Healing the Self Through Self-Portraits —A Drawing Workshop

Amy Stein, MFA

Eight portraits line the office wall of Jon, a psychologist and veteran of the Vietnam War who counsels the broken and broken-hearted soldiers in their attempts to return to “normal lives.” Jon describes the treacherous re-entry process through those portraits on his wall—self-portraits, most showing wounds, scars, and strength (Figure 1).

Jon’s Story

Over the last eight years, Jon has attended each of my “Healing the Self through Self-Portraits” workshops in Santa Fe, NM. I wondered why he chose to repeat that process year after year, and why he chose to hang each self-portrait in his office, side-by-side, year by year.

Through this public display, Jon is making a powerful statement. At a time when he was losing touch with his own voice and soul, he said he needed his portraits to affirm and connect to his own reality. There was nothing else in his life that could do this for him but these drawings.

The subject of most of these drawings is the warrior—sometimes strong, sometimes defeated, sometimes destroyed, always chronicling his dual career as psychotherapist and soldier.

Jon feels that all of these pictures are, “of a guy that I dreamt about long ago and who has emerged in some therapy I have done … as literally the outsider of my soul: he rides on the horizon—my flank. So it is the same guy, but he clearly changes radically, as I evolve—and it has not been a straight path to glory.”

All of Jon’s drawings are a chronicle of his emotional journey through the warrior issue.

“I was worn down by too many Army stories of soldiers who had grim difficulties and I started to feel my age; essentially I was in an age-role-related quandary,” Jon said.

Jon states, “As medical and mental health professionals, we take on the patient’s toxicity, sometimes blurring the boundaries. In this breakthrough self-portrait process, I experienced a chance to express my authentic voice and true self. I need to remember who I am and be centered in that reality.”

The Workshop

“This will not hurt at all,” is how I often begin my art workshops for physicians. I stare into their apprehensive eyes, thinking how most surely want to bolt from the room. They haven’t typically drawn before and certainly have not created self-portraits. Of 30 participants, perhaps 5 have received art training. I suggest they would all consider themselves artists if something early in their life hadn’t convinced them that they weren’t. Was it a mother, teacher, older brother or sister who ridiculed them for their efforts?

They close their eyes to remember. “Who would be brave enough to share their story?” One, then another, and another volunteer. They seem relieved to divulge their stories. I also share my personal experiences and vulnerabilities about my lonely childhood and my early attempt to heal myself through art (Figure 2).

My Story

At age nine I created a pastel self-portrait of unusual skill and feeling for a child with no training. I explain to the group that this self-portrait was more than an exercise in art by a young artist, but a soul-searching attempt to validate my existence. I looked in the mirror and really tried to create my own face. At the moment I was completing the self-portrait, my mother unexpectedly entered the room, looked at my artistic efforts and gasped. She instinctively understood the impact of this portrait. It was at this pivotal moment of creation that the course of my future was determined. At this moment I became a portrait artist who understood the power of portraits to heal.

I share with the group the loneliness and disconnect of my childhood, my unhappy and separated parents, and my isolation. In subsequent years it became apparent that all my most powerful portraits made eye contact with the viewer, perhaps making up for the lack of bonding in my early years.

The eye contact between mother and child has been clearly noted in child development as the most pivotal

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factor in the healthy development of a child. Children have been diagnosed with failure-to-thrive syndrome and actually die if their needs are not met. My self-disclosure creates a safe environment for others to share their innermost experiences and realities.

**Drawing**

Now it’s time to draw. Each participant has charcoal and an 18-inch by 24-inch sheet of drawing paper in front of them. I stare at them and they look scared. I ask them to admit if they feel scared and I assure them that they will do brilliantly—I guarantee it. It is important that this be an absolutely failure-proof experience for healing to occur.

I instruct class members to take their charcoal stick and, using it lengthwise, to cover the entire paper as quickly as possible. Invariably, at this moment as their arms move wildly over the paper, there is a tangible release of tension, a lot of giggling, and a lightening of the mood in the room. The charcoal creates a grey tone, which to the participants clearly ruins the paper, leaving nothing more to fear.

This first act of creativity is liberating in a way that is palpable. This moment of covering the papers in soft grey tones is pivotal. In this kinesthetic use of large motor skills, an immediate energy shift takes place. The left brain seems to shut off temporarily, alleviating the pressure to succeed, assuaging the crippling expectation of failure.

What follows is a step-by-step drawing lesson in which the class simply draws ovals, mimicking what I demonstrate for them. I ask that they try not to be creative, just copy what I do. Their previous programming of “I cannot draw” … “I have no talent” … begins to quiet. The goal is to eliminate the assumption that the participant must create a masterpiece.

I instruct the participants to draw a line down the middle of their ovals, followed by four horizontal lines, which establish eyes, nose and mouth placements. As the portrait drawings progress—as they fill-out their eyes, nose, mouth, ears and hair—there is no question that each participant is unconsciously creating their own face. They have adjusted my instructions and my demonstrations to create their own likeness.

What has become clear to me has been clear to great portrait artists throughout history: Rembrandt, Van Gogh, and others, who realized that “all portraits are self-portraits.” Anecdotally, when someone told the famous portrait artist Rembrandt van Rijn that he had captured the soul of the sitter, he is reputed to have replied, “Madam, I beg to differ with you, I have captured my own soul.”

These results are startling to the participants. Many exclaim, “I never believed I could have done anything like this.”

Near the end of the workshop I ask permission to explore the drawings through meditation and visualization exercises.

The room is darkened. I ask the participants to close their eyes and to relax; then to visualize sitting in the middle of a green meadow on a pleasant summer day. I coax them to visualize from a distance, out of a forest at the meadows edge, an individual walking towards them. As the individual approaches, each participant begins to recognize who it is.

I explain that the individual traveled from a very far distance, loves and cares about them, and is there to give them an important message about what they need to do as the next step in their development as an artist and as a person.

As the individual comes close, it is clear that he or she is holding a gift. Participants also are holding gifts for the individuals and are encouraged to lovingly exchange gifts. The gifts given to participants are symbolic of the development that is required of them. I ask the class to carefully inspect their gifts and if it is in a box, to open it up.

I instruct the participants to notice every detail in the appearance of the individual in their mind’s eye, including apparel and jewelry. Tears often accompany this process—sometimes sobbing—because these individuals are usually very significant in the lives of the participants, often a departed loved one. I ask them to say goodbye and to give thanks for the valuable information and instruction they received from the individual.

I gently invite the participants to bring their minds back to the darkened room and open their eyes. I turn on the lights, open the blinds, and ask them to add any details to their drawings inspired by the visualization exercise, including the gift given and the gift received. I also have the class name the person they drew.

Participants are asked to share their drawings with the group. Through their revelations, they explain and understand the meaning of the gifts and the significance to their lives.

Many describe an epiphany—a realization of what was previously inaccessible to them.

I congratulate the participants for their courage. Physicians deal with stress daily in the healing of others.
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Figure 1. Artwork in Jon’s office

Figure 2. Amy’s self-portrait

Figure 3. Susan’s drawing of death

Figure 4. Vicki’s drawing

Figure 5. Eliza’s drawing

Figure 6. Tom’s drawing with focus on the gifts
and at times face unpredictable outcomes. Without a creative outlet, the stress can become overwhelming. Physicians need emotional nourishment—a creative door opened can help them.

**Susan's Story**

Susan (Figure 3), an oncologist, created a powerful image she called “Death.” My initial reaction to Susan’s painfully emaciated and gaunt face was to assume that the person depicted was dying of cancer. Susan had another take on it. She said, “As the picture materialized, I was thrilled because I am in a transition/transformation right now and the specter that emerged, my picture of death, showed me in concrete terms that I was in fact changing, transforming, moving forward. That was a great validation since I feel like I am stuck in the mire. To know that I am not stuck is wonderful.”

It was not a physical death she described, but a death of her old self. The gifts given and received on the left side of the drawing are a circle and a rectangle. Susan describes them as “a round peg in a square hole.” She said the circle symbolizes the infinity of God, a divine gift. The rectangle, the old part of her personality is a coffin. She said she loved her practice of being an oncologist but had to resolve all the other bureaucratic and disheartening aspects of her job.

Susan said, “I feel this drawing process is a powerful and an appropriate modality to use with patients. They will be able to get into and unlock, de-stress, and heal major parts of their lives. This process transforms your reality.”

**Vicki’s Story**

Vicki (Figure 4), a retired internist, tragically lost her 12-year-old son in a car accident in 2001. She confided in me that she was “so depressed, so miserable,” that she rarely left her bed. She was literally pulled out of bed and dragged to my workshop.

In her visualization, Vicki’s son Tyler came to her. He had flowers in his hand for her, which she pictured on the left side of her drawing. Her gift to him was a strangely anatomically accurate broken heart. She had to think about how to live with this broken heart. Her self-portrait is one of resignation and grief. Vicki said the drawing was a turning point in her life.

As a result of the drawing experience, “I realized that this (Tyler’s death) was not going to define me—this public accident. I had gone to grief groups, but felt too fragile and felt the participants not wanting to live somehow. During the drawing process I had to decide whether to live or die. I experienced a sense of victory, a sense of beginning to heal.”

**Eliza’s Story**

In the summer of 1991, Eliza (Figure 5), a psychiatrist, attended my self-portrait workshop. She had not done any drawing, other than medical sketches, since medical school in Vienna, Austria. As I was walking about the room looking at the students’ progress in the workshop, I noticed Eliza and her portrait. She related to me much later that I had turned to her and said, “Are you a professional artist? If you’re not, you should be.”

“A seed had been planted,” Eliza said. “Four years later, I started painting on my own late at night and on the weekends.”

She soon gave up her psychiatric license and became a full-time professional artist. As many times as I have conducted these art workshops, I am always disarmed by the willingness of each participant to share intimate details of their lives with strangers and medical colleagues. I am touched by their vulnerable self-disclosures. This process can only occur when a completely open and safe environment is achieved, which is the predominate focus of my workshop.

**Tom’s Story**

Tom (Figure 6), an anesthesiologist, is also a medical writer—published a poem in the *New England Journal of Medicine—but he wanted to draw. It’s a good story. He wrote me: “When you said to imagine a person coming toward me, it was my father who had died ten years before. He was smiling and handed me a glass sphere, and said, ‘Be whole.’ I gave him a landscape I’d painted—like he used to paint. He never knew I could paint. I only started after his passing on. I painted to remember him, to be close to him.”

**All Artists**

Through this joyful creative experience, participants are empowered to know that they are truly artists. We are all artists! 

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**Dedication**

“I dedicate this article to the loving memory of my mother, Matilda N Stein—whose love of art, teaching, and music inspired me. Her beauty, wisdom, and goodness will remain with me always.”