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It's about art as a tool for integration, rather than just an activity. The [mental health] culture wants to keep people oppressed and sick and disempowered to differentiate themselves—the whole "us and them" thing.…But we're all human beings, whatever category we're put into—mentally ill or not, professional or not—and we're all on this continuum working towards well-being and recognizing our wholeness.
Participant, "Creative Partnerships" Conference, 2001

According to Hervey (2000), the ultimate goal of research in the creative arts therapies is understanding how to best meet the needs of the people who use its services. This paper presents a model for collaborative partnerships between art therapists and the people they serve. It is based on a 2-day conference at Lesley University for 34 art therapists and people with mental illnesses who use the arts for self-expression and recovery, and family advocates (Spaniol & Bluebird, 2001, 2002). The conference combined two modes of action: participatory action research (PAR) and the creative arts. Called "Creative Partnerships," it was designed as a Participatory Dialogue—a forum developed by the Center for Mental Health Services (CMHS) in Washington, D.C. to bring together clinicians and those who use their services to exchange experiences, perceptions, and perspectives on mental health services (Bluebird, 2000). Although several Dialogues had been held in recent years, the conference at Lesley University was the first to use art activities to begin to build mutual understanding and envision art therapeutic principles and practices that are consistent with the goals of all participants.

The use of Dialogues to establish partnerships between diverse stakeholders is not new. It is grounded in the Participatory Action Research paradigm established at the beginning of the 1990s by sociologists and researchers who wanted to create knowledge that was directly useful to specific groups of people (Chesler, M., 1991; Fals-Borda & Rahman, 1991), especially those that experienced discrimination and oppression. The goal of PAR is to empower people to act by giving them a voice and facilitating their reflection on conditions and issues that matter to them. The model regards groups of people—particularly those who are disenfranchised by society—as experts in their own life situations and conditions, with tacit knowledge of how to change their lives in ways that are meaningful to them. Dialogues are consistent with the model of PAR because both approaches are designed as:

- Processes intended to precipitate social change
- Collaborative, involving all stakeholders as participants during each step of the research process, from identifying areas of concern to collecting, analyzing, and presenting data
- Responsive to pluralism, encouraging multiple perspectives by welcoming a broad diversity of participants
- co-generating relevant knowledge that results in action (Rogers & Palmer-Erbs, 1994; Greenwood & Levin, 1998)

Participatory Dialogues began in 1997, when the CMHS convened an historic 2-day conference of psychiatrists and consumers to share their often-disparate views of treatment of mental illness. An outcome of this historic conference was a recommendation that dialogues be replicated between other groups of mental health providers and consumers of their services.

Artistic activity is consistent with the tenets of PAR because it is by definition action-oriented. It lends itself to collaborative activity because it is often used to identify issues and solutions. Although little research in art therapy is based on this method, it is widely recognized by the field (Carolan, 2002; Deever, 2002; Junge & Linesch, 1993), and its prime value—collaboration—has long been embedded in actual practice. In 1992, Philips described her collaborative approach based on an "essential attitude [of] genuine acceptance of the client as our equal in humanity and creativity" (p. 296). She advocates writing and discussing assessments with clients, and redefines the traditional concept of therapeutic boundaries as maintaining respect and care within a mutual relationship. Making art during sessions has a long and valued history in the field. Art therapists such as Robbins (2001), Lachman-Chapin (2001), and Haeseler (1989) respond empathically to patients by making art during sessions that is attuned to underlying dynamics of patients. McNiff's approach to making art during studio groups (1992) most closely coincides with the principles of PAR. In his role as "co-painter," McNiff becomes an equal participant rather than a responder, valuing the artistic resonance that occurs between his own art and that of participants.

Lesley University's Participatory Dialogue was the result of five months of planning by an Advisory Committee of diverse constituents including artists and clinicians with psychiatric disabilities, an art therapist and other educators, and family advocates. The goal for the first day was to begin to build relationships by sharing experiences and identifying areas of concern. The goal for the second day was to begin to build alliances by sharing discoveries of the previous day and identifying concrete action steps.

Day One: Creating Community through Art

The first goal—building trust amongst people who rarely interact as equals—was accomplished by establishing nonhierarchical relationships and sharing art activities. People were invited to come early, donning nametags that did not distinguish between consumers, family advocates, and professionals. Breakfast was shared at long, communal tables. The conference was facilitated by an art therapist (the author, who coordinates Lesley University's Art Therapy Program) and a consumer (Gayle Bluebird, who wrote the Participatory Dialogues manual for CMHS). Leadership tasks were shared equally to model nonhierarchical collaboration between art therapists and consumers. However, making art appeared to be the most powerful factor in lowering the traditional barriers between the diverse groups represented.

Drawing materials and paper had been placed about the large room when the morning's program began. Participants were invited to "mill" about as lively music played in the background. After a brief period of spontaneous smiles, handshakes, and introductions, people were asked to find a comfortable place and draw their hopes and objectives for the conference. They were told to focus on the process and feelings evoked, rather than the end product. Participants then formed groups of four people they did not know to share their art and the concerns it represented, and to compose a single phrase that represented a common goal. Afterwards, each group shared its goal with the larger group, and then individuals shared their art and name without prompting.

Next, a round robin format was introduced, giving people up to 4 minutes to address the role of art in their lives in whatever way was most meaningful to them. As 2 hours swiftly passed, intimacy deepened with the successive sharing of 34 narratives. This high level of comfort suggests that making and sharing art together had helped to overcome the natural reserve between diverse constituents, gradually increasing the level of trust. Several consensual areas of concern emerged from this verbal sharing of experiences and perceptions of the role of art in people's lives: professional issues, such as language usage and boundaries between professionals and consumers; the importance of spirituality and healing for recovery; and the desire for future collaborations.

After lunch, an expressive therapist led an enlivening group exercise to strengthen connections between people. The remainder of the afternoon consisted of presentations and discussions of ways people with mental illness can use the arts for advocacy and empowerment. Participants were familiarized with a broad array of art-based practices and organizations for people with mental illness beyond traditional art therapy. They included individual initiatives, such as displaying art on internet sites designed by and for people with mental illnesses; consumer-run arts

organizations; and programs using art to combat stigma and challenge negative stereotypes (Bluebird, 2001). This information exposed the art therapists to venues that could expand their clients' access to the arts, and consumers discovered new artistic avenues for personal growth, transformation, and empowerment.

Day Two: Defining Needs and Solutions Through Art

The comfort developed through the sharing of art experiences and resources was evident at the beginning of the second day when many participants arrived with paintings, portfolios, books, and photographs to share with the group. In response to this spontaneous sharing, we began the day with an impromptu exhibition, honoring participants' developing sense of trust, as well as their creativity.

The day's program began with a mural project designed to help people develop concrete solutions to the concerns expressed the previous day. Participants were invited to form small groups with an equal number of professionals, consumers, and family advocates. Each group was given a large piece of mural paper and a range of art materials. Individuals were encouraged to describe their ideal arts environment in the small groups in terms of its people (quality of relationships and use of language), processes (types of art activities and approaches), and place (programs and environments). After this verbal sharing, each group created a large mural illustrating its collective ideal art environment. As each group shared its mural and the solutions it represented with the large group, the dominant goal that emerged was a desire for an inclusive community art center based on collaboration.

As closure for the conference, participants again participated in an open-ended round robin. The issues that emerged clarified and expanded those that had been articulated the previous day:

The role and function of boundaries were dominant themes throughout the conference. It is likely that collaborative experiences during the conference enabled all participants to identify the power differential inherent in the art therapeutic relationship. People wanted to loosen barriers rather than support them, viewing humanity as existing on a continuum of wellness. This sense was summarized by the group name suggested by an art therapist and adopted unanimously: "Artists Without Borders."

The group recognized that language usage influences how we think about people. It suggested developing a "language of wellness" for writing and speaking about art and mental illnesses in order to unite people rather than segregate them.

Consistent with the concept of recovery as an on-going process, healing and spirituality was a dominant theme throughout the conference. Although the meaning of spirituality was highly individual, there was a consistent theme of building human connectedness through the arts.

Programming preferences varied according to stages of recovery. Participants with psychiatric disabilities tended to value structured art therapy sessions with directives during acute phases of a mental illness, while they yearned for community art studios outside the mental health setting–with good quality materials and consultation if needed–when they were less symptomatic.

The authenticity, intimacy, and honesty of the verbal sharing strongly suggests that art activities have the power to rapidly dissolve traditional barriers between mental health professionals and those who use their services. Consistent with the tenets of PAR, individual and group art making quickly leveled the traditional hierarchy to create a community with a strong sense of shared purpose.

While specific recommendations were long-term ideals, numerous short-term outcomes ranged from the subjective to the concrete. Most of the art therapists expressed gratitude for the opportunity to collaborate with consumers as equals, and several confessed that it was their first opportunity to speak with people with mental illnesses outside a treatment setting. Individual art therapists maintained connections with individual consumers, for example, inviting consumers to present in their classrooms or going to exhibitions together. Two art therapists and two consumers teamed up to facilitate weekly creativity sessions for people with mental illnesses in a veteran's hospital, providing a model of collaboration for its interns as well as services for the veterans. The author and another art therapist who attended the conference are establishing monthly groups for artists with mental illnesses to meet a range of needs, from providing a sense of community, to supporting people who want to submit art to exhibitions.

The co-facilitators wrote a report on the planning, programming, and outcomes of the conference based on audiotapes and written notes. This report was mailed to all participants for their feedback, and everyone who attended was invited to a meeting for final revisions, reconnecting, and celebrating. The report was published in The Arts in Psychotherapy (2002), and the co-participants presented the conference as a paper at the 2001 Annual Conference of the American Art Therapy Association–perhaps the first time a consumer was a major presenter on a par with an art therapist.

Clearly, the success of the "Creative Partnerships" conference as a forum for PAR was due largely to the power of art to unite and envision. Art making enabled participants to quickly level the traditional hierarchy and relate with authenticity and honesty. The images produced enabled participants to concretize their hopes and dreams related to art, increasing the likelihood that they would become realities.

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