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The Mechanism of Balanced Relationships in Painting Therapy Promoting Self-Reconstruction for Older Adults: A Theoretical Review

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Abstract: This theoretical review proposes a novel framework elucidating how balanced power relationships in painting therapy facilitate self-reconstruction among older adults. Central to this framework is the activation of metacognition—comprising knowledge, experience, and monitoring—through three therapeutic stages: Externalization, Dialogue, and Reconstruction. We argue that traditional authoritative therapist roles inhibit older adults' creative autonomy and reflective capacity, whereas collaborative, balanced relationships promote a shift from first-person emotional immersion to a third-person observational stance, thereby enabling schema revision. The core mechanism posits that power balance activates metacognitive processes, which in turn mediate positive therapeutic outcomes. Practical implications are substantial, necessitating a shift in therapeutic focus from technical instruction to relationship management, and corresponding adjustments in counselor roles, intervention techniques, and self-cultivation. This review integrates neuroscientific evidence to support the proposed psychological mechanisms and offers actionable guidance for enhancing geriatric mental health services.

Keywords: Painting therapy; Older adults; Power relations; Metacognition; Externalization-dialogue-reconstruction; Self-schema

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1. Introduction: Power relations—the overlooked core issue in painting therapy for older adults

Against the backdrop of global aging, mental health issues such as loneliness, depression, and anxiety among older adults are prominent. In long-term care facilities, up to 80% of older adults suffer from anxiety and depression, yet only 30% actively seek treatment [1]. Painting therapy, capable of bypassing verbal defenses and adapting to age-related physical changes, has emerged as a significant intervention. However, a controversy persists regarding the primary focus of therapy. A "technique-oriented" approach prioritizes artistic skill and aesthetic quality, which can inadvertently induce performance anxiety and distort self-expression [2]. Conversely, a "relationship-oriented"

approach emphasizes the therapeutic relationship but often fails to specify which relational model is effective and why [3].

This debate is particularly salient for older adults, who, by virtue of their societal "care recipient" role, are prone to passive dependency and relational imbalance [2]. While the therapeutic alliance is a well-established common factor across psychotherapies, the specific dynamics of power distribution within the "therapist-older adult" dyad in creative arts therapies remain underexplored. This review addresses this gap. It explores how a consciously balanced "therapist-older adult" power relationship activates metacognition through the stages of "Externalization-Dialogue-Reconstruction," ultimately facilitating self-reconstruction. This framework extends beyond general alliance concepts by specifying the behavioral and interactional components of power-sharing that are crucial for engaging the older adult's metacognitive system within the context of painting therapy.

2. Power relations in painting therapy for older adults

Mental health problems among older adults are prominent, yet their help-seeking rate is low [4]. Painting therapy leverages non-verbal, experiential processing, offering a vital modality for those with expressive difficulties. The act of painting can transform abstract emotions into concrete images and activate the brain's reward mechanisms. Adaptations, such as tactile painting techniques using lightweight materials, make participation feasible for those with physical limitations [5].

Historically, a "technique-oriented" paradigm cast the therapist as an expert, focusing on skill instruction and aesthetic evaluation, often leading older adults to prioritize "meeting expectations" over "self-expression" [6]. A paradigm shift towards a "relationship-oriented" approach suggests outcomes depend more on the therapeutic relationship than artistic skill. For instance, Çetinkaya *et al.* found that older adults in a free-creation ceramic painting group showed greater cognitive improvement and reported that "equal communication" enhanced authentic expression compared to a technical instruction group [7].

A balanced therapeutic relationship does not imply equal power but involves the therapist consciously ceding initiative in creation, interpretation, and change while retaining professional authority to ensure safety. Research indicates that such a balance is critical. Ezell found that in balanced power groups, metacognition-related speech was 2.3 times more frequent, and anxiety reduction was more significant than in authoritative groups. Thus, balanced power relationships likely promote self-schema revision by activating metacognitive activities, which constitute the core mechanism underlying therapeutic effectiveness [8].

3. Psychological and neural mechanisms linking power relations and metacognition

3.1. Psychological mechanisms: The tripartite stage model

The "Externalization-Dialogue-Reconstruction" model provides the psychological pathway through which therapy operates.

Externalization involves transforming implicit emotions into visual images. This stage facilitates emotional awareness and symbolic expression [9].

Dialogue establishes an "I-It" relationship with the artwork, creating psychological distance. This shift from a first-person ("I feel sad") to a third-person perspective ("The figure in the painting seems lonely") is facilitated by therapist-fostered discussion, enabling cognitive reflection and meaning-making.

Reconstruction involves behavioral or narrative change. Modifying the artwork or constructing new self-

narratives based on insights gained fosters a sense of agency and consolidates new cognitive patterns [10].

Power dynamics critically influence each stage. Authoritative relationships, characterized by therapist control over decisions, inhibit autonomy and metacognition, potentially exacerbating dependency [11]. In contrast, balanced relationships employ "decentralizing" strategies (e.g., offering choices, inviting interpretation) that restore the older adult's agency, thereby creating the necessary conditions for metacognitive engagement.

3.2. Neural mechanisms: Biological substrates of engagement

Neuroscientific evidence corroborates the psychological model and the role of power balance.

Externalization is associated with right hemisphere activation (processing images and emotions) and increased alpha wave activity, indicating emotional processing [12]. The default mode network, linked to self-referential thinking, is also engaged.

Dialogue and reflective processes activate the prefrontal cortex (cognitive control) and the hippocampus (memory integration). Functional near-infrared spectroscopy (fNIRS) studies show increased blood oxygenation in the dorsolateral prefrontal cortex during dialogue, confirming the neural basis for metacognitive reflection [13].

Reconstruction and the experience of agency are linked to neural plasticity. Creative activity may promote the secretion of brain-derived neurotrophic factor and synaptic changes, analogous to findings in animal models, which help consolidate new learning.

Critically, balanced power relationships appear to amplify these neural signatures. For example, fMRI studies show greater activation in the medial prefrontal cortex (associated with self-belief) in balanced versus authoritative groups, and fNIRS indicates heightened insula activity (integrating somatic and emotional awareness) during client-centered interactions [14]. This provides biological evidence that a supportive relational context enhances the neurocognitive processes essential for therapeutic change.

4. The dynamic mechanism of power relations across the three therapeutic stages

4.1. Externalization stage: Creative autonomy and authentic expression

The core of the externalization stage is safeguarding creative autonomy to achieve authentic expression. This stage requires attention to theme selection, material adaptation, and process assurance. Theme selection should use a "guided open" strategy, e.g., changing "draw your family" to "draw a warm scene." Seyi-Gbangbayau's experiment showed that this strategy resulted in 1.8 times the frequency of genuine emotional symbols in artworks compared to the specific instruction group; for those with memory decline, providing cues like old photos can help evoke emotions [15]. Material adaptation must consider physical limitations. Ezell's tactile painting technique uses 20×30 inch foam boards (lightweight and easy to grip) and water-soluble oil paints (less messy), enabling participation even for those with arthritis or hand tremors, whereas traditional watercolor fine brushes led 35% of older adults to abandon creation [16]; Çetinkaya *et al.* used ceramic surfaces, whose tactile quality activates tactile nerves, helping older adults focus on the present. Process assurance involves conveying the "process over product," such as explicitly stating "no right/wrong, beautiful/ugly" [17] and focusing on the state of engagement. Research showed cortisol levels decreased by 18% in the process-oriented group, significantly more than the result-oriented group (7%). In contrast, power imbalance leads to distorted expression; e.g., when therapists over-instruct, older adults may deliberately paint "positive images" to cater to expectations. Therefore, only through coordinated design of theme, materials, and process, ensuring creative autonomy, can authentic expression in the externalization stage be guaranteed, activating metacognitive functions and laying the foundation for subsequent therapy.

4.2. Dialogue stage: Shared interpretive power and construction of reflective space

The dialogue stage constructs reflective space through shared interpretive power, with the core being asking rather than telling. This stage requires attention to questioning techniques, meaning interpretation, and reflective space. Questioning techniques should follow a "connection-distancing" logic: first use first-person questions ("How does your body feel looking at this painting?") to establish an emotional connection, then use third-person questions ("What name would you give this figure in the painting?") to create psychological distance. Çetinkaya *et al.* found that using this strategy resulted in 3.1 times the frequency of metacognitive speech compared to direct interpretation groups. Avoid closed-ended questions that limit thinking [15]. Meaning interpretation follows the "creator-led" principle, with the therapist acting primarily as a listener. In Seyi-Gbangbayau's case, an older adult interpreted a blue painting as "childhood seaside," not the therapist's presumed "depression," and subsequent interviews confirmed this interpretation matched their true experience better. Kapitan emphasized avoiding symbolic dictionaries and respecting personalized interpretation. Building reflective space should also accommodate social needs, e.g., organizing "artwork sharing sessions" with clear rules of "no evaluation, no advice" [12]; 68% of older adults reported "hearing similar feelings made me feel less alone." The physical environment should also be quiet and comfortable [16]. In contrast, power-imbalanced arbitrary interpretations (e.g., "dark colors = depression") deprive older adults of interpretive power, causing them to close reflective channels. Thus, the dialogue stage requires coordinated use of questioning, interpretation, and space design to share interpretive power, guide the shift from "experiencer" to "reflector," and activate metacognition.

4.3. Reconstruction stage: Empowerment of agency and formation of new narratives

The reconstruction stage facilitates the formation of new narratives through empowerment of agency, with the therapist playing a "witness" role. This stage requires attention to capturing signals of change, new narrative formation, and behavioral empowerment. Capturing signals of change involves identifying the older adult's intention for change (e.g., "I want to add yellow") and encouraging action through verbal reinforcement ("That's a great idea") and resource support (providing yellow paint). Çetinkaya *et al.* showed that empowered older adults modified their work 2.5 times more frequently than the non-empowered group, mostly "adding positive elements." New narrative formation should connect with the older adult's life experiences, e.g., guiding them to review the creative process ("From your first painting to now, how have you changed?"). In Ezell's case, a widowed older adult formed a "moving beyond grief" narrative through the color change in their paintings from black to pink/green, with self-esteem scores increasing by 22%. Displaying artwork (e.g., exhibiting paintings) can enhance a sense of achievement and consolidate the new narrative. Behavioral empowerment must adapt to physical abilities, e.g., providing lap boards for bedridden older adults, simplifying modification steps for those with cognitive decline [18]. In Doric-Henry's pottery project, providing pre-formed clay bases enabled 87% of older adults with limited hand function to successfully complete works, enhancing self-efficacy. In contrast, power-imbalanced externally imposed changes deprive older adults of autonomous experience, with 62% reporting "the modified painting isn't mine" [19], leading to unstable new narratives. Therefore, the reconstruction stage requires empowering older adults to initiate change, promoting the formation and consolidation of positive self-narratives, revising self-schemas, and realizing therapeutic change.

5. The counselor's shift from an authoritative to a collaborative role

5.1. Role reshaping: From "judging expert" to "reflective partner"

Therapist role reshaping involves a comprehensive shift in philosophy, competencies, and interaction styles. In professional philosophy, shift from "therapist-led" to "older adult-led," acknowledging their self-healing potential [18]; from "focusing on problems" to "activating resources," concentrating on life experiences and creativity; from "short-term symptom relief" to "long-term self-reconstruction," as in Cohen *et al.*'s long-term project using "life story paintings" to activate positive experiences and naturally alleviate loneliness. In core competencies, master emotional containment (e.g., accompanying older adults expressing negative emotions without avoidance), catalytic questioning skills (e.g., using open-ended questions to activate metacognition), and cultural sensitivity (e.g., adding group interactions for collectivist-oriented older adults). Also, possess gerontological knowledge to distinguish normal from pathological aging, avoiding misinterpreting "memory lapse" as "cognitive impairment." In interaction style, practice "de-authoritizing": language shifts from professional jargon to everyday conversation (e.g., "paint what you feel inside"); posture shifts (e.g., observing artwork side-by-side); decision-making shifts from unilateral instruction to joint consultation (e.g., "What are your thoughts on trying new materials?") [18]. Magniant's research showed therapists using this interactive style had significantly higher relationship quality scores (rated by older adults) than authoritative therapists (4.2 vs. 2.7 on a 5-point scale). The therapist's transition from "judging expert" to "reflective partner" is the core prerequisite for building balanced power relations and ensuring therapeutic effectiveness.

5.2. Core intervention techniques for balanced power relations

Balanced power relations rely on specific intervention techniques throughout the therapy process. (1) Material selection and adaptation techniques are foundational, requiring physical adaptation (e.g., thick-handled brushes, large paper), cognitive adaptation (e.g., providing pre-printed outline paper for those with cognitive decline), and emotional adaptation (avoiding materials that trigger negative associations). In Çetinkaya *et al.*'s ceramic painting project, providing wide-mouth paint bottles and sponge brushes for older adults with hand tremors enabled 92% to complete paintings independently, significantly higher than the traditional fine brush group (65%). (2) Process-oriented reinforcement techniques aim to reduce performance anxiety, including initial guidance (stating "no painting experience needed" and showing non-perfect examples), process feedback (focusing on engagement state rather than artwork quality), and error normalization (framing "mistakes" as "new attempts") [20]. Alders and Levine-Madori showed that these techniques reduced creative anxiety scores by 34%, higher than the result-oriented group. (3) Client-centered interpretation techniques are core to the dialogue stage, including open invitations ("Would you like to share the story of this painting?"), follow-up questions (exploring further based on their interpretation), and pluralistic affirmation (respecting diverse interpretations). Seyi-Gbangbayau's experiment found that this technique led to 2.8 times the level of metacognitive activation compared to authoritative interpretation. (4) Agency empowerment techniques are used in the reconstruction stage, including encouraging small changes (affirming small step changes), offering choices (e.g., "Add yellow or green?"), and outcome visualization (photographing changes over time) [21]. Çetinkaya *et al.* showed that empowered older adults had 1.7 times the improvement in LSS scores compared to the non-empowered group. These four techniques provide operable pathways for balanced power relations across material, process, interpretation, and empowerment dimensions, ensuring the older adult's agency throughout the therapy.

5.3. Practical challenges and the therapist's self-cultivation

Therapists face multiple challenges in practice and need to rely on self-cultivation to address them. (1) External challenges: Include institutional environmental constraints (insufficient space, noise interference); in Ezell's study, 38% of sessions changed locations due to "room occupancy"; resource shortages (material funding, lack of supervision); 72% of institutions in Nigeria couldn't provide dedicated materials [22]; initial resistance from older adults (45% refused initial sessions due to "lack of ability") [10]. Coping strategies include negotiating fixed therapy spaces, utilizing low-cost materials, and reducing resistance through "one-on-one demonstration." (2) Internal challenges: Include age bias (e.g., "infantilizing" treatment of older adults) and competency limitations (lack of gerontological knowledge, limited technical repertoire), such as misinterpreting "memory lapse" as "cognitive impairment." (3) Self-cultivation: Requires improvement in three areas: anti-ageism training (reading literature, interacting with healthy older adults, reflecting on infantilizing tendencies); interdisciplinary learning (systematically studying gerontology, mastering techniques like tactile/ceramic painting) [9]; ongoing supervision and reflection (analyzing cases of power imbalance in supervision, keeping reflective journals). Also, attention to one's own emotional health is crucial, using personal therapy and supervision to regulate emotions and avoid burnout [15]. Only by proactively addressing internal and external challenges and continuously enhancing self-cultivation can therapists effectively build and maintain balanced power relationships.

6. Conclusion and outlook

6.1. Core conclusions

This review establishes a "power relations-metacognition-self-reconstruction" framework for painting therapy with older adults. The core conclusions are threefold:

(1) Balanced power relations are a prerequisite for effective therapy. Unlike authoritative models that inhibit autonomy, balanced relationships secure the creative, interpretive, and agentic space necessary for metacognition and self-reconstruction, leading to superior outcomes in anxiety reduction, cognitive function, and life satisfaction [12].

(2) The "Externalization-Dialogue-Reconstruction" stages are the pathways through which power relations exert their effect. Each stage requires a specific form of power-sharing (autonomy in externalization, shared interpretation in dialogue, empowered agency in reconstruction) to function effectively and avoid pitfalls like distorted expression or pseudo-reconstruction.

(3) Metacognition is the key mediating mechanism. Balanced relationships promote metacognitive knowledge, experience, and monitoring, facilitating the critical shift to a self-observant, third-person perspective. This is supported by neuroscientific evidence showing enhanced prefrontal cortex connectivity and activation under balanced conditions.

This framework complements the general therapeutic alliance literature by specifying the active ingredients of the relationship in painting therapy—namely, the deliberate sharing of power and control. It extends beyond traditional "technique-oriented" models by demonstrating that relational dynamics, not just artistic methods, are fundamental to activating the client's internal cognitive mechanisms for change.

6.2. Future research directions

Future research should: (1) Empirically analyze micro-interaction processes using conversation analysis and natural language processing to link specific therapist behaviors to metacognitive speech; (2) Visually verify neural

mechanisms via fMRI/EEG, comparing brain network connectivity under different power dynamics; (3) Explore AI integration, such as developing systems for real-time analysis of artistic and physiological data to personalize therapy, or using VR to create accessible painting environments.

6.3. Implications for practice and training

To implement this model, multi-level changes are needed: Policy should support guidelines and funding; institutions must optimize environments and foster collaboration; professional training requires curriculum reform to include gerontology, neuroscience, and specific skills for building balanced relationships, alongside ongoing supervision to counter age bias and maintain therapist self-care.

Disclosure statement

The author declares no conflict of interest.

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