Beyond the face: Art therapy and self-portraiture

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Abstract

Self-portraiture can be a means of self-reflection and accepting the self. Art therapists can be informed of the benefits and drawbacks of recreating the self by examining the art of artists who experienced melancholy and depression. Vignettes of artists whose self-portraits were healing, as well as of artists who became stuck in feelings of despair, are described. Self-portraiture is an introspective tool that can be beneficial with many client populations. Examples from the literature in art therapy regarding the use of self-portraits in therapy augment the importance of this genre and describe some of the clinical applications of self-portraiture. © 2007 Elsevier Inc. All rights reserved.

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Throughout time, artists have created self-portraits as a vehicle to understand themselves. In self-portraiture the artist does not have to be concerned about pleasing anyone but him or herself. Self-portraits can allow the artist to be open and receptive to the self, which is an important component of therapeutic growth. Some artists create self-portraits to depict a spiritual part of the self or use the self-portrait to depict the emotional, spiritual, or physical self to significant people in their lives (Alter-Müri, 2003). Self-portraits can be a tool to assist the artist to step back from an experience and to reflect on that experience. However, self-portraiture is not often used as a tool by art therapists. The author is interested in increasing awareness of the therapeutic potential of self-portraits, using interviews with artists and a review of the literature of some of the many artists who focused on self-portraiture during their careers. When therapists use self-portraits as a therapeutic intervention, they enrich their understanding of the ways that artists have been able to overcome and transform their life experiences. Many client populations can benefit from self-portraiture. However, in some instances self-portraiture may not be healing and may increase the potential for some individuals to sink deeper in negative thinking, repetitive patterns, and feelings of despair. Self-portraits can contribute to an artist being more vulnerable to obsessive thoughts about the self. Several artists who have concentrated on creating self-portraits have become unable to critically examine themselves. This suggests that it is important for art therapists to serve as guides in the process of self-reflection. The result of a compulsion to create self-portraiture by artists who did not have the advantage of an art therapist as a guide is described as a measurement of the indications and contraindications for self-portraiture in therapy.

Indications and contraindications for self-portraits and depression

The self-portraits created by Vincent Van Gogh may have accentuated his downward spiral into the depressive phase of what Jamison (1995) described as his manic-depressive illness. Bonafoux (1989) made relevant observations about
Van Gogh’s self-portraits. This author referred to self-portraiture as the genre of painting about which Van Gogh perhaps felt the most self-confident. According to Bonafoux, Van Gogh’s self-portraiture often depicted the artist’s desire to subdue his inner impulses and to feel grounded in the aftermath of a crisis. For example, the self-portrait that Van Gogh created in the asylum at St. Remey reasserted his identity as an artist to himself, his family, and his doctors. Van Gogh sent many of his self-portraits to his brother and some to his sister as evidence that his illness was improving and that he was feeling better. Bonafoux describes Van Gogh’s self-portraits as the foundation of his solitude—and his salvation.

Gregory Gillespie also found self-portraiture a vehicle to experience internal contemplation. The studio where he created his self-portraits was also a haven and a place of solitude and internal contemplation for the painter. Born in New Jersey, Gillespie lived from 1936 to 2000. He was a recognized artist throughout the United States in the 1970s. His first retrospective was at the Hirshhorn Museum in 1977, where he exhibited over 70 of his self-portraits. He was awarded two Fulbright grants to study and paint in Italy, where he lived for 8 years. Some of his self-portraits were created with the use of a magnifying glass. Although he is well known as a realist, his paintings contained elements of surrealism. Several of his self-portraits, as seen in Fig. 1, depict the artist at work in his studio (Alter-Müri, 2003).

In 1978, Gillespie wrote that his role as an artist was to observe himself and to take notes on himself, saying “The more I paint, the less I deviate from what I see.” Although Gillespie employed self-portraiture as an existential exercise, he felt that self-portraiture was a dialogue with the self (G. Gillespie, personal communication, March 2000). Stebbins and Stebbins (2003) described Gregory Gillespie as the only American painter who created an intense psychological record through self-portraits. Gillespie’s self-portraits are often described as depicting a sense of melancholy. In April 2000, Gregory Gillespie committed suicide. Two weeks before he died, I interviewed the painter in his studio on the topic of self-portraiture. Throughout our meeting, Gillespie was self-reflective and discussed problems in his relationship with the “art world.” He appeared relaxed and seemed happy to talk. He was working on revising a self-portrait. Although I have interviewed several artists whose career included a majority of self-portraits, I have been most touched by Gillespie’s work. Was this because of my friendship or because of Gillespie’s interest in the underlying meaning of his art? or was it due to his painterly and representational abilities? In an interview with Nina Nielsen (1998), Gillespie discussed two important influences in his past: his mother’s commitment to an asylum and the influence of strict Catholicism. The strictness of his upbringing with the intensity of his mother’s illness perhaps can be seen in his compulsive attention to details combined with his interest in adding imagery from the unconscious in the picture plane. In his paintings, Gillespie included images of Buddha and Hindu goddesses and deities and combined them with images that were phallic or sexual in nature. The tiny images on the canvases were painted for more than allegorical
or aesthetic reasons. Greg wanted to visually depict the spiritual forces and the issues of creation in his work. When I asked him about the phallic imagery that I felt he depicted on the canvas, he responded that procreation was part of the life cycle and sexuality was linked to creativity (G. Gillespie, personal communication, March 2000). As a friend, I was not viewing Gillespie’s art as an art therapist. However, I felt that his responses to my open-ended questions led to his initiation of a discussion of spiritual beliefs, and of how procreation was related to new life. Gillespie’s work made me aware of the importance of an art therapist who can serve as a guide for artists to reflect on the psychological issues that relate to their art.

Gillespie has two approaches to the self-portrait. In one style he paints all of his features with such accuracy it reminds the viewer of the details in a Dutch still life painting. He includes in these self-portraits symbols and objects that give clues to his personality (Stebbins & Stebbins, 2003). Gillespie’s later self-portraits depict his aging. From 50 to 60 years old he often painted himself naked above the waist. He accentuated the flab and the wrinkles of life beyond age 50. When asked in an interview whether he planned to paint additional self-portraits, Gillespie replied that he had a fantasy of painting self-portraits to the end of his life to record how the body journeys to death. “It is not that I am happy with my body’s deterioration; painting self-portraits is my manner of dealing with the process of aging” (personal communication, March 2000).

In the mid-1990s, Gillespie began to create shrines that were self-portraits. These three-dimensional shrines were created from wood and objects that were symbolic to Gillespie. He also painted the still life with minute attention to details.

The shrines were so realistic that, according to (Duncan, 2000), they seemed to depict spiritual attributes. In 1998–1999, Gillespie worked on an 8-ft sculpture that he titled “Greg’s Tomb.” This sculpture was an obelisk that he painted and decorated with photographs of himself and his wife, Peggy. This sculpture or tomb included a geometric mandala, a triangular roof with a red lightbulb above the year 1936, the year that Gillespie was born. In 1999, Gillespie stated that the tomb was his last self-portrait, and that “if a museum bought it and had my ashes in it, I’d be happy” (Worth, 1999, p. 27). I believe that this sculpture of Gillespie’s can be compared to one of Van Gogh’s last paintings, in which he depicted crows flying over a lonely wheatfield. The symbol of the crow and/or the raven can be related to the Northern European symbolism of impending death (Ferber, 1999). Like Van Gogh, who painted more than 30 self-portraits, this self-reflection did not stop Gillespie from taking his own life (Alter-Müri, 2003). As a final metaphor for his life, Gillespie’s obelisk was exhibited as part of his memorial service.

Self-portraits can be helpful with individuals experiencing depression. Creating an image of the self can be a means of stepping back from an experience and reflecting on the process. An artist or client can create an image of self, acknowledge the emotions expressed in the self-portrait, and distance the self from that feeling. In other words, the artist can acknowledge the emotion in the art but not feel that the emotion represents all of who he or she is. Artists can see and depict their sadness, but they are not the sadness; the sadness is a part of them, not the entire person. This insight can assist artists to accept that they have a depressed part of themselves but also to realize that they are more than just the depression. Art therapists in the United States are aware of the story of Elizabeth “Grandma” Layton. According to Ault (1996), Elizabeth Layton survived years of therapy, 13 electroshock treatments, medication, and hospitalizations. She was diagnosed with what was called manic-depressive illness (now defined as bipolar illness). As she grew older, Layton worked through and cured herself of depression through her technique of self-portrait contour drawings executed with colored pencils. However, it was not until she was able to share her art with others that she really felt that she was on the way to healing. This journey continued for 17 years – until her death – and included, in 1990, her testimony in the U.S. House of Representatives. This testimony provided needed support for the proposition that art therapy should be included in the Older Americans Act as a preventive therapy and as a therapeutic intervention for seniors.

Elizabeth Layton lived in Kansas and spent many years battling depression and major mood swings (Ault, 1996). She was treated in psychiatric units of hospitals and had the maximum number of shock treatments, but her depression came back. Upon the advice of her sister, Layton enrolled in an art course, which happened to stress contour drawings (Lambert, 1995). According to Ault (1996), the technique of contour drawings created by Layton consisted of “drawing the edges of forms one detail at a time while looking at the subject and not at the drawing surface” (p. 7). She created these drawings with colored pencils, filling in the areas that she drew in a repetitive back-and-forth movement while looking in the mirror. At first, Layton’s self-portraits depicted personal issues, including the death of her son, moral concerns, interpersonal relations, intimacy, marriage, and the acceptance of her aging body (Lambert, 1995). Layton described very powerfully the ways that art therapy assisted her healing from depression and mood swings. As her
depression lifted, she drew self-portraits with social issues included in the background. For example, her drawing ranged from the depiction of the hazards of smoking to supporting the Gray Panthers, helping the environment, and liberating women from the role of the matriarch at Thanksgiving dinners.

Realizing that art had therapeutic qualities for her, Layton looked for resources to support her journey of healing and she contacted Robert Ault, a well-known art therapist in her area and one of the pioneers of the American Art Therapy Association. Ault (1996) was interested in why contour drawing was so helpful when other, more traditional, modes of therapy resulted in a cyclic return to depression. He observed and described how the process of creating a self-portrait using Layton’s technique allows artists to see not only how they view themselves but also how they express their thoughts to others in a visual format. In Layton’s style of contour drawings, as aesthetic decisions are made regarding what to include in the background of the drawing, the artist can become aware of memories and associations that need to be addressed. The drawing technique used by Layton consists of a back-and-forth repetitive stroke, which may simulate a type of eye movement similar to eye movement desensitization reprogramming therapy, E.M.D.R. Ault (1996) believes that the correlation between the coloring process and E.M.D.R. is an area that needs more investigation and research by art therapists.

Chapman, Morabito, Ladakakos, Schreier, and Knudson (2001) discuss the importance of activating both the right and left hemispheres of the brain in art therapy to maximize the therapeutic benefits. One could postulate that Layton’s concentration using colored pencils in a back-and-forth movement, and her style of drawing, have similar qualities to E.M.D.R. Eye-movement therapy can begin to move the trauma from one area of the brain to the other. This technique allowed Layton to lessen her pattern of depressive thoughts. Benson (2000), in his work on the relaxation response, discussed the importance of repetition in relaxation techniques that are effective in stress reduction. The repetition of pencil strokes may have been a crucial step in helping Layton accept herself without pretenses.

Barnett (1995) is an artist living with recurrent depression who drew a self-portrait daily for 40 days in an attempt to understand her illness. In her case, although self-portraits did not successfully address her depression, they did allow her to have a sense of ease and accomplishment, and a feeling of finishing a goal. She discovered that looking in the mirror and examining herself allowed self-reflection to occur. Perhaps, if Barnett had worked with an art therapist while creating her self-portraits, she could have been guided to express feelings that are difficult to acknowledge to the self.

Kathe Kollowitz was a German artist whose suffering and the suffering of others are seen in her self-portraits. She experienced relief from grieving by creating art regarding the painful incidents in her life, portraying the realities of the life of working-class women during World War II (Kearns, 1976). Kollowitz used her art as a vehicle to continue to live despite her pain. Like Gregory Gillespie, Kathe Kollowitz depicted aging in her self-portraits to the extent of accentuating the aging marks. Kollowitz created 84 self-portraits that depict a psychological journal revealing the essentials of her emotional states. She employed art as a means not only to express herself but to express her social and political ideas. Her self-portraits also expressed her responses to the effects of war on children and women.

According to Borzello (1998), there have been relatively few exhibits of women’s self-portraits from the Middle Ages to the 1950s. The origin of self-portraiture has traditionally been explained through male examples. Self-portraits were often created for practice in portrait painting, as well as for self-promotion. Self-portraiture creates an auto-criticism that contributes to the artist’s understanding of the inner self.

Self-portraits and coping with physical illness

Frida Kahlo, a well-known contemporary Mexican artist who lived from 1907 to 1954, painted self-portraits with a rich autobiographical and analytical multiplicity. Her paintings seemed to exorcise pain as well as to confirm and extend her hold on reality. Kahlo described her artistic style as painting her own reality; she painted simply because she needed to (Brown, 1989). Pain and coverings to hide and see through the pain were common themes in her art (Steadman, 1996). Lowe (1991) discusses how many of Kahlo’s self-portraits show the conflicts that gripped her spirit and soul. Recurrence occurs in Kahlo’s art—not only in the content of the paintings but in the manner in which Kahlo depicts herself in her self-portraits. Sometimes Kahlo portrays herself fully dressed; alternatively, she represents herself with her internal arteries and organs visible to the viewer (Steadman, 1996). There are several formats and personal symbols that repeat in her art, including portraits with a frontal orientation. Kahlo blended Mexican folk art and Christian votive themes in her paintings (Lowe, 1991). Frida Kahlo is the main character in her own theatre—as a woman, a Mexican, and a person with disabilities. Perhaps self-portraits served to allow her to project her pain onto the
Frida on the canvas. From the mid-1940s, when her health deteriorated, until her death, Kahlo’s self-portraits focused on her physical condition. When she was no longer able to stand the sight in the mirror of her physical self, she focused on depicting the self through utilizing the still life as a self-portrait. Her self-portraits fuse a public self with an inner self in a manner that declares traditional mind–body separation as an irrelevant construct (Lowe, 1991). Frida knew how to convert her suffering into symbols capable of reflecting many feelings.

Hannah Wilke, 1940–1993, was a contemporary artist who shot nude photographs of her mother when her mother was dying of cancer (Moore, 2003). After her mother’s death, Wilke also struggled to battle her own cancer. During her journey with illness, Wilke shot and printed large photographs of herself in the nude. She also created art pieces with the hair that she lost during chemotherapy. Creating art about one’s illness during the time of the illness can be healing for the artist; such art may evoke different responses in the spectator.

**Art therapy and self-portraiture**

Self-portraits can be utilized to examine the extent to which Alzheimer’s disease could be reflected in the self-portraits of clients. Lev-Wiesel and Hirshenzon-Segev (2003) found that clients suffering from Alzheimer’s disease with more advanced cognitive decline tended to draw the self in an earlier stage in art development. Often the body was omitted, and in half of the drawings in their sample, the eyes were omitted. Lev-Wiesel and Hirshenzon-Segev suggest that in their sample, eyes may symbolize that the individual does not want to be seen by others as well as an attempt to avoid seeing others. They also found that clients diagnosed with mild cognitive decline tended to add a hat or to draw a line that enclosed the head.

Many therapists utilize art projective drawing tests, directed drawing activities, and assessments—such as the Draw a Person Test, the Human Figure Drawing, and the House–Tree–Person—to assist in assessments of how clients view themselves and their environment. Human figure drawings can assess personality, psychological issues, and learning differences (Malchiodi, 1998). In art therapy self-portraits can be a form of information to the therapist regarding the client’s view of him or herself and their internal environment. Self-portraiture can also serve as a tool in discussing body image and self-concept. This can be particularly relevant for individuals who experience physical illness, sexual abuse, or traumatic stress, and for clients who have eating disorders or who are adjusting to the aging process. The therapist can assess the meaning that the client gives to him or herself through their rendering of a self-portrait. Timing in the therapy can be very important when giving the directive to create a self-portrait: too soon in treatment can cause a client to misrepresent a self-image or to regress (N. Slater, personal communication, February 12, 2006). The failure to draw the full body in a self-portrait might symbolize the deterioration of self-identity. This was postulated in a study by Morin and Bensalah (1998). They found that the omission of facial features could indicate the incapacity to face losses due to aging.

Clients experiencing neurological dysfunctions can use self-portraits to increase self-awareness and memory. Hendrixson-Nottage (1986) worked with a client to create self-portraits with predrawn outlines of the head as a method to slowly increase short-term memory. Although the client was only conscious of minimal progress, Hendrixson-Nottage discovered that through the process of creating a series of self-portraits, this client increased his observational skills. Garai (1975) discussed how a series of self-portraits can exhibit several aspects of an individual. Self-portraits can contain a struggle for identity and self-actualization. Self-portraiture is a technique that adds to the therapist’s assessment of the client’s strengths and weaknesses.

**Self-portraits and the aftermath of war and political violence**

Creating self-portraits can assist veterans who experienced posttraumatic stress to ground themselves and to start to come to terms with the experiences of war. The Vietnam War Museum in Chicago has the work of several artists who created self-portraits in different mediums. Often these artists painted their realities after several years of denial and rejection of memories (Lippard, 1990). One of the artists represented in this museum is Michael Ashenbrenner. The realities of death while Ashenbrenner was stationed in Vietnam and his recuperation in an army hospital from a serious leg wound are issues that reemerge in his art (Sinaiko, 1998).

Max Beckmann was a German artist who, in response to the political environment of his times, used many guises as symbolic devices that were embedded in his self-portraits. Under Hitler’s regime, he was forced to leave Germany and live in exile because of his political views (Druitt, 1996). His self-portraits depict him in different roles: as a wealthy...
person wearing a tuxedo, as a sailor, an acrobat, and a musician. Beckmann created more than 80 self-portraits. These self-portraits depict his inner world, his struggle with mortality and identity. He also used the self-portrait to represent his feelings towards the political situations that affected him and to help him cope with the brutality of his countrymen.

Hung Liu is a contemporary artist whose life story is a commentary on social and political issues. Fleeing a repressive government in China, Hung Liu immigrated to America in 1984. When she was 18 years old, she was labeled an “intellectual” and sent for re-education via hard labor at a military farm. After her retraining, she went to art school, but she did not want to create art in the mandated style of the time, which was Chinese social realism. Hung Liu began trying to emigrate to America, and after waiting for 4 years, she was granted a student visa to study art (Borzello, 1998).

Hung Liu uses the genre of self-portraits to represent the plight of every immigrant who enters another country in search of a different life. The journey of being a stranger in a new country and letting go of home is prevalent in community mental-health centers where art therapists work with many clients who have immigrated from other countries. Hung Liu’s self-portraits as a resident alien include her fingerprints, resident alien number, and the slang term “fortune cookie” (Borzello, 1998).

Use of self-portraits in art therapy

Self-portraits have been utilized in art therapy with clients experiencing a wide range of problems. Some of the applications using this genre have been documented in the literature. Serial self-portraits were utilized by Glaister (1996) in her work as an art therapist with survivors of sexual abuse. According to Malchiodi (1998), drawings by adults who have experienced sexual abuse may contain small figures, faded colors, incomplete bodies, and, at times, comic characteristics. Glaister’s approach to self-portraits with adult survivors of childhood sexual abuse starts with asking the client to draw a picture of him or herself as a child. Then the client is asked to draw a second drawing: a self-portrait of him or herself currently. Subsequently the client is asked to create a self-portrait every month or when a significant change has occurred.

Hanes (2007) discusses the appearance of spontaneous self-portraits in his work with chemically dependent clients during art therapy. He found that a spontaneous frontal self-portrait often reflects the individual’s effort to face his or her addiction. He contends that his clients’ self-portraits are accurate depictions of the various individuals’ addictive practices. Hanes utilizes the self-portrait to assist clients to confront the painful realities of the addictive cycle.

Postmodernism and self-portraiture in art therapy

Postmodernism is a broad term used to describe many genres of art that have been popularized in the last two decades. MacGregor (1992) defined postmodern art as art that is constructed from social interactions and social issues. An important postmodern construct is that art has a connection to social issues as well as a depiction of the self (Alter-Müri, 2003). In order to get a first-hand understanding of self-portraiture and its existence in the postmodern art world, I interviewed artists who focused on self-portraiture in their work. Through listening to artists discuss their experiences and struggles in recreating the self, I began to detect a pattern emerging of acceptance, rejection, and reflection.

Postmodernist approaches in self-portraiture are expressed in the work of many artists. Monica Castillo is a Mexican artist who created self-portraits as a metaphor for her inner life. She utilizes various materials in her work, including crochet, stones, fingernail clippings, and bread (Konau, 2005). Castillo created 200 self-portraits in bread. The bread faces can be deconstructed and – through the consumption of the bread – transformed into energy.

Some postmodern artists use self-portraits as a means to evaluate their acceptance of the self and journey towards inner peace. Michihiro Yoshida creates a self-portrait every year. Yoshida, who grew up in Kyushu – the island on which Nagasaki is located – became an artist after he witnessed the horror of Hiroshima as a young trainer of kamikaze pilots during World War II (Mellen, 2005). He feels that his self-portraits are direct statements of his spiritual life (Yoshida, 2005, February 4). Now 75 years old, Yoshida’s Zen-influenced self-portraits include symbols of rebirth for a constant reexamination of the self (see Fig. 2) (M. Yoshida, personal communication, December 10, 2005).

Other artists create self-portraits but deny that their art is actually a self-portrait. Cindy Sherman, a postmodern artist, creates art in which she is the main character. In her photographs she often uses costumes or disguises to represent different female roles. In a series of paintings created during 1989–1990, Sherman painted herself as a person in a famous portrait painting (Sills, 2000). Self-portraits have often been created in the guise of a mythological figure.
Borzello (1998) discusses how self-portraits evolve from a narrow form of likeness to imaginative reconstruction. Although Sherman denies that her work is self-portraiture, by using herself as a model for her photographs and her paintings she is creating a self-portrait even though she puts on costumes or disguises. Many times our clients cannot admit that their art is a self-portrait. Several artists whom I interviewed also denied that their paintings of themselves were self-portraits. They felt that they were painting the self because the self was more available. Is this denial a means of protecting what is going on beneath the surface? Perhaps some artists are hesitant to discuss or acknowledge what they are feeling.

Much as Sherman does in her work, art therapists can integrate role playing in self-portraiture, using the mediums of photography or computer graphics to enable clients to experience other ways of seeing the self. Clients can depict positive roles that emphasize the strong, healthy parts of themselves. Clients can be encouraged to create self-portraits in a non-realistic style that focuses on their understanding of the self rather than technical skills.

In Alter-Muri’s work with developmentally delayed and learning-disabled clients, clients were asked to create a self-portrait as a character in a fairytale. Clients chose archetypal figures such as nobility, peasants, laborers, bakers and tailors, servants, villains, and witches. The self-portraits were discussed in an art therapy group. With assistance from the art therapist, clients wrote a short play that included their characters. This play was processed in group therapy and allowed clients to gain insight into their behavior that was not possible in verbal therapy sessions. Art therapy enriched by self-portraiture in art history can provide comfort by identification with others who have also struggled to maintain psychological equilibrium, assuring the client that there is a place for reflecting about the self (Alter-Müri, 1996).

Art therapists can incorporate the healing aspects of self-portraiture by providing their clients with visual examples of selected artists who created self-portraiture. These visuals need to be accompanied with a discussion of how this process allowed the artists to reflect on their issues during periods of struggle for psychological equilibrium. The art therapist needs to be aware of which artists they are showing their clients and for what reasons. A client in a residential home was encouraged to look at self-portraits by contemporary artists. In his self-portrait work he combined his own style with elements of the art of Chuck Close. Alter-Muri’s work with a client with developmental delays and behavioral problems validates that viewing the art of artists not only motivated the client but assisted him in trusting his process of self-expression. Miller (1993) and Alter-Müri (1996) described the value of art history (viewing and discussing art) in work with chronic psychiatric clients. As a warm-up tool, it reduced clients’ anxiety. Alter-Müri (1996) also
illustrated the benefits of integrating art history in art therapy treatment with different client populations. In working with a group of psychologically and cognitively challenged clients, Alter-Müri showed them self-portraits created by artists whose styles reminded me of the clients’ various personal styles. The art that was created by clients after viewing self-portraits of “well-known” artists increased their acceptance of themselves and their sense of self-worth. Clients realized that they could be identified as artists and felt that this identity was a more supportive role than viewing themselves as people with special needs. Being identified as artists allowed these clients to value self-expression and in some instances to begin to exhibit their art.

**Indications and contraindications for self-portraiture in therapy**

Through a review of the literature, interviews, and clinical experience, it is evident that self-portraiture can be contraindicated as a therapeutic tool for clients who have a tendency to obsess on their faults and limitations. Another area of concern is if the artist includes symbols in the self-portrait that are seen in the art of clients with suicidal tendencies (Conger, 1988). Slater, an art therapist, discusses how critical timing is in determining indicators and contraindications for self-portraiture in therapy. In her work with clients, she found that the client may have a tendency to regress if the self-portrait exercise is introduced before the midpoint of the therapeutic relationship (N. Slater, personal communication, February 12, 2006). Hanes (2007) discussed the benefits of self-portraits in the assessment of addictions and how self-portraits can be an important addition to clients’ awareness of their inability to address their addiction. Ault (1996) found self-portraits to be helpful with individuals who are working on issues of personal growth, as well as for alleviating depression, as in the case of Elizabeth Layton. Art therapists need to be aware of the power of this genre and to utilize self-portraiture in a thoughtful manner.

Self-portraiture is beyond the face, it is more than a likeness. It can be a document of aging, a vehicle for commenting on social and political issues, a confessional, and a means for self-reflection. Self-portraiture is an excellent tool for self-awareness and – in conjunction with an experienced art therapist – self-portraits can be a journey towards increased self-knowledge and can add to the journey of healing.

**References**


