently described. More than half of the respondents indicated that they began to see different perspectives because of their knowledge of the ETC. This included looking at certain materials differently, observing how group members participated, or recognizing the value of the process in AT. Additionally, more than half of respondents reported changes in their daily lives. Examples include daring to deviate from a recipe while baking (respondent 4), reducing tension by engaging in repetitive movements (respondent 2), dealing more freely with her son, who is now allowed to get dirty while playing outside (respondent 5), and carefully trying new things at home (respondent 9).

> "Recently, I made these watercolor paintings. I didn't like the result at all, but the assignment itself went well and I got something out of it. This is something I learned. Even though I'm not happy with the result, the experience was good!" (Respondent 9).

Improving emotion regulation

All respondents who participated in the psychoeducation, except for the negative case, indicated that they experienced an improvement in emotion regulation due to their understanding of the ETC. They noted improvements in stress regulation by becoming aware of how stress regulation works and by learning to use knowledge about (the components of) the ETC to enhance stress regulation and relaxation.

> "Also because in the past I often felt that things had to be perfect, there were always a lot of expectations, the pressure was immense and the bar was set high. And now I know that working on the affective component gives me more relaxation, everything is allowed, everything is okay […] while a more cognitive approach to making art can be stressful for me. […] And if I start working more by feeling, that can actually reduce stress, because no specific goals or requirements are set" (respondent 6).

All these respondents stated that the psychoeducation on the ETC contributed to their ability to reflect on and regulate their feelings in various ways. Nearly all of them reported that their knowledge about the ETC enhanced their ability to experience their feelings better.

> "[Because of the ETC] I could actually feel more. Normally, I often had to suppress my feelings. I had a very strong tendency to ignore my feelings completely, but after a while, they would just take over. Especially when I was stressed, I would start to doubt myself. And now I can more easily give that a place. […]I really see a clear difference between how I used to work before and after the ETC" (respondent 7).

Half of the respondents stated they were better able to reflect on feelings through psychoeducation on the ETC, and some respondents mentioned they could reduce an excess of feelings by using their knowledge about the ETC. Some respondents indicated that this skill applied not only during AT sessions but also in their daily lives. Lastly, these eight respondents experienced an improvement in the balance between feeling and thinking.

> "I think that, because I became aware of this [the ETC], when I feel things are becoming too much, I can think 'I should move a bit to the left side [of the ETC]' […] for example, when I was drawing a card.

Fig. 5. Mentalizing vs. Non-Mentalizing.

Fig. 6. String Artwork.

The measuring and drawing in itself created more distance from my feelings" (respondent 9).

Increasing Autonomy All respondents who participated in the psychoeducation, except for the negative case, reported experiencing an increase in their autonomy. They all stated that they became more aware of their own needs and wishes. A significant proportion of respondents mentioned that knowledge of the ETC provided purpose and direction to their treatment. Several respondents indicated that the psychoeducation on the ETC provided them with language for feelings and situations, thereby enhancing their sense of autonomy. Half of the respondents reported that, directly or indirectly, they experienced increased confidence or a better sense of self as a result of the psychoeducation. One respondent noted that the framework of the ETC allowed her to recognize her differences from other group members, which she appreciated.

"It [the ETC] helps me out, it gives me direction, it gives me possibilities and decreases my stress, giving me a good feeling, certainty… that uncertainty is gone. It makes me feel confident!" (respondent 5).

"I become less dependent on others, and somehow, it also strengthens me, actually it gives me more confidence in myself… in the end" (respondent 2).

"Even though I'm not happy with the result, […] I had a wonderful time messing around for the entire hour. I also want this in my daily life. And that's due to this [The ETC]! For me, everything must always have a purpose […] but now I understand that being playful can create a very good feeling. Now I understand this can be a purpose in itself" (Respondent 4).

Perceived disadvantages and points for improvement

In addition to the factors contributing to mentalizing, respondents were also asked for feedback on disadvantages and points for improvement. Some respondents stated they would have liked to hear about the ETC earlier in their treatment. This was particularly true for those who received the intervention after six or nine months, including the negative case who received the intervention after nine months of therapy. One respondent expressed a desire for more focus on the ETC in sessions following the psychoeducation. Initially, many respondents did not identify any disadvantages. Upon further inquiry, they often recognized some disadvantages, sometimes for themselves and sometimes for group members. The most frequently mentioned disadvantage was the intellectually sophisticated nature of the ETC framework, referring to the amount of information to process. One respondent advised showing more examples, while another suggested using simpler terminology. However, this suggestion was immediately revoked by the same respondent, who felt that the more complex terms were appropriate and conveyed a sense of being taken seriously.

Another disadvantage mentioned was that the psychoeducation led some respondents to set high demands for themselves. For some, this was especially true during the psychoeducation, where they felt the need to understand the terms immediately, leading to tension while discussing their artwork. A few respondents noted that these high demands persisted after the session:

" It puts a lot of pressure on, to suddenly have to work with clay, while I think, yeah, that just really doesn't feel nice" (respondent 8).

"[…] I will set the bar high for myself, I want to have experienced all sides. Now I know it is not the goal to experience everything [all components], but that you're able to experiment. But for me, I immediately think "O, I must have seen it all, to know if it is something for me". So then I actually have high demands for myself again" (respondent 9).

Finally two respondents, the negative case and the respondent who chose not to participate in the psychoeducation, stated that the psychoeducation on the ETC had no added value for them within AT. The respondent who did not participate even thought it would be a hindrance to her therapy.

Development of a theoretical model

Based on the previously described main categories, the model "Promotion of mentalizing by psychoeducation on the ETC" was developed (see Fig. 7). In this model, the knowledge about the structure of the ETC forms the foundation for enhancing mentalizing capacity. The data revealed that the knowledge about the ETC's structure directly and indirectly influenced all other major categories. Knowledge of the ETC

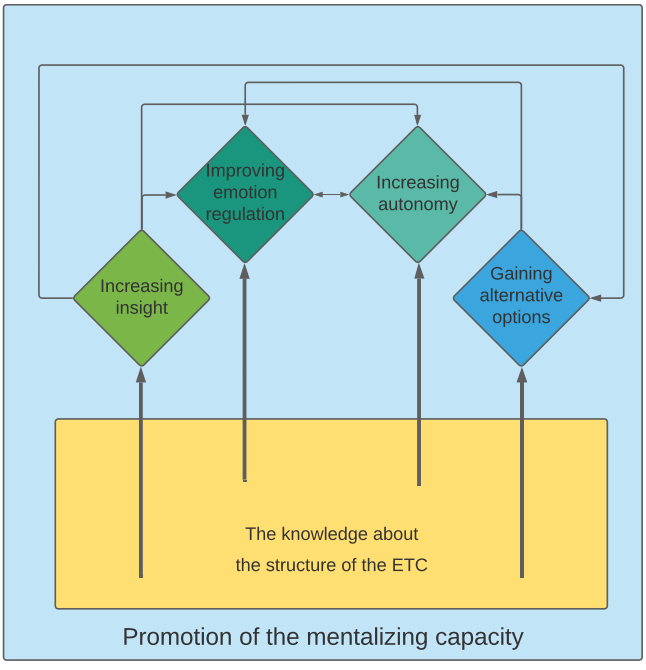

Fig. 7. Promotion of mentalizing by psychoeducation on the ETC.

framework enabled respondents to gain insights, explore alternative options, improve emotion regulation, and increase autonomy.

Furthermore, increasing insight into the structure of the ETC, oneself, others, and AT contributed to gaining alternative options, improving emotion regulation, and increasing autonomy.

Subsequently, gaining alternative options facilitated improvements in emotion regulation and increased autonomy, with these elements mutually reinforcing each other.

Discussion and conclusion

This study explored the mechanisms of change experienced through psychoeducation on the Expressive Therapies Continuum within Mentalization-Based Art Therapy for ten patients diagnosed with cluster B/C personality disorders. Three rounds of ten topic interviews resulted in the identification of five main categories, forming the foundation of a theoretical model. According to respondents, psychoeducation on the ETC enhances mentalizing capacity by providing structure, increasing insight, offering alternative options, improving emotion regulation, and enhancing autonomy. These categories also demonstrated interrelations in diverse ways.

The identified main categories align with dimensions of mentalizing. Emotion regulation, particularly improving the balance between feeling and thinking, corresponds to the Cognitive/Affective dimension of mentalizing. The category Structure aligns with the Cognitive pole of this dimension. Emotion regulation also contributes to the Automatic/Controlled dimension of mentalizing by reducing stress, facilitating a shift from automatic to controlled mentalizing (Luyten et al., 2019). Increasing insight corresponds to the Internal pole of the internal/-external dimension of mentalizing, focusing on understanding oneself and others by focusing on the inner mental world (Luyten et al., 2019). In the current study, this seems to be particularly relevant for self-insight, aligning with the Self people of the Self/Other dimension.

The previous categories align with the dimensions of mentalizing according to the MBT theory. However, the concept of structure is not a known tool for promoting mentalizing. It's only used for assessing therapeutic actions. The current findings suggest that this structural approach enhances mentalizing indirectly through the promotion of the four other main categories.

While the initial results of this study appear promising, some limitations should be acknowledged. The researcher, also being the art therapist who conducted the psychoeducation, may have introduced researcher bias. During the interviews, half of the respondents reported positive transference towards the therapist, potentially influencing study outcomes. Another potential bias was the researcher's extensive practical experience, possibly focusing on specific data elements. The study's theoretical sampling was incomplete due to time constraints, impacting data saturation. Quality was enhanced through a test interview, peer debriefing, member checks after each interview, inclusion of a negative case keeping a log, and following an iterative process. Furthermore, a member check was performed after each interview and a negative case was included. The dual role of experienced art therapist and researcher facilitated analysis with heightened theoretical sensitivity (Birks & Mills, 2015). To the best of the author's knowledge, this is the first study examining psychoeducation on the ETC in an MBT context.

Based on this study follow-up research is recommended. Future research should focus on comparing Mentalization-Based Art Therapy with and without psychoeducation on the ETC. Additionally, investigating variations in outcomes based on respondents' preferred ETC components warrants further exploration.

In conclusion, knowledge of the theoretical framework of the ETC appears to enhance mentalizing capacity. There are indications that psychoeducation should be implemented early in patient treatment. Furthermore, the incorporation of psychoeducation on the ETC in MBAT, as depicted in the model (Fig. 7) in this study, has explored new mechanisms of change for AT.

Financing

For this study, no funding was received from commercial, public, or non-profit sectors.

Author Contributions

Marthe Marsman: Conceptualization, Methodology, Validation, Formal Analysis, Investigation, Writing - original draft. **Mark van der Meer:** Writing – review & editing. **Annemieke Bakker**: Writing – review & editing. **Celine Schweizer:** Conceptualization, Methodology, and Writing – review & editing.

CRediT authorship contribution statement

Mark Gido van der Meer: Writing – review & editing. **Annemieke Bakker:** Writing – review & editing. **Marthe Marsman:** Writing – original draft, Validation, Methodology, Investigation, Formal analysis, Conceptualization. **Celine Schweizer:** Writing – review & editing, Supervision, Methodology, Conceptualization.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work, the authors used ChatGPT and Grammarly to improve English grammar. After using these tools, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

Declaration of Competing Interest

None.

Acknowledgments

The authors would like to express their gratitude to the respondents who generously gave their time and effort to participate in this study. Additionally, special thanks are extended to the following individuals for their valuable contributions: Zina Janssen, Vivian Kohl, Nikie Korver, Rozemarijn Smids, Jannita Tesselaar, and Sabine Voigt.

Data availability

Data will be made available on request.

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