

“Learned Hopefulness”: An Arts-Based Approach to Participatory Action Research

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Abstract

This paper describes a 2-day conference at Lesley University for art therapists and people with mental illness who have experienced art therapy or make art for self-expression. Designed as a “participatory dialogue,” the conference was a form of participatory action research (PAR) developed by the Center for Mental Health Services in Washington, DC, to foster collaboration between mental health professionals and consumers. Although a number of such dialogues have been held since 1997, this was the first to use artmaking to help disparate groups share perceptions as equals and begin to build partnerships. The arts-based approach to PAR enabled diverse participants to build trust and begin to create mutual understanding; art therapists began to integrate new perspectives into their professional attitudes and practices.

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

Introduction

According to Hervey (2000), the ultimate goal of research in the creative arts therapies is to understand how to best meet the needs of the people who use its services. Although all creative arts therapists strive to reduce their clients' suffering and provide them with a sense of meaning, rapid and relentless changes in today's mental health world sometimes cause them to question their roles as healers. Despite the often cruel consequences of diminishing mental health resources, the current crisis has potential for positive transformation because it forces art therapists—and all clinicians—to find new, more effective ways of responding to their clients' needs. As art therapists we possess two basic clinical research tools that enable us to examine current practices and enact effective changes: our abilities to listen and to create. Through the skillful use of these

universal human attributes, arts therapists can collaborate with those who use our services to coconstruct new visions of treatment that focus on the needs and hopes of human beings rather than on their disabilities.

This paper presents a model for collaborative partnerships between art therapists and the people they serve. It is based on a 2-day conference held at Lesley University for 34 art therapists, people with mental illnesses who use the arts for self-expression and recovery, and family advocates (Spaniol & Bluebird, 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, DC, to bring together clinicians and those who use their services to exchange experiences, perceptions, and perspectives on mental health services (Bluebird, 2000).

Participatory Dialogue

The participatory dialogue forum was created by the CMHS National Advisory Council for Consumer/Survivor Subcommittee. The emphasis on consumer involvement and collaboration by this leading federal mental health agency reflects its awareness of the shift over the past decade from consumers' dependency on professionals to collaboration with them. Although several dialogues have been held with consumers and professionals since 1997, the conference at Lesley University was the first to use art activities to begin to build mutual understanding and envision art therapeutic practices consistent with the goals of *all* participants. According to the CMHS:

Dialogue can be a first step toward establishing partnerships between people who agree to listen to each other. They offer opportunities for people to exchange their beliefs with others while simultaneously having a deep, private conversation within themselves. A dialogue is a way of healing, opening the possibility for gaining new trust and understanding. When people understand each other, they are able to work together and create partnerships. Ultimately, however, the success of a dialogue rests with the individual whose life has been changed. (Bluebird, 2001, p. 1)

The participatory dialogue format is a form of PAR because it brings practitioners and consumers together in a safe, nonhierarchical setting for mutual interaction aimed at changing perceptions and transforming practices. PAR is not a particular research method but rather a diversity of approaches that includes three elements: participation (or

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collaboration), action (or social change), and research (generation of knowledge). It can be qualitative or quantitative, or use mixed methods, depending on the “ways of knowing” and articulated needs of participants (Greenwood & Levin, 1998). The participatory dialogue format is based on guided conversations “structured to allow the exploration of one’s own experience, as well as to listen to other people explore their own” (Bluebird, 2001, p. 1). In addition to verbal exchange, the dialogue at Lesley University asked participants to make art exploring their various views, experiences, and beliefs about art and art therapy.

All participatory dialogues embody the collegial tenets of activist vision of PAR because their design contains these essential elements:

1. **Participation.** Dialogues value multiple perspectives from a broad diversity of participants. For the Lesley dialogue, members of each constituency were involved during every step of the research process from identifying areas of concern to collecting, analyzing, and presenting data.
2. **Action.** Dialogues are based on an action-oriented process intended to precipitate social change. The dialogue at Lesley was designed to generate concrete recommendations leading to specific actions.
3. **Research.** Dialogues are intended to cogenerate knowledge that challenges attitudes and results in action. Lesley’s dialogue brought new awareness of each group’s hopes and challenges. Future collaborations were planned as the diverse participants developed greater comfort with one another (Chesler, 1991; Rogers & Palmer-Erbs, 1994).

There is a growing awareness and acceptance of the participatory dialogue format among researchers as a form of PAR (Kassam, 1997; Sung et al., 2003). As a form of PAR, dialogues respect the slowness of change. They are intended to provide a structure that reduces the barriers to communication for groups of people with unequal power. The dialogue forum assumes that long-ingrained attitudes and biases about people who are different from oneself must be overcome on an individual level before authentic collaboration is possible between groups. Although its long-term hope is to precipitate social change, the success of a dialogue is evaluated by its ability to reduce imbalances of power so people can (a) listen without judgment to the experiences and values of others, (b) explore and reflect on their own perceptions and belief systems, and (c) arrive at new, shared visions of future possibilities (Bluebird, 2001).

Artistic Participation

Artistic activity is consistent with the tenets of PAR because it is by definition action-oriented. Artmaking lends itself to collaborative activity because it is often used to identify issues and solutions. Although little research in art therapy is based on PAR, it is widely recognized by the field (Carolan, 2001; Deaver, 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 advocated writing and discussing assessments *with* clients and redefined 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 that is attuned to the underlying dynamics of patients during sessions. McNiff’s (1992) approach to making art during studio groups corresponds to the cocreative principle of PAR. In his role as “copainter,” 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 5 months of planning by an advisory committee of diverse constituents, including artists and clinicians with psychiatric disabilities, art therapy and other educators, family advocates, with an equal number of art therapists and consumers. 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. It has been said, “Participatory action is about the right to speak” (Hall, 1993, p. xvii). In the case of Lesley’s art-based participatory dialogue, the major goal was to amplify voices rarely heard through the communicative power of art.

Day One: Creating Community Through Art

The first goal—building trust among people who rarely interact as equals—was accomplished by establishing nonhierarchical relationships and sharing art activities. People were invited to arrive a half-hour before the program began. Each was given a selection of markers to make and decorate name tags with their names only—not their role of art therapist, consumer, or family advocate. 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, the most powerful factor in lowering the traditional barriers between the diverse groups was creating art together.

Drawing materials and paper had been placed around the large room before the morning’s program began. When participants assembled, they were invited to mill about, as lively music played in the background. Soon people began to greet one another by name, with spontaneous smiles and handshakes. Once people appeared at ease with their surroundings and the people in them, they were asked to find a comfortable place to sit and draw their hopes and objectives for the conference. They were encouraged to focus on

the process and feelings evoked, rather than the product created. Participants then formed groups of four people who did not know each other to share their art and the concerns it represented and to compose a single phrase representing a common goal. Afterwards, each small group shared its goal with the larger group and then held up their artworks. People spontaneously stated their names without prompting when they showed their art, suggesting that trust was beginning to build.

Next, a round-robin format was introduced, giving each person up to 4 minutes to speak about the role of art in her or his life in whatever way felt most meaningful to her or him. Intimacy deepened with the successive sharing of 34 narratives, and 2 hours quickly passed. The high level of comfort supported the premise that making and sharing art together had helped to overcome the natural reserve between diverse constituents, gradually increasing the level of trust. This contrasts with reports of previous participatory dialogues in which participants struggled to overcome traditional barriers embedded in the mental health system (Bluebird, personal communication, March 18, 2001). Several areas of mutual concern emerged from this sharing, including: (a) professional concerns, such as language usage and boundaries between professionals and consumers; (b) the importance of spirituality and healing for recovery; (c) the desire for future collaborations; and (d) the perceived lack of power of both art therapists and consumers.

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 illnesses 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 illnesses 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 numerous venues that could expand their clients' access to the arts, and consumers discovered a variety of 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 of the participants with mental illness arrived with paintings, portfolios, books, and photographs to share with the group. Some brought works they had not shown to anyone in many years. 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. Based on this spontaneous desire to share art, future dialogues should consider inviting *all* participants to bring representations of their artwork if they wish.

The day's program began with a mural project designed to help people develop and articulate concrete solutions to the concerns expressed the previous day. Participants were invited to form four 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 verbally describe their ideal arts environment in their small group 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. They were then directed to identify several specific, concrete recommendations from the long lists that they had generated. 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.

Major Themes

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

1. The Role of Boundaries

The *role of boundaries* was a dominant theme 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. Consumers acknowledged necessary differences in role but did not believe that rigid boundaries were necessary to sustain a therapeutic relationship. The art therapists focused more on the characteristics of the environment they wished to create, one where people could discover strengths and abilities that they could use in their real worlds as well. In general, all participants wanted to loosen barriers rather than support them, viewing humanity as existing on a continuum of wellness. An art therapist summarized the group's ambivalence about boundaries by suggesting a name for the group that was adopted unanimously: "Artists Without Borders."

2. Influence of Language

The group recognized that *language* 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. Consumers proposed numerous alternatives for common terminology, ranging from the political to the lyrical. Instead of "mentally ill," people posed phrases such as "students of mental health," "service participants," and even the politicized term "crazy folk." Alternatives to "art therapist" included "art facilitator" and "healing professional." Most options for the phrase "art therapy" suggested a yearning for a sense of connectedness, such as "giver and receiver" and "collaborating for mental health."

3. Healing and Spirituality

Consistent with the concept of recovery as an ongoing process, *healing and spirituality* were dominant themes throughout the conference. The emphasis on healing seemed to reflect the potential for emotional healing through art activity for all constituents. Although the meaning of spirituality was highly individual, the themes of recovering wellness and building connections to others through the arts were consistent. Rather than monitor symptoms, consumers and art therapists preferred to focus on developing a sense of selfhood, social well-being, and quality of life. The articulated belief in the capacity of the person to heal and recover from a mental illness was preferred to the traditional medical model, which is based on chronicity and disability.

4. Programming

Programming preferences varied according to stage of recovery. Participants with psychiatric disabilities tended to value structured art therapy sessions with directives during acute phases of a mental illness, but they yearned for community art studios outside the mental health setting—with good quality materials and consultation when needed—when they were less symptomatic. Many consumers valued art therapy during past hospitalizations; it not only introduced them to artmaking for self-expression, but also provided a sense of normalcy and hope. Art therapists and consumers alike were discouraged by recent programming cuts as a result of managed care; some consumers felt that art was often reduced to a trivial, functional activity whereas art therapists were nostalgic for large, well equipped art studios that enabled more serious, in-depth art experiences.

5. Lack of Power

Most of the recommendations related to art therapy practice and relationships; a theme common to both groups was the *lack of power* of both consumers and art therapists. Whereas consumers perceived art therapists as holding the power in the therapeutic alliance, several art therapists identified ways in which they felt disempowered by the mental health system. Their concerns ranged from the subjective (position in the treatment team hierarchy and vulnerability to job loss) to the concrete (inadequate time, materials, and space). The recognition that both groups experienced themselves as lacking sufficient power in the mental health system was an unexpected outcome that helped develop mutual empathy.

The authenticity, intimacy, and honesty of the verbal sharing strongly suggest 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 artmaking quickly leveled the traditional hierarchy to create a community with a strong sense of shared purpose. Despite differences, all were united in their dedication to visual art for self-expression and healing. Visual as well as

verbal sharing enabled mutual empathy to build steadily throughout the conference.

Major Outcomes

Due to their common dedication to the arts, participants easily agreed on a list of specific recommendations, which included activities, networking, and programming.

1. Activities

Participants wanted more opportunities to get together. They suggested accessible formats, such as a follow-up meeting, regular monthly meetings, and art workshops. More ambitious recommendations included an arts festival and regional conferences, community-based art opportunities, and advocacy for art centers for people of all abilities and disabilities. Several proactive consumers proposed advocacy-oriented activities, such as writing and visiting the state Department of Mental Health to persuade them to provide more art-related activities.

2. Networking

All participants wanted to share their e-mail addresses so they could maintain ties. Some identified existing community arts resources available for all to share. Other ideas included suggestions for a community newsletter and a web site with a chat room that would expand the network of participants beyond the local area.

3. Programming

Participants strongly valued making art with others. They wanted to make art in a supportive community, witnessed by sympathetic, nonjudgmental people who also valued the role of art in their lives. The most fervent recommendation was for an open studio for all people—with or without disabilities, both service providers and recipients.

Many of these goals were accomplished over time. Some were long-term ideals clearly beyond the scope of a 2-day conference. A major outcome, consistent with the stated goals of participatory dialogues, was the beginning of equal relationships and partnerships between art therapists and consumers. Most of the art therapists expressed gratitude for the opportunity to collaborate with consumers as equals; several admitted that they had never before spoken with a person with a mental illness outside a treatment setting.

With the consent of participants, e-mails of all who attended the conference were mailed within days to enable informal connecting and networking among participants. A group of art therapists and consumers visited The Living Museum in Queens, New York, to view the art exhibited by people with mental illnesses. 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, pro-

viding a model of collaboration for its interns as well as services for the veterans. The author and another art therapist who attended the conference established monthly groups for artists with mental illnesses to address a range of needs, from providing a sense of community to supporting people who want to submit art to exhibitions.

Based on audiotapes and written notes, the cofacilitators wrote a report on the planning, programming, and outcomes of the conference. 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 a journal for creative arts therapists (Spaniol & Bluebird, 2002), and a paper on the dialogue was presented at a conference of the American Art Therapy Association (Spaniol & Bluebird, 2001)—perhaps the first time a consumer was a major presenter on a par with an art therapist. The art therapist (the author of this report) compiled a manual of all written documents created during the planning and implementation of the dialogue with the hope of facilitating future dialogues between creative arts therapists and people with psychiatric disabilities.

Clearly, the success of the Creative Partnerships conference as a form of PAR was due largely to the power of art to unite and envision. Artmaking enabled participants to envision and articulate differences between groups and quickly level the traditional hierarchy so people could relate with authenticity and honesty. Equally important, it enabled people to actually view their commonalities, especially their commitment to the arts, helping them to develop a sense of mutual empathy based on similar values and experiences. The images produced were essential because they enabled participants to concretize their hopes and dreams related to art, increasing the likelihood that they would become realities. The mental health field has much literature on learned helplessness (Bodner, 1998; Seckler, 1998). Initiatives such as participatory dialogues can provide art therapists with tools to develop new practices, research, and literature based on “learned helpfulness” that is facilitated by sharing art experiences with people who use art therapy services.

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