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Overcoming the Inner Critic: The Therapeutic Use of Self-Portraits with Older Adults

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Expressive Arts Therapy

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Abstract

Older adults are a growing and vulnerable population who experience discriminatory practices that impact their access to equitable housing, employment, and healthcare which was made even more obvious during the Coronavirus pandemic in the United States. A community engagement project was developed and facilitated by the writer to support older adults with the psychological effects of surviving the pandemic. This project also helped to increase accessibility to expressive arts therapy in the writer's local community. Expressive arts therapy is an effective and accessible method to support mental health and wellness for people of all ages. Engagement with the arts helps to decrease the effects of the Covid-19 pandemic including depression, isolation, and stress. This thesis explores the therapeutic benefits of self-portraiture with an under resourced population of adults 65 years and older at a health center in Boston, Massachusetts. Participants created self-portraits together, exploring and expressing personal strengths and skills that helped them to cope. The participants experienced positive benefits from the workshops because they had the opportunity to socialize, practice identifying and overcoming their inner critic's judgments, and create an art piece that could be presented to the local community. The results of this project indicate that using self-portraiture is an effective and accessible way to explore the inner self, process challenging emotions such as grief, and engage in self-expression.

Keywords: Self-portraits, elderly population, older adults, Covid-19 pandemic, expressive arts therapy, accessibility, inner critic

Introduction

Exploring our inner selves through the creative process allows us to access subconscious material, offering opportunities to confront our complexities. We explore parts of ourselves that we are both ashamed of and take delight in, parts that bring joy and fear, and parts that evolve over time. The process of externalizing these parts through the arts can be deeply healing (Rogers, 1993). This innate practice of expressing the self through the arts along with my own artistic interest in creating self-portraits led to my development of a community engagement project. This thesis examines the therapeutic effects of utilizing self-portraiture to explore and process the mental and emotional experiences of older adults during the Covid-19 pandemic that reached a height in the United States in 2020. This community engagement project was inspired by the belief that engaging with the creative arts can be an accessible, therapeutic, and enjoyable experience for people of all ages. It was also meant to provide a service to address the specific vulnerability of older adults due to decline in health, discrimination, poverty, and ageism. The main factors considered in the development of this project included accessibility, self-portraiture as a therapeutic medium, and the belief that we all can engage with our creative spirit. The research questions explored were 'How does the creation of self-portraits affect the psychological well-being of older adults?' and 'How can expressive arts therapy be made more accessible for older adults?'

The International Expressive Arts Therapy Association defines expressive arts therapy as the use of "visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development" (IEATA, 2017). Two main concepts behind the effectiveness of expressive arts therapy include 'process versus product' and decentering (Rogers, 1993) both of which were considered in the development of my community engagement

project. It is important to acknowledge and appreciate the value and therapeutic opportunities that arise from examining the creative product. The production of a tangible art piece can spark conversation, inform and educate viewers, and encourage feelings of pride and accomplishment in the artists. On the other hand, there is great benefit to engaging fully in the creative process, which includes the actual experience of artmaking. There is no wrong way to create. It is healing to indulge in the pleasant feelings that come from creation like freedom, joy, spontaneity, playfulness, and pride. My main goal was for the participants to enjoy the process and I did not pressure them about the product because I had faith that the finished pieces would reflect their experience. Secondly, the concept of decentering highlights how healing it can be to step away from the 'problems' or general stressors of life (Rogers, 1993). It can be a relief to simply enjoy time painting, singing, dancing, playing, and taking creative risks without the pressure to dig deep into traumatic memories or to process challenging emotions. To facilitate this decentering, I made sure to keep the energy in the space lighthearted, humorous, inquisitive, and fun.

Additionally, there are benefits to engaging in expressive arts therapy in a group format. It increases the potential for positive social interaction and emotional support from peers (Thongnopnua, 2013). Group art therapy decreases feelings of loneliness and hopelessness in all populations, including older adults (Aydın & Kutlu, 2021). Group work allows participants to witness and be witnessed, which can help them feel connected, inspired, and willing to share their story or creative work on their own terms (Rogers, 1993).

Although benefits could be gained from art forms, the creation of self-portraits is an interesting and accessible visual arts activity. Self-portraits have been made by humans since ancient times. The human form is an archetypal image that appears across cultures, a universal acknowledgment of our self-awareness. The Egyptian pharaoh Akhenate's chief sculptor Bak

created one of the earliest self-portraits out of stone in 1345 BC that is still preserved in Berlin (EPPH, n.d.). Early self-portraits were first documented in the western world in the 15th century with paintings like *Portrait of a Man (Self-Portrait?)* by Jan van Eyck (1433) and German painter Albrecht Dürer's (1500) *Self-Portrait at 28* (Carbon, 2017). Later on, the development of cameras in the 1830s allowed for self-portrait photographs or "selfies," now a common practice on social media with the use of camera phones and other devices (Carbon, 2017).

Like other artists before her, Stein (2008) concluded that "all portraits are self-portraits." This statement alludes to the ways that artists incorporate elements of themselves into their artwork and the ways in which viewers may relate to portraits, seeing aspects of themselves represented in the artwork. Most of my own creative work is a form of self-portrait, even when it manifests in other modalities like melodies, choreography, and poetry. Self-portraiture is an accessible prompt for expressive arts therapy because it is based on a subject that most of us know well - ourselves! Making self-portraits in a group with others can be enlightening and fun, providing an opening to discover our common threads and to celebrate our differences. Facial features can be manipulated, eliminated, or emphasized to express a variety of emotional states, beliefs and personality traits. It can be a form of wish fulfillment, allowing the artist to express a version of themselves that appeals to them aesthetically. It can be a chance to share their truth and expose parts of themselves that are usually hidden.

Another consideration in the development of the project was how to effectively engage with the population of older adults (65+). To create a psychologically safe space for the participants, I needed to examine my own biases and fears, and consider how they might reflect in my facilitation. Ageism is defined by the World Health Organization (2021) as "stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or

oneself based on age." Though ageism affects people of all ages, this thesis centers on the forms

of discrimination towards older adults that manifest in several ways including

overaccommodation (baby talk or downplaying of symptoms), the assumption that older adults

have serious cognitive and physical deficits, discrimination by healthcare workers and

employers, lack of accessible housing and transportation, and more (Nelson, 2005). Stereotypical

views of older adults as "non-contributing burdens on society" lead to actual harm (Nelson,

2005). Along with institutional, implicit, and explicit forms of ageism, self-directed ageism is an

internalized form that can negatively impact our psychological and physical well-being

(Masciave, 2019). Ageism can bring on feelings of low self-esteem, isolation, and depression for

older adults, as well as feelings of dread among younger adults with negative perceptions of

aging (McGovern, 2018).

     Since ageism has such profound impacts on the quality of life and psychological health, it

is important to increase access to all forms of health care, including mental health services. The

availability of expressive arts therapy for older adults is impacted by ageism, the general stigma

associated with mental health in older populations, and the mistrust of the healthcare system in

the United States (Galassi et al., 2022). This community engagement project was an opportunity

to not only spread the word about the healing effects of the arts but to actually offer those

services to community members without cost. I hoped to learn tangible ways to make expressive

arts therapy more accessible to the older adults at the health center.

     Lastly, the belief that we are all creators is really what opened the way for this project to

come together. The participants worked to overcome feelings of inadequacy and resistance by

engaging with their creativity in unique ways. Though there were moments when the inner critic

would arise and make itself known, the participants gave themselves permission to push past the

judgments and create. The opportunity for participants to practice problem-solving skills, creative flexibility and overcoming judgment in the workshop context could be transferred to other aspects of their lives. Aligning with this view of creativity increases access to expressive arts therapy by being more inclusive and validating of all forms of creative engagement no matter cultural identity, socioeconomic status, or age.

Literature Review

Impact of Covid-19 on Older Adults

The Covid-19 pandemic disproportionately impacted older adults in the United States. The vast majority of deaths due to Covid-19 were of adults ages 50 and older (Nania, 2020). The pandemic has contributed to intensified feelings of loneliness and the disruption of many aspects of life including vital healthcare services. Social isolation and loneliness increase the likelihood of mortality and dis-ease such as depression and heart disease, which has only been exacerbated due to the pandemic (Sorrell, 2021). Although virtual meetings and interactions have become even more commonplace, older adults may have limited access to the benefits due to a lack of technological literacy or accessibility, upheld by systems of poverty and discrimination.

Some adults I worked with during the project disclosed traumatic experiences from their past, which may have impacted their current ability to cope with the effects of the pandemic. A survey of adults 65 years and older living in the United States and Canada by Békés et al. (2023) found that adverse childhood experiences impacted defensive functioning later in life, especially in moments of distress. Generally, the more childhood trauma that was reported, the more symptoms of posttraumatic stress, fear, anxiety, and depression during the Covid-19 pandemic were reported. It is important to note that this study was conducted online with participants who

were recruited via social media, so the results may be impacted by the fact that the participants surveyed had a higher level of technological literacy and access.

Another study by Ooi et al. (2023) took a different route and explored positive psychological experiences and coping strategies used by a group of younger (13-24) and older adults (70+) in the UK during the Covid-19 pandemic. Both age groups expressed a desire to focus on relationships in their lives and to build up a sense of belonging to counteract feelings of loneliness. Both groups reported using more of their free time to rekindle interests in hobbies and leisure activities. Older adults especially reported missing participation in arts and cultural activities, which they adapted to by engaging with arts programming online or on television.

Expressive Arts Therapy with Older Adults

Galassi et al. (2022) found that engaging in the arts can support healthy aging by enhancing self-identity and sense of mastery and control, reducing depressive symptoms such as loneliness, and offering opportunities to socialize and make meaningful connections with others. Working with the arts can even increase brain plasticity and encourage neurogenesis, the growth of new brain cells. Besides the physical benefits, engaging with the arts provides cognitive stimulation that can support the treatment of dementia and other illnesses related to aging (Galassi et al., 2022). The arts offer opportunities for emotional processing and problem solving that are not just verbal, accommodating to a much wider range of personalities and abilities.

Nartker (2022) found that offering opportunities to senior living residents to engage in crafting during the Covid-19 pandemic allowed them to practice relaxation and stress management. Their creative work provided them with a purpose and an enjoyable activity to fill their time. The senior residents experienced satisfaction in experimenting with shape, color, and

texture, assembling materials together in a creative way and producing a tangible art piece that could be used to track their progress over time.

One story that depicts the therapeutic creation of self-portraits is Elizabeth "Grandma" Layton, a woman who spent many years of her life battling depression and major mood swings. She tried a variety of methods to cure her symptoms including medication, hospitalization, and electroshock therapy but she did not experience relief until she began engaging with visual art to address her symptoms. Over a period of 17 years, she created a series of contour self-portraits that she claimed was the most effective remedy for her depression. Her testimony supported the inclusion of art therapy in the Older Americans Act as a valid therapeutic intervention for seniors (Alter-Muri, 2007).

Self-Portraits as Therapy

Self-expression is about conveying information such as mood, emotional state, values, social status, aspirations, and personality traits to others (Carbon, 2017). Making self-portraits became a form of self-protection, deep reflection, processing of traumatic events, regaining moral balance and relief from distress for many artists such as Frida Kahlo, Vincent van Gogh, Picasso and Norman Rockwell (Palamar, 2018). Alter-Muri (2007) stated that the creation of self-portraits is particularly beneficial for people with depression because it allows for personal reflection and emotional distancing, helping individuals to safely process emotions without them fully defining who they are. Analysis of a completed self-portrait allows for individuals to confront parts of themselves that are denied or hidden deep in their consciousness, opening the opportunity to resolve internal conflicts, thoughts, and fears (Palamar, 2018). Self-portraits can also be used as informal assessment tools for therapists to improve their service with clients because they can be a hint at how the client perceives themselves and their emotional states. The

way a client engages with the creative process can illuminate their sense of self-concept, confidence, and creative flexibility.

Stein (2008) emphasized the fact that individuals do not need to identify as artists to engage with expressive arts therapies. He ran a series of workshops for veterans who created self-portraits as a therapeutic practice. He described the importance of first providing a kinesthetically driven visual art prompt such as scribbling all over paper as an opportunity for participants to open up, release tension and fear, and ease the judgmental voice of the inner critic. He mentions the focus on the creative process as a means of limiting the pressure to create a masterpiece, as well as offering participants step-by-step directions to copy his modeling to ease into the artmaking process. Participants in his workshops experienced the chance to express authentic views of themselves and their realities.

In a similar vein, Susan Carr (2020) developed an intervention to engage all kinds of artists called portrait therapy, in which an art therapist creates the client's portrait under the direction of the client, allowing for their story to be reflected back to them. In her process, Carr shows clients a variety of portrait styles to aid them in making a decision about which imagery, symbols and techniques to incorporate into their story. This can be a wonderful method to engage individuals who are unable to make art due to physical limitations or simply want to create in a different way. Ultimately, there is a tangible creative product that reflects the client's creative direction and the therapist's active witnessing of the client.

In some instances, self-portraiture can have a negative effect on individuals by increasing the possibility for more negative patterns of thinking, feelings of despair or obsessive thoughts about the self (Alter-Muri, 2007). It might be an uncomfortable or even triggering challenge for people experiencing body dysmorphia, eating disorders, or a negative body image.

Accordingly, it is important to establish creative spaces that are courageous and have built-in supports for the various needs of clients.

Accessibility and the Arts

The personal, sociocultural, and physical contexts of each participant impact their perception and level of participation in creative activities. An environment that is safe, non-competitive and emotionally supportive is important for older adults to feel comfortable to engage in the arts. This includes aspects such as lighting, temperature, sufficient space for mobility devices and language translation (Thongnopnua, 2013). Barriers to arts attendance and participation are both perceptual (attitudes and preconceptions) and practical (space and time). The most common barriers to participation and attendance in art activities are lack of time and issues of inaccessibility such as the high cost of programming and difficulty getting to the location. According to the National Endowment for the Arts (2015), the participation and attendance of older adults is especially impacted by poor physical health, which is one reason the Covid-19 pandemic heightened lack of engagement. On the other hand, the most common motivation for older adults to participate was the opportunity to socialize (NEA, 2015).

Prioritizing accessibility to the arts is a trauma-informed practice because it can improve the quality of therapy for clients who have experienced trauma. Traumatic memories are stored in the body and in areas of the brain that do not possess language or are not under conscious control (Durost, 2011). Therefore, the use of the creative arts like music, visual art and movement naturally increases expression and processing of trauma. Additionally, the aspects of the physical space such as lighting, clear access to exits, multiple seating options, and limited interruptions and loud sounds can improve the physiological experience of individuals with trauma.

Increasing accessibility requires examination of the impact of culture. The globalization of expressive arts therapy highlights the need for clinicians to intentionally engage in cultural awareness and humility. Art materials, instruments and other creative tools that tend to be commonplace in art therapy are from Western culture (Park et al., 2021). To open the therapeutic experience to marginalized individuals and communities in the United States, we must reconsider the types of materials offered and how they might resonate with clients or bring feelings of familiarity and belonging.

The Inner Critic

The inner critic refers to "a well-integrated system of critical and negative thoughts and attitudes of the self that interferes with the individual's organismic experiencing process" (Stinckens et al., 2013). It can take the form of a critical inner voice, self-sabotage and maladaptive behavioral patterns such as labeling ('My artwork is ugly'), procrastination ('I'll work on it another time') or rigid thinking ('Only artists can make good art'). Even though this inner voice may sound convincing, it is not always based in reality. In cognitive therapy, the inner critic is referred to as distorted thinking or thinking errors (Cho, 2018). It can manifest as inhibition, depression, anxiety, dissatisfaction and show itself through body language (Stinckens et al., 2013). With older adults, "the judge or self-critic has been around for a long time…facilitators need to accentuate that it is the process, rather than the product, that is important" (Rogers, 1993).

Our inner critic does serve us by offering a sense of control and protection from rejection, disappointment, embarrassment, and other challenging emotions. It helps us to discriminate aesthetically, improve the way we approach creative projects and even be useful or helpful to

others (Rogers, 1993). Engaging in hobbies that bring out our creative side can help us to decenter and "examine our inner narrative" (Cho, 2018).

Method

This community engagement project originated from a partnership between a health center in Boston, Massachusetts and the Boston Public Library. The original call to artists stated, "This project will be a multiple-session workshop created collaboratively with the artist and the partner organizations with a goal of using visual art to help older adults explore their feelings around the experience of the last few years during the pandemic. The end result will be displayed at both [the health center and the public library]" (personal communication, July 20, 2022). I was selected as the lead artist to develop and facilitate therapeutic art workshops for older adults living in my community. The project was funded through a grant from the American Rescue Plan Act of 2021 (also known as the Covid-19 Stimulus Package) and the City of Boston Department of Arts and Culture. With the support of the director and other staff members who knew the participants, I developed plans to facilitate an expressive arts therapy workshop at each of the three sites of the health center with a fourth culminating workshop for participants from all sites to come together to celebrate their work, socialize with their peers, and add any finishing touches. I visited one of the centers to view the space and meet some of the staff and I attended one virtual planning meeting with staff from all three of the centers. They offered input and suggestions based on the outline I presented them, then they shared some background information about the selected participants.

Participants and Process

Participants were adults 65 years and older who received outpatient services from the health center including medical care, recreational programming, and meals. The participants were selected by staff members based on their interest in the arts and their likelihood of engaging with the project. I knew ahead of time that all the participants lived locally in the Boston neighborhoods of Dorchester, Roxbury and Jamaica Plain, and that they spoke a variety of languages including Cape Verdean Creole, Haitian Creole, English and Spanish. In preparation for the multilingual aspect, there was at least one staff member available at each site who was able to provide translation services. The participants used a variety of mobility devices including canes, wheelchairs, and walkers. All participants had access to transportation between the centers and their homes. Participants had a variety of mental health diagnoses including Alzheimer's Disease, dementia, and depression. Some had limited vision, limited hearing, and memory loss. These factors were considered in the choosing of art materials, the setup of the physical space and the wording of the prompts. My goal was to be flexible and open to adjust for accessibility needs as the project progressed. After each workshop, I participated in informal debrief sessions with the staff members present to discuss what went well, what I noticed and what might be adjusted. Since each workshop was located at a different site with different participants and staff members, I tried my best to identify general takeaways from how my facilitation style impacted the outcome and what I might try differently next time.

The participants were prompted to create self-portraits using a variety of craft materials that I prepared ahead of time including foam boards, paint, stickers, yarn, magazine and collage paper, gems, and fabric swatches. The main prompts that I offered during the workshop included: "How has the Covid-19 pandemic affected your life? What skills did you bring from past experiences to help get you through the challenges of the pandemic? What are some of your

internal and external traits, and how might you represent those visually?" I made sure to formulate questions about their experience with the pandemic that were strength-based rather than founded on fear. Another part of the workshop offered the opportunity for participants to engage in a storytelling element, allowing for the benefit of an intermodal transfer (Little, 2021). They were prompted with similar questions about their experience surviving through the Covid-19 pandemic. Though the storytelling aspect of the workshop is beyond the scope of this thesis, it certainly added to the participants' experience of feeling seen and heard as well as reinforcing their life narratives that were expressed in their portraits.

Multiple elements were incorporated to increase accessibility including transportation to and from the centers, large writing utensils that were easy to grip and appropriate language translation. Interpretation was critical for participants to access the storytelling portion of the workshops and all participants were encouraged to speak in the language they felt most comfortable with throughout the session. I had originally considered incorporating some writing, but after some reflection I realized that storytelling was much more accessible to the participants because they did not have to rely on their own handwriting or typing skills to share their thoughts. In all of the workshops I incorporated visual aids to guide the creative process. These visual aids included pre-cut foam boards in the shape of a silhouette and a slideshow with some examples of self-portraits from a variety of artists sourced online including Frida Khalo's (1940) *Self-Portrait with Thorn Necklace and Hummingbird* and Norman Rockwell's (1960) *Triple Self-Portrait.* Some of the examples were self-portraits made in unique styles that did not incorporate the typical eyes, nose and mouth. Instead they included abstract shapes, collage, and text. In each workshop, I emphasized that there was no right or wrong to creating a self-portrait and used the examples to help participants challenge their preconceptions of what a portrait should look like.

Data Collection and Analysis

This project began three months before I decided that it would be the topic for my thesis, so my data collection from the first two workshops is not as detailed as the final two. I retroactively reflected on my experiences of the workshops based on what I remembered from debriefing with other staff members. I listened to the recordings of participants to reorient myself to their perspectives on the pandemic and took note of particular words or phrases. I made brain maps reflecting on each of the workshops, taking into account my emotional reactions, areas of resistance and thoughts on areas for growth. I then sorted through these brain maps to find words and phrases that appeared frequently, categorizing them into general themes. As a final step, I created a self-portrait of my own with the same materials that were available to the participants but with the intention to create based on my reflections as a developing facilitator and expressive arts therapist. I also expanded on some of my previous artwork that came to mind as I considered my own inner critic. Combining these methods helped to bring some clarity to the main themes that arose from the workshops.

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Results

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In total, fifteen participants attended the workshops and created self-portraits. Most of the participants were pre-selected except for a few who joined the workshop at the last minute because they were interested and there was space for them.

As I developed the directive, some questions I asked myself were, How might the effects of aging make it more challenging to use certain utensils that require grip or extra fine motor skills like scissors and markers? How far could participants reach across the table? How could I adapt my facilitation to make participation possible for participants who could not see or hear

well? How could I adjust the space so that all participants felt welcomed, could reach a variety of supplies from their seat and have room to move autonomously with mobility devices such as wheelchairs and walkers? How could I ensure that participants who did not speak the same languages as me (English and Spanish) still receive direction as seamlessly as possible without feeling ostracized? How could I help to increase the psychological safety of participants who may be isolated, in discomfort, depressed, or grieving? How could I affirm the variety of cultural identities of the participants?

Session 1

Four out of five of the expected participants attended the first workshop. The workshop began 25 minutes late due to issues with transportation, as the organization was impacted by a driver shortage. Once the participants arrived, they chose a spot at a long table set up on one side of the community room, with a blank foam board silhouette at each seat. Two of the participants spoke Haitian Creole and were supported with translation from one of the staff members. I introduced myself to the group and reviewed the prompt, the art materials, and a slideshow of examples. The intent was to emphasize that there was no 'right' way to make a self-portrait. I showed them different possibilities like using only words or text, abstract shapes and colors, or a collage combining them all. I told them that the portrait did *not* have to include the elements of a face (eyes, nose, mouth).

All the participants showed some hesitancy before engaging in the art making, expressing confusion about where to begin. I approached each of them individually and asked about their ideas or if any of the art materials stood out to them. I guided them along, taking a more hands-off approach, allowing them to make creative decisions for themselves. I also engaged in casual conversation with them, getting to know about their lives and their past creative experiences. I

noticed that the other staff members were more actively involved, helping participants cut out images and glue them down, painting the canvas, and even taking the lead by offering creative direction. This approach seemed to be working well to get the participants started and it was clear that the prior relationship between them was aiding the process. The participants used a variety of paint, paper, fabric, markers, yarn, and stickers. Two of the portraits had faces, one had five faces to represent herself and her children, and one was a collage of words and images.

Session 2

Five participants attended the second workshop. I followed the same opening procedure and introduced myself to the group then reviewed the prompt, the art materials, and a slideshow of examples. Again, there was some hesitancy among the participants to begin the project. Some needed clarification or repetition of the prompt and some were simply not sure where to begin. The staff members played a similarly active role with their clients, making creative suggestions and helping to apply the materials to the canvas. At this site we played some music in the background during the artmaking time which seemed to lighten the mood and increase focus. One participant made her portrait in honor of her granddaughter who passed away in an accident at nineteen years old. She expressed feelings of grief and sadness, crying as she shared her story. Despite this emotional moment, she was focused on her piece and was social with her peers throughout the session. Another participant vocalized her inner critic's voice frequently and often asked for creative direction. Her critiques and judgments were met with friendly comments and encouragement from her peers which facilitated her creative process. All of the participants created a portrait in their own way, with most of them using collage.

Session 3

Six participants attended the third workshop. One participant's primary language was Spanish, so a staff member and I were both able to help with translation. I followed the same procedure as I did in the other workshops, but the slideshow of examples was presented on a laptop due to technological limitations of the space. There was less support from staff members at this site due to understaffing so each participant generally had less individual attention. These participants also showed some hesitancy about beginning the project. However, with some guidance, most of them began and appeared to be quite focused. One participant who had dementia was hesitant to create for most of the workshop but was willing to follow the direction to choose a paint color and paint the border of the canvas. He mentioned a few times that it was 'dangerous' to engage in art making but was unable to express why. Despite this, he remained outwardly calm and stayed for the duration of the workshop. His involvement in the workshop not only allowed him to access problem-solving skills as he painted the large canvas, but to also process his emotions in a welcoming space with his peers (Galassi et al., 2022). One participant engaged with collage, cutting, and pasting images on the canvas. She was disoriented and would occasionally express urgency about needing to find her mother who had since passed. Despite this, she too was able to focus on artmaking for extended periods of time, her head bent over her work, completely immersed in the process. One participant fell in and out of sleep throughout the workshop, although he was in a jovial mood. He titled his portrait "The Unknown Man" and had cut out words and letters from magazines to add to the canvas. These participants were able to use the experience as an opportunity to relax and practice stress management (Nartker, 2022). Another participant said that she was feeling very depressed and did not feel motivated to make art, but she too stayed in the workshop and tried her best to engage with the art materials. She appeared to enjoy sharing stories about her home and past experiences in South America as well

as socializing with peers and healthcare staff. Another participant made a portrait that had a pattern of horizontal painted stripes. It brought her satisfaction as she applied each new colorful stripe. Once she filled the canvas, she stopped abruptly and was ready to move on to lunch afterwards.

Session 4

In the fourth and final cumulative workshop, six participants from previous workshops attended. There were also two newcomers who were interested in engaging so they were welcomed into the space. There was a celebratory and jovial energy about the group. This workshop received generous support from other healthcare workers, and a photographer and reporter documented the event, interviewing staff and participants. I did not formally review the slideshow of examples since most of the participants were continuing their previous work, but I did review some examples with the newcomers to help them spark some ideas. Some of the staff played an active role supporting their clients with the creative process while others engaged in light conversation with the participants. The returning participants did not show as much hesitancy to start the artmaking process as they did during the first workshops, possibly because of a familiarity with the facilitator, the materials and the expectations of the group. There was lots of positive feedback and encouragement between the participants as well as a conversation about negative self-talk and how it impacted their view on life. At the end of the session, we enjoyed some refreshments together and the participants moved on to the rest of their day.

Reflective Art Making

After all four workshops were completed, I created a self-portrait using the same materials that I offered the participants (Figure 1). I began with pale yellow acrylic paint at the center of the head, then circled it with an orange, then filled the rest of the canvas with a darker

brown color. These warm colors are present in lots of my artwork, so it was a natural way of representing my spirit along with the warmth that I wanted to share with the participants. Next, I created a circle of googly eyes in the center, which represent looking outwards and looking within. I focused simultaneously on self-reflexivity in my practice and observation of the participants. As the lead facilitator, I was constantly reading the room and adjusting spontaneously to the needs of everyone involved, while also taking notice of my biases, inner tensions, and strengths. My priorities were to ensure safety and lead the flow of the session. Finally, I painted the words "No Wrong Way" because it was the phrase that kept coming to mind while I was creating. I experienced the stubbornness of my own inner critic as I created this portrait. I felt a lot of pressure because of the importance of this piece and how it would represent my thesis. To counteract this, I repeated affirmations to myself ("Go for it, Don't worry too much about the outcome, Keep giving it a try"), I played music while I created to help lighten the mood and get into the groove, and gave myself permission to keep the imagery simple.

Figure 1. *Artistic reflection on the workshops (portrait)*

Later on, I felt compelled to update an older collage that I had started because it came to mind when I was reflecting on the inner critic (Figure 2). It is quite a grotesque image of a woman's face whose skin is torn away. Her head is centered on a circular shape of words surrounding her, rotating around her. This represents to me the negative self-talk and rumination that I have experienced as my own inner critic. This collage is glued onto an old vinyl record, hinting at the relentless cycle of my inner voice just like it was a record spinning around. When I give into this inner critic, it tears away at my perception and expression of self, leading to a decaying or rotting of my self-esteem and confidence.

Figure 2. *Artistic reflection on the workshops (collage)*

Discussion

In this community engagement project, older adults attended therapeutic expressive arts workshops that offered them the opportunity to process their emotions, explore their perception of self and socialize with their peers. Some of the participants spoke about feeling particularly depressed, bored and unmotivated. Some displayed active signs of disorientation and memory loss, while others were grieving friends and loved ones. Despite these circumstances, the participants benefited from the workshops and many of them verbally expressed to me that they enjoyed the experience. Each participant created a portrait using materials including paint, markers, stickers, collage paper, yarn, sequins, and jewels. About half of the participants attended a second culminating workshop to continue working on their portraits and to celebrate their experience together. There was less hesitancy to jump into the creative process during the second workshop, possibly because of a familiarity with the facilitator, the materials, and the

expectations of the group. Their portraits will be displayed in the health center and local public library later in the year.

Overall, engaging in the workshops was a healing experience for the participants. Creating self-portraits allowed them to explore their inner selves, express their strengths and personality traits, and enjoy their time together. The artmaking experience helped them to decenter for a while and get in touch with their creative spirit (Rogers, 1993). Being selected to participate in a small group setting with new and interesting art materials to explore helped them feel like they mattered and belonged, a major protective factor against dis-ease (Sorrell, 2021). The elements of accessibility that were built into the workshop were meant to help the participants feel comfortable and experience the creative process without shame or preoccupation.

Upon reflection, there were some unexpected outcomes. What stood out the most from this experience as a facilitator was the pattern of prolonged hesitation before the participants started any creative work. This pattern happened across sites with different participants at each. Some strategies I tried that were the most effective in decreasing this hesitation were the narrowing of focus to start with just one of the art materials available, asking questions and engaging in casual conversation to begin building alliance with the participants, the validation of feelings that came up when entering the creative process such as confusion, intimidation and discouragement, and the frequent repetition of affirmations.

There was less group conversation than I had intended due to focused independent artmaking, so there were moments of silence in which participants were focused on their respective work. This parallel play or being in the presence of others also creating art and sharing supplies was an enjoyable experience for everyone involved. The participants took delight in

viewing each other's artwork, offering positive feedback, and exclaiming at the creative self-expression in the room. This outcome supports the literature on how group therapy can increase opportunities for positive social interaction and emotional support from peers as well as the benefits of active witnessing (Rogers, 1993; Thongnopnua, 2013).

In addition, there were some surprising aspects of the actual art pieces created. Some participants made portraits of others, like the woman who was grieving her granddaughter, and the woman who included faces to represent her children. I viewed this as a natural way for them to work with the original prompt because it was exactly what they needed at the time. This outcome was reflective of Stein's (2008) statement about all portraits being self-portraits because elements of themselves, such as their grief and love, were present in their artwork. The people they chose to represent on the canvas had great meaning to them, so using the opportunity to honor them was important in their creative process. Some participants spontaneously named their portraits without a prompt to do so, titling them with their name or another phrase. The decision to title their piece was an act of owning their creative work.

Accessibility

The built-in accommodations for participants such as free transportation, adequate space for mobility and language interpretation increased participant engagement, reflecting the data collected by the National Endowment for the Arts (2015). Their needs were considered ahead of time, which freed up energy for them to consider other things like emotions, beliefs, and memories. It also provided some relief on my end, knowing that some barriers to communication and artmaking would already be addressed. This sense of preparedness improved my overall facilitation because I was able to be fully present in the moment and was more apt to respond to the content that came up in the workshops.

Additionally, the government funding granted for this project increased accessibility in a few ways. The grant was used to compensate the effort of the artists involved (myself and the audio engineer), to purchase high quality art materials, to lower costs for the health center while providing meaningful services to their clients, to raise awareness for the benefits of expressive art therapy. and to ensure that programming was free for all. This project is a wonderful example of why government funding should be used to support the arts, since it can directly impact the well-being of vulnerable communities.

Although great effort was made to make the workshops accessible to the participants, they still experienced some hesitation to jump into the creative process. There were some effective ways to help participants to engage with their creative spirits such as repeating affirmations and emphasizing that there was no wrong way to create a self-portrait. I had to take this advice myself and allow them to create their artwork in any way that they saw fit rather than forcing them to create art that aligned with my expectations. I normalized their frustration, hesitancy, or lack of motivation with an invitation to select art material that appealed to them in the moment. I reminded them that we can all create in our own way, that there is no specific way to express ourselves.

After reviewing the literature, I learned that one way I could have improved the experience is to provide a more intentional opening prompt, such as the one presented by Stein (2008) to loosen up tension within the body and mind before beginning intentional creative work. Even simply offering the option to just observe and engage as a witness can help participants to enjoy themselves because there is no pressure to create if they are not in the space to do so (Rogers, 1993). Rogers describes this as "psychological freedom" but I choose to label it as psychological accessibility because it requires scaffolding and adherence to equitability. We

can all be given freedom to create, but some need more direction and guidance to engage. We simply cannot guarantee safety to our participants, no matter how much we prepare. Sometimes the creative process can bring up feelings of inadequacy or frustration, leading to total shut down. But by providing equitable creative access, expressive arts therapists can increase the likelihood that participants will benefit from the process. Engagement does not look the same from person to person, so making sure that we validate and remain inclusive is essential. Everyone plays their part in the way that they feel comfortable, which leads to genuine interactions and attunement (Kossak et al., 2015).

I recommend that facilitators who explore creatively with older adults first take care to ensure that accessibility needs are addressed to clear the way for deeper work to be done during the session. If possible, arrange to view the space beforehand to look for any points that could be inaccessible or bring discomfort. Arrange to meet the participants and learn their interests before the workshops or speak with those who work closely with them. Make sure that space has adequate seating, workspace, and room for mobility devices like canes, walkers and wheelchairs. It is helpful to offer a variety of culturally relevant examples for participants to examine and gather inspiration from. The examples provided should be from a diverse group of creators. Learning about the participants ahead of time can help with knowing what to incorporate. Visual cues are useful across languages and serve as an inspirational anchor for those who are not sure where to begin. Frequent reassurance that there is no 'correct' way to create or express yourself is also helpful because it reinforces the person-centered approach of unconditional positive regard (Rogers, 1993). Go with the flow of the group and do not feel discouraged if participants are not as interested in the artmaking as they are in the opportunities for social connection or distraction from the daily routine.

Additional research should be done on increasing accessibility to the arts for older adults, particularly on the types of culturally relevant materials and styles of facilitation. The pattern of hesitancy to begin artmaking can be researched further, including the assessment of a range of intentional opening activities that can help creativity for older adults.

Person-Centered Approach and Creativity

I witnessed how the existing relationships with staff members seemed to help participants loosen up and enter into the creative process. The staff knew about the clients' general personalities and life histories and used this to inform their approach with each client. Their active role in the participants' creative process reflected Susan Carr's (2020) portrait therapy intervention in which the therapist creates the portrait on behalf of the client through heartfelt active witnessing. The benefits were still obvious and it showed me in real time how a person-centered approach can facilitate the creative process. The person-centered approach in expressive arts therapy encourages self-ownership, respect for the world of the inner artist, and the unique ways of engaging with the creative process (Rogers, 1993). Even the short amount of time I spent talking with the participants casually, learning about their life experiences, sharing stories, and laughing facilitated their entry into the creative process. I learned that it was effective to exist in a "nonexpectant place of simply being" and offer my presence from the heart as a way of letting them know that they mattered and deserved to enjoy their time (Rogers, 1993; Sorrell, 2021). I modeled what my own inner critic sounds like, sharing that I, too, can feel disappointed and frustrated when I create because I am too focused on making a perfect product rather than enjoying the experience. I reminded them to push past those judgments and allow themselves to create. I repeated some of my favorite affirmations to let them know that they could do it and that they deserved the chance to enjoy themselves.

Many of our inner critic's judgments are rooted in fear - fear of rejection, abandonment, intimacy, loss of freedom, and death. The inner critic is compounded fear. It takes practice to keep awareness and identify fear when it arises, and it requires time and patience to befriend it. Since exposure therapy can be useful to decrease or even eliminate fears, phobias and anxiety, I believe that the negative effects of the inner critic could be decreased or eliminated with frequent exposure to the creative process. It might also be useful to personify the inner critic and examine the ways in which it means to protect us from harm, allowing us to work with it rather than against it (Cho, 2018; Rogers, 1993).

Limitations

Though a list of participants was created ahead of time by staff members, not all the participants attended the workshops due to circumstances like illness, conflicting medical appointments, or issues with transportation. I did not have the chance to meet the participants or assess their interests before the start of the workshops, which could have increased engagement and possibly decreased the periods of hesitation before creating. Meeting beforehand could have been a helpful start to building trust in the therapeutic relationship with participants. Another important limitation to note is that I began developing and facilitating these workshops before I decided on this as a topic for this thesis, which impacted the quality of data collection in the earlier workshops.

It is possible that ongoing workshops with the same participants to create a series of portraits could be just as or even more effective for improving mental health and discovering the inner self, but we were limited to one workshop per site. It would be interesting to observe how their creative products might have changed over time throughout a series of workshops and how repetitive entry into the creative process might help to counteract the effects of the inner critic.

Creating a series of self-portraits could also help to decrease symptoms of depression and anxiety, similar to Elizabeth 'Grandma' Layton's story of relief after years and years of symptoms that negatively impacted her daily life (Alter-Muri, 2007).

Conclusion

In summation, the creation of self-portraits with older adults is a beneficial art practice that aligns with the core principles of expressive arts therapy. The participants in this community engagement workshop all enjoyed the experience and returning participants seemed to have an even more beneficial experience. As the lead facilitator, I prioritized and advocated for the accessibility needs of the participants. It was very helpful to collaborate with staff members at the health center who already knew the participants and could speak to their personalities, special needs and interests.

One of the most significant takeaways from this project was the observation that the older adults needed encouragement to enter the creative process in a way that is somewhat different from my experience doing the same type of work with children. Children tend to be quick to jump in, needing even more structure and limit setting, but the older adults needed additional guidance and reassurance. Some of the participants were very hesitant to begin and expressed judgments about themselves before even trying to engage with the project. Despite the hesitancy, every participant gave it a try and allowed themselves to create in their own way. I am grateful to all those who supported my work and to those who showed up for our community.

References

Alter-Muri, S. (2007). Beyond the face: Art therapy and self-portraiture. *Arts in Psychotherapy, 34*(4), 331–339. https://doi-org.ezproxyles.flo.org/10.1016/j.aip.2007.05.002

Aydın, M., & Kutlu, F. Y. (2021). The effect of group art therapy on loneliness and hopelessness levels of older adults living alone: A randomized controlled study. *Florence Nightingale Journal of Nursing*, *29*(3), 271–284. https://doi.org/10.5152/FNJN.2021.20224

Békés, V., Starrs, C. J., & Perry, J. C. (2023). The COVID-19 pandemic as traumatic stressor: Distress in older adults is predicted by childhood trauma and mitigated by defensive functioning. *Psychological Trauma: Theory, Research, Practice, and Policy, 15*(3), 449–457. https://doi-org.ezproxyles.flo.org/10.1037/tra0001253.supp

Carbon C. C. (2017). Universal principles of depicting oneself across the centuries: From Renaissance self-portraits to selfie-photographs. *Frontiers in Psychology. 8*(245). https://doi.org/10.3389/fpsyg.2017.00245

Carr, S.M.D. (2020) Portrait therapy: Supporting client voices of self-identity. *Art Therapy. 37*(4). 177-184. DOI: 10.1080/07421656.2020.1827879

Cho, J. (2018). Voices in my head: Learning to quiet the inner critic and its impossible demands. *ABA Journal, 104*(3), 28–29.

Durost, Steven (2011). Old is an attitude - age is a concept: A qualitative study on aging and ageism with guidelines for expressive therapies literature. *Expressive Therapies Dissertations. 36*. https://digitalcommons.lesley.edu/expressive_dissertations/36

EPPH. (n.d.). *An intriguing self-portrait, c.1345 BC.* Every painter paints himself: Art's

    masterpieces explained.

    https://www.everypainterpaintshimself.com/blog/an_intriguing_self_portrait_c.1345_bc

Galassi, F., Merizzi, A., D, A. B., & Santini, S. (2022). Creativity and art therapies to promote

    healthy aging: A scoping review. *Frontiers in Psychology,* 13, 1–15. https://doi-

    org.ezproxyles.flo.org/10.3389/fpsyg.2022.906191

International Expressive Arts Therapy Association. (2017). https://www.ieata.org/

Kossak, M., & McNiff, S. (2015). *Attunement in expressive arts therapy: Toward an*

    understanding of embodied empathy. Charles C Thomas, Publisher, Ltd.

Little, E. M. L. (2021). How the expressive therapies continuum informs intermodal transfers.

    DigitalCommons@Lesley. https://search-ebscohost-

    com.ezproxyles.flo.org/login.aspx?direct=true&AuthType=cookie,ip&db=ir01171a&AN

    =dcl.expressive.theses.1510&site=eds-live&scope=site

MacDonald, D., Dew, A., Fisher, K. R., & Boydell, K. M. (2022). Self-portraits for social

    change: Audience response to a photovoice exhibition by women with disability. *The*

    Qualitative Report, 27(4), 1011-1039. https://doi.org/10.46743/2160-3715/2022.5154

Masciave, S. (2019). Exploring Ageism Intergenerationally with the Expressive Arts.

    DigitalCommons@Lesley.

    https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1175&context=expressive

    _theses

McGovern, J., Schwittek, D., & Seepersaud, D. (2018). Through the lens of age: Challenging

    ageism in the Bronx and beyond with community-based arts activism. *International*

Journal of Social, Political & Community Agendas in the Arts, 13(2), 1–8. https://doi-org.ezproxyles.flo.org/10.18848/2326-9960/CGP/v13i02/1-8

Nania, R. (2020). *95 percent of Americans killed by COVID-19 were 50 or older.* https://www.aarp.org/health/conditions-treatments/info-2020/coronavirus-deaths-older-adults.html

Nartker, K. (2022). Crafting in COVID: Engagement with textile arts and crafts among senior living residents throughout the COVID-19 pandemic. *Gerontology & Geriatric Medicine,* 1–8. https://doi.org/10.1177/23337214221079164

National Endowment for the Arts. (2015). *When going gets tough: Barriers and motivations affecting arts attendance.* https://www.arts.gov/sites/default/files/when-going-gets-tough-revised2.pdf

Ooi, L., Paul, E., Burton, A., Fancourt, D., & McKinlay, A. R. (2023). A qualitative study of positive psychological experiences and helpful coping behaviours among young people and older adults in the UK during the COVID-19 pandemic. *PLoS ONE, 17*(1), 1–18. https://doi-org.ezproxyles.flo.org/10.1371/journal.pone.0279205

Palamar, I. (2018). Self-portrait: Between normality and psychosis. *Anastasis: Research in Medieval Culture and Art. V*(1). 175–194.

Park, S., Lee, H., Kim, S., & Kim, Y. (2021). Traditional Korean art materials as therapeutic media: Multicultural expansion through materials in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 38*(2), 60–68. https://doi-org.ezproxyles.flo.org/10.1080/07421656.2020.1729077

Rogers, N. (1993). *The creative connection: Expressive arts as healing*. PCCS Books.

Sorrell, J. M. (2021). Losing a generation: The impact of COVID-19 on older Americans. *Journal of Psychosocial Nursing and Mental Health Services*, *59*(4), 9. https://journals.healio.com/doi/10.3928/02793695-20210315-03

Stein A. (2008). Healing the self through self-portraits -a drawing workshop. *The Permanente Journal, 12(*2), 78–81. https://doi.org/10.7812/TPP/07-109

Stinckens, N., Lietaer, G., & Leijssen, M. (2013). Working with the inner critic: Process features and pathways to change. *Person-Centered & Experiential Psychotherapies, 12*(1), 59–78. https://doi.org/10.1080/14779757.2013.767747

Thongnopnua, S. (2013). Accessibility for the older population: Seniors and arts participation. *Journal of Art for Life. 4*(1). https://journals.flvc.org/jafl/article/view/84236

van Eyck, Jan. (1433). *Portrait of a man (self-portrait?)* [Painting]. The National Gallery. https://www.nationalgallery.org.uk/paintings/jan-van-eyck-portrait-of-a-man-self-portrait

World Health Organization (2021). *Aging: Ageism.* World Health Organization. https://www.who.int/news-room/questions-and-answers/item/ageing-ageism

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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