

AUTOETHNOGRAPHIC ANIMATION AND THE METABOLISM OF TRAUMA

- A MULTIMETHOD
INVESTIGATION

SUSAN YOUNG*

* Royal College of Art (UK)

Susan Young is a BAFTA nominated animation director based in London. Her commissioned work, notable for the fluid, calligraphic line first developed in her 1985 graduation film *Carnival*, includes *The Doomsday Clock*, a film about disarmament for the UN, *Beleza Tropical* for David Byrne, *Jimi Hendrix: Fire*, and award-winning commercials for clients including Levis, Coca Cola, Classic FM, Island Records and the World Cricket Series. In the 1990's Susan's husband attempted to murder her, and while overworking to cope with this she sustained a career-ending hand injury which triggered a significant period of mental ill-health. This precipitated Susan's interest in animation's potential as a medium for processing psychological trauma and led to her current PhD: *Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma*, a multidisciplinary inquiry which combines a cognitive focus with autoethnographic animation methodologies. Susan's associated practice explores her lived experience of interpersonal and institutional abuse and includes the films *It Started with a Murder* (2013), and *The Betrayal* (2015).

Corresponding Author

Susan Young

susan.young@network.rca.ac.uk

or: info@susanyounganimation.com

Royal College of Art

Kensington Gore, South Kensington, London SW7 2EU

United Kingdom

Abstract

This paper provides an overview of my practice-based doctoral research: *Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma*, which uses a multimethod approach (cognitive focus, thematic analysis of qualitative data and artistic practice), to investigate autoethnographic animation's capacity to moderate psychological trauma.

Traumatic events such as child abuse, domestic violence and military conflict often present a major health challenge for survivors, with many experiencing significantly impaired function due to symptoms such as nightmares, emotional dysregulation, negative cognitions and dissociative states. The symptoms most commonly reported are intrusive memories-sensory-perceptual impressions that involuntarily intrude into consciousness, causing distress and a sense of reexperiencing the trauma.

A number of cognitive studies have measured how these intrusions may be moderated through models that either interfere with imagery, simulate trauma, or change its narrative. My research uses interviews, thematic analysis and artistic practice to investigate whether animation may similarly moderate intrusions through processes that utilise the medium's visuospatial capacities and its potential for rescripting, or changing, the trauma narrative.

The desire to use personal experience as data motivated my interest in autoethnography as a methodology for qualitative inquiry. Autoethnography is a reflexive approach that explores autobiographical stories and connects these to wider socio-cultural-political issues through writing, performance and other media. In this research I am using autoethnography to both address my lived experience of trauma and to moderate its symptoms through my animation practice.

Keywords: Psychological trauma, mental imagery, autoethnographic animation, artistic research, mixed methods

Introduction

On 13th February 1996, my ex-husband attempted to murder me.

Friday 19th July, 5 months on...

I'm in my car, behind a bus spewing black exhaust. Its number-plate threatens me—

666 DYE.

"Dye, Dyed, Died. I spied, I died? Shut up Susan!"

I dash to my studio, double-lock the doors, test my Met Police panic button and try to work, but my mind jitters—can't get a grip!

One moment I'm holding my pencil, the next it has disappeared into thin air!

The telephone rings, a baby's crying on the line. Inarticulate sounds. I slam the phone down.

Why did it phone me?

I'm trapped in my skin there's pain in my veins and my scalpel entices me to slash my wrists—

Everything points to death.

Its sweltering hot and the street is Munch painting melting, all sulphurous yellows and bilious greens, and tarmac like quicksand, and over it all, my silent scream.

I hear a passer-by sing: *"su-i-cid-al tho-u-ghs."*

That's an invitation to death.

I'm confined in a cab, can't breathe!

Gulping air, air tastes like water, brain boiling and an iron band ratchets tight around my head.

Police siren sears my ears and bedding flowers pain my eyes,

flashing red flaming on green grass cut so short it hurts.

The radio threatens my sanity, accusingly it sings:

"You've, you've, you've, you've, you've

You've got me hanging on a string now!"

Cars flash by, syncopating:

"Pain and imprisonment

Sue is in jail

Trapped in traffic

Can't break free—

I am a patient pending death."

This poem is a fragment from what I termed at the time "automatic writing"—texts created in the aftermath of the murder attempt as I struggled to make sense of the strange and disturbing sensations, thoughts and images that I had begun to experience. Fearing insanity, I sought help from a psychiatrist, but became entrapped in his treatment regime of addictive prescriptions and coercive control. My symptoms worsened but remained just about tolerable whilst I was animating, so I increased my workload until I was animating for up to 20 hours each day. This precipitated a sudden onset hand injury in 1997 which ended my career overnight, with a consequent catastrophic effect on my mental health that led to numerous episodes of suicidal ideation and psychiatric hospitalisation.

The motivation for this research was my recognition that, prior to my injury, I had for many years used animation to work through painful emotions connected to experiences such as relationship breakdown, substance misuse, domestic violence and attempted murder. Indeed, each of the films in Fig. 1 below is connected in some way with trauma, from my BA graduation film *Thin Blue Lines*, which portrays the Toxteth riots of 1981 and was made when my mental health problems first manifested, through to *Coca Cola: World Dance*, the 1997 commercial that caused my hand injury. Interestingly, the murder attempt did not diminish the quality of my work. *Levis: Jeans for Women*, made in its aftermath, won multiple international animation awards, and is considered to be one of my most accomplished commercial works.

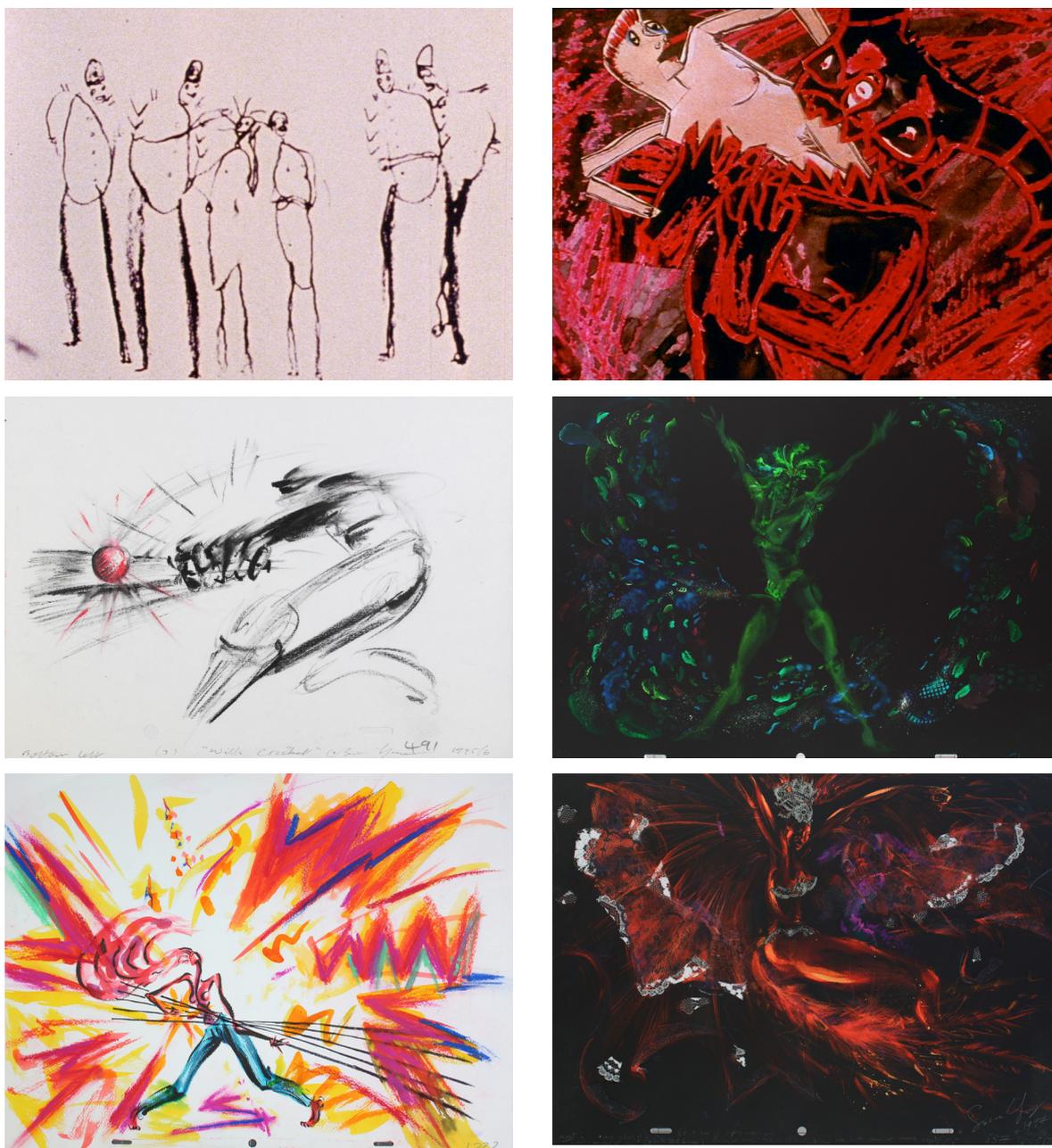


Fig. 1 (Left-Right) Stills from: *Thin Blue Lines* (1981), *Tempting Fate* (1984), *World Cup Cricket* (1995), *Hendrix: Fire* (1992), *Levis: Jeans for Women* (1996), *Coca Cola: World Dance* (1997). (Weblink: <https://susanyounganimation.com/shortfilms/hendrix.html>)

My mental health deteriorated very swiftly and significantly only *after* my injury, leading me to speculate that had I not become unable to animate, my post-murder breakdown may have been less intense and of shorter duration. It seemed likely that that I had used animation both unconsciously and consciously as a form of self-therapy for many years, and I commenced this inquiry in order to explore which attributes of animation may have contributed to this possibility.

Towards a cognitive theory of animation and trauma

Within the literature exploring animation's capacity to document trauma, most papers (such as Landesman and Bendar's *Animated Recollection and Spectatorial Experience in Waltz with Bashir*, 2011) are written from a screen studies perspective and focus predominantly on viewer responses to representations of trauma.

My research pivots towards the practitioner's experience of animating trauma, and questions why the medium is so often used by auteur animators to investigate subjects such as sexuality, mental health, child abuse and domestic violence, which remain challenging to portray due to a variety of issues, such as privacy concerns and the ethics of representation. Jayne Pilling (1992) observes that some of these challenges may be circumvented by the animator's ability to work alone, exert control over their material, and imaginatively embody and explore sensitive material in a manner that would be difficult or impossible in live-action or documentary formats. Annabelle Honess Roe proposes that one of animation's key strengths lies in its constructed nature and "visual dialectic of absence and excess," which facilitates the representation of what cannot ordinarily be perceived (Honess Roe, 2013, p. 37). Carla MacKinnon (2019) additionally highlights the high levels of authenticity

achieved by animators such as Tim Mercier, who in his film *Model Childhood* (2018) weaves together stop-frame animation, video diaries and live-action location footage in order to reify, re-enact and process experiences of childhood abuse. At times Mercier leaves visible fingerprints on his Claymation characters' faces, which "act as a bridge between the referent and the representation...Life leaves its mark on the artist, and the artist in turn leaves their mark on the clay" (MacKinnon, 2019, p. 109). Mercier describes these marks as: "the evidence of me...Tim's thumb print on a little boy's face. And it doesn't look aggressive, it looks kind." (T. Mercier, personal communication, 4 Oct 2017).

These thumb prints represent animation's capacity for embodied expression and haptic dialogue (here between previously dissociated aspects of Mercier's identity such as traumatised child, acting-out adult and integrating filmmaker), which suggests that the medium may function as an effective vehicle for performing and embodying trauma.

The importance and role of both the body and the creative and performing arts in healing illness has been recognized since the time of Hippocrates (460-377 BC). The therapeutic significance of holistic methods, psychomotor treatments and creative interventions in treating trauma is similarly recognized by contemporary practitioners such as sensorimotor therapist Pat Ogden (Ogden, Minton & Pain, 2006), and trauma expert Bessel van der Kolk (2014). Ogden works with multiple senses, breath and body movement to assist her clients in mindfully engaging with their experiences, and van der Kolk recommends techniques such as EMDR, and physical therapies involving dance, theatre, drumming and karate.¹

My inquiry draws on current thinking in cognitive science to investigate whether animation, with its many embodied, sensorimotor and visuospatial processes, might be similarly

1 Eye Movement Desensitisation and Reprocessing (EMDR) is a trauma therapy which involves a patient tracking their therapist's moving finger whilst recalling their trauma.

employed to moderate the intrusive memories associated with trauma.

Dan Torre (2017) is one of the few scholars to have explored animation processes from a cognitive perspective. Drawing on Baddeley and Hitch's 1974 working memory model, Torre suggests that the cognitive processes involved in human perception and memory may be analogous to those within animation, as both simulate reality by combining movement and image.² Experimental filmmaker Dirk de Bruyn (2014), in his study of trauma's representation within materialist films, references further cognitive models, such as the dual representation theory of posttraumatic stress disorder (Brewin, Dalgleish & Joseph, 1996). Brewin *et al.* propose that trauma is retrieved through two types of memory, the verbally accessible memory system (VAM), and the situational memory system (SAM). In this model, dissociation occurs when a trauma survivor's memories become overwhelming and cannot be stored verbally or narratively (i.e. in VAM), and instead are split off from and stored within SAM as unintegrated, inaccessible fragments to be later reactivated as intrusive memories.

For de Bruyn, models such as this mark a change in trauma discourse, away from the intuitive and subjective use of psychoanalytical ideas within screen studies and "trauma cinema," and towards a more empirical register of information and knowledge arising from cognitive science.³ The emphasis has

shifted from the oral and textual analysis of the psychoanalyst and film critic to the myriad forms of scientific data representation—from verbal to visual, from "imaginary" to "real," and from mind to brain and body.

My own inquiry expands on Torre and De Bruyn's thinking by referencing further contemporary cognitive research into mental imagery and trauma, and by exploring two key attributes that might make animation effective in moderating trauma — its visuospatialness, and its capacity for rescripting imagery.

Treating intrusive memories: Mental imagery, Tetris and imagery rescripting (ImRs)

What often prompts trauma survivors to seek treatment are intrusions, the distressing sensory-perceptual mental images or *hotspots* from the trauma that involuntarily reintrude into consciousness and cause the survivor to feel they are reexperiencing it (Holmes and Mathews, 2010). Reducing these intrusions is a major treatment goal, and numerous studies have attempted this by using combinations of verbal and visuospatial tasks, the *trauma film paradigm* (a film montage that evokes intrusions), and *imagery rescripting* or *ImRs* (a technique that uses visualisation to change the trauma narrative and reduce intrusions).⁴ Holmes, Brewin and Hennessey (2004) asked participants to view a trauma film whilst

2 Psychologists Alan Baddeley and Graham J. Hitch's 1974 working memory model conceptualises memory as comprised of separable but interacting systems: the supervisory central executive system that controls the flow of information, the phonological loop, which stores verbal content, and the visuo-spatial sketchpad, which stores visuo-spatial data.

3 Trauma cinema is a term describing films and videos that document trauma, often from a psychoanalytical perspective.

4 The trauma film paradigm is an experimental psychopathology model designed to simulate exposure to trauma, usually consisting of edited audiovisual imagery such as car crashes and interpersonal violence. Exposure to this material reliably induces symptoms in participants that are analogous to symptoms experienced after actual trauma, including the hallmark symptom of intrusive memories of the traumatic event(s) viewed in the film, physiological arousal and negative cognitions and mood. Imagery rescripting (ImRs) is an experiential, imagery-focused cognitive behavioural treatment used to treat intrusions. It focuses on identifying, confronting, and modifying the trauma survivor's "hot" (emotional) cognitions, which may be visual or verbal in nature. ImRs involves imagining the traumatic event in detail, then imagining the survivor (or someone else) intervening and changing the outcome to something preferable. This offers the survivor the opportunity to express actions that were inhibited during the trauma, i.e. regaining a sense of control, gaining new perspectives on the trauma, seeing trauma memories in a new light or creating new meanings.

completing either a verbal task (counting backwards) or a visuospatial tapping task, and found that counting backwards increased intrusions, whilst visuospatial tapping significantly reduced them.⁵ In a number of studies (such as Holmes, James, Coode-Bate & Deeprose, 2009), where participants played either *Pub Quiz* (a verbal task), or the visuospatial computer game *Tetris* in conjunction with a trauma film, it was found that the *Pub Quiz* players experienced worsening intrusions whereas the *Tetris* players experienced significantly fewer intrusions. A review of 74 studies (James et al., 2016) found that a reduction in intrusions occurred most frequently when visuospatial tasks involving spatial hand movements (such as modelling clay or tapping keypad sequences) were performed concurrently or just after a trauma film viewing.

Most of these studies concluded that verbal tasks worsen intrusions because they compete with the verbal processing of a trauma but not with its intrusion-making imagery, whereas visuospatial tasks diminish intrusions by interfering with imagery reconsolidation within working memory via competition for shared resources.

I propose that as animation is a visuospatial activity involving complex spatial hand movements and activities that are similar to *Tetris* game-play, it is likely to be similarly effective in reducing intrusions. I also suggest that animation's storytelling capacity could be used, like ImRs, to re-imagine events.

In ImRs, a patient, working with a therapist, is asked to picture a past trauma and then visualise changing (rescripting) it to achieve a preferred outcome (Holmes, Mathews, Mackintosh & Dalgleish, 2008). In her doctoral study of patient experiences of ImRs, Zoë Chessell (2016) noted that factors contributing to effective rescripting included having the motivation to perform it, being able to change the ending and practice it at

home, involving multiple senses to increase vividness, using drawings and physical objects, and having a high ability to visualise imagery. Many of these factors and skills are found frequently in animators and their practice, and I suggest that this fact, along with the medium's visuospatial capacity, supports my position that animation, particularly autoethnographic animation, has the capacity to selectively reduce intrusive memories.

Autoethnography: an embodied methodology

The cognitive studies referenced above confirm that visuospatial activities and the manipulation of narratives can be effective in moderating trauma-related intrusions, however, little research exists into how these activities might be incorporated into animation practice for therapeutic purposes. A notable exception to this is Jeremy Blair's study of animated autoethnography in the classroom, which found that animation facilitates deep introspection, evolving self-dialogue, and the unearthing and reformulation of trauma-related concepts and insights that might otherwise remain concealed and difficult to change (Blair, 2015).

Both Mercier and Blair use autoethnographic techniques to embody their lived experience of trauma. Autoethnography is a reflexive approach that connects autobiographical stories to wider socio-cultural-political issues through writing, performance and other visual media. As a methodology it differs from many traditional forms of qualitative research (due its focus on personal experience), and it is increasingly viewed as a "radical alternative to realist-positivist social and human science inquiry" (Grant, 2020, p. 165).

Within this inquiry I utilise the constructed nature and embodied potential of animation practice at a "pre-objective,

5 This supports dual representation theory (Brewin, Dalgleish & Joseph, 1996), which hypothesizes that verbal tasks compete for VAM resources (thus diminishing the ability to create accurate verbal memories), while visuospatial tasks compete for SAM resources that would otherwise have been used to record further sensory impressions (thus reducing the ability to form further visual/sensory intrusive memories).

enfleshed, multisensory and carnal level" (Sparkes, 2018, p. 264), to explore my fragmented identities of traumatised victim, survivor and assimilating filmmaker. This approach is philosophically aligned with poststructural and posthumanistically oriented autoethnographic scholars such as Short, Grant and Clarke (2007), who conceive of reality as indeterminate and open-ended, and explore its epistemological and ontological uncertainty through *messy*, non-linear texts that defy conventional form.⁶

My study examines my similarly messy practice, in which I am entangled with material objects (such as my medical and legal records), which I use performatively and intra-actively in order to explore, create and represent trauma's *affect*.⁷ This process draws on notions of *diffraction* (Barad, 2007) and *situated knowledges* (Haraway, 1988), in relation to both my focus on lived experience and materiality, and my recognition that insights arise directly from the embodied context and situated view of my practice. In this respect my inquiry parallels Amba Sayal-Bennett's doctoral study exploring the entanglement of the artist-learner within her post-materialist artistic practice (Sayal-Bennett, 2018).

By combining animation practice, qualitative inquiry and a focus on embodied knowledge, I am creating a hybrid methodology that "treats inquiry not as the clarification of an epistemic representation of inert objects or mechanical processes but instead as the establishment of provisional onto-ethical relations that constitute human and nonhuman agents" (Roseik, 2018, p. 638). Drawing on Karen Barad's theory of agential realism, I explore the affective capacities and relational entanglements of the multiple non-human and human sources of agency within my research (such as those comprising my

animation experiments). Like Barad, I view these as different kinds of performative knowledge-making practices that allow me to think, know, measure, theorise and observe through "material practices of intra-acting within and as part of the world" (Barad, p. 90).

Barad's diffractive methodology facilitates a deep engagement with different disciplinary practices and encourages a critical rethinking of how the natural and human sciences can engage with and through each other, and why these intra-relations matter. In short, "the analysis of entangled practices requires a nonadditive approach that is attentive to the intra-action of multiple apparatuses of bodily production" (Barad, p. 94). My methodology similarly makes linkages between the disciplines of cognitive science, autoethnography and animation in a practice of knowing that physically, emotionally and somatically engages with and reconfigures the world. It allows me to read data through, and in relation to, other data, so that objects and processes can be understood by the effects created by their difference. It also explores how I, as researcher, may be both constituted in the entanglement of this inquiry and transformed by it.

Methods

My practice is central to my inquiry and consists of two film experiments: *Expt. 1: It Started with a Murder* (which explores my ex-husband's attempt to murder me), and *Expt. 2: The Betrayal* (which explores further traumas experienced when I commenced psychiatric treatment in the aftermath of the murder attempt). These have been disseminated at festivals, symposia and conferences, where I have testified to my experiences and further explored how autoethnographic

6 The term *messy texts*, first used by anthropologist George Marcus, describes the fragmented, situational forms of ethnographic writing that emerged in the 1980's. "In messy texts, there is a sense of the whole, without an evocation of totality, that emerges from the research process itself... "Messy texts are messy because they insist on their own openendedness, incompleteness, and uncertainty about how to draw a text/analysis to a close." Marcus, G. (1998). *Anthropology through thick and thin*. Princeton University Press. p. 188-189.

7 The term *affect* is used here both in its psychological context, i.e. trauma's influence on moods, emotions and their symptoms, and in the Spinozan/Deleuzean sense, i.e. animation's capacity to affect, or be affected by, experiential encounters.

animation might be used to ameliorate trauma symptoms and challenge dominant master narratives such as those involving the abuse of power.

In designing my inquiry, I have followed creative arts therapist Shaun McNiff's advice to use "simple and direct language and methods, as well as terse and economical descriptions, not unlike what happens within the IMRaD format when used effectively." IMRaD (introduction, methods, results [findings], and discussion) is a widely used research template that is logical and flexible (if at times simplistic and stereotypic). McNiff advises arts-based researchers to consider "what will be the most convincing and influential, the most complete presentation of the artistic evidence [and to adopt] IMRaD's principles if needed" (McNiff, 2018, pp. 32-34). I have therefore incorporated processes commonly found within qualitative social science research (such as a questionnaire, interviews and thematic analysis of data), in order to explore animation's effect on trauma from both an experiential and scientific perspective, and to present my findings in a manner that is accessible and relevant to both artists and scientists.

Data collection and analysis

My interview questionnaire consists of four questions relating to the visuospatial and sensory attributes of animation, its capacity for use during imagery rescripting and bearing witness, and participants' responses to *Expts. 1* and *2*. Semi-structured interviews have been conducted with fifteen participants including five scientist/clinicians, four therapists, three animators, one animator/educator and one autoethnographer, each identified by a two or three letter code. Due to my lack of mental-health training and inability to provide follow-up support, I have not interviewed any participants who are currently undergoing psychiatric treatment in secondary care.

In analysing my data, I have followed the method of thematic analysis devised by psychologists Virginia Braun and Victoria Clarke and widely used across social, behavioural and applied sciences (Braun & Clarke, 2013). Thematic analysis is a theoretically-flexible method of analysing and reporting meaning across a dataset by coding data. Coding involves assigning a code to every piece of data that addresses the research question, i.e. a word or phrase that captures its essence, to every piece of data that addresses the research question. Codes are then clustered into themes (central organizing concepts within the data), and themes are refined, explored, reviewed and written up to complete the analysis. After following this process, three overlapping themes emerged from my analysis: embodied cognition, imagery rescripting, and bearing witness.

Theme 1: Embodied cognition

From a cognitive perspective, our understanding of the world is mediated by our sensory and bodily experience of it. This theme draws on theories of visuospatial interference and embodied cognition to capture a construction of animation as a complex visuospatial activity that interferes with intrusive memories in a manner similar to Tetris game play.⁸ Supporting this contention is a review of 74 experimental cognitive studies, which found that spatial hand movements (such as modelling clay and tapping sequences on a keypad) led to a decrease in intrusions, whereas activities such as chewing gum (a propriospatial task without spatial hand movements), did not (James et al. 2016). It therefore seems likely that animation practice, with its complex visuospatial demands, would similarly reduce intrusions. Several scientist/clinician participants support the thinking behind this construction, with one commenting "we haven't tried animation but...I see no reason why it shouldn't interfere with both the vividness of the imagery and any associated emotion" (S1).

8 In experiments involving the computer game Tetris, players match multiple lines of coloured blocks, and this task is believed to interfere with trauma memory and thus reduce emotional arousal and the frequency and intensity of trauma-related intrusions.

Participants agree that to be effective, visuospatial activities need to be at precisely the right level of complexity and cognitive load, but that the “least explored question is the idea of individual difference. You know, how can we match the right intervention to the right people?” (S5). Visuospatial working memory capacity varies, with Tetris studies finding that those skilled in the game “just kind of play it on autopilot but they’re not really engaging with it, it doesn’t work” (S3). It is likely that these skilled players and others with enhanced visuospatial capacity (such as animators) require tasks with a greater attentional load.

This is confirmed by A4, an animator participant possessing a high visuospatial working memory, who was identified at school with a “mechanical understanding [that] was in the top 0.01 percent of the population.” They comment “we’re just saying that I’ve got a brain that needs something sophisticated to deal with trauma.” If indeed animation is one of the few mediums capable of processing trauma for people like A4 (due to their innate visuospatial abilities or attentional load levels), then this has interesting implications for trauma therapy in general, and for the use of animation in therapeutic settings in particular.

Referencing EI Theory and EMDR research, S1 postulates that animation processes and activities such as working with frames and sequences, or re-enacting emotion through bodily gestures, might interfere with intrusions by engaging with the animator’s perceptual store and activating their motor cortexes.⁹ For A4, animation’s physicality itself is “therapeutic

in the sense that it [is] incredibly repetitive and all I’m doing is clicking a camera, placing a cell, its...soothing, it’s dynamic rhythmic, it’s like rocking back and forth in a cot almost.” This activation of parts of the brain associated with both movement and emotions highlights animation’s somatic, embodied qualities. For A3, the medium provides “strategies for remembering” concealed or encoded trauma. They describe how “catatonic” and “visceral” processes such as scratching on film “reconnected me in uncanny ways...this pain in my body came back to me, you know?”

Therapists T1 and T2 also highlight the degree to which their patients engage with stop-frame animation’s haptic and tactile qualities, for example by caressing or torturing characters representing themselves or their abusers. In Winnicottian psychoanalytical terms, the characters thus function as transitional objects, which can be cathected to and decathected from via the animation process.¹⁰ By using their hands to stroke and comfort, or punish and enact revenge on their characters, the trauma survivor is able to experience feelings of reassurance, safety, empowerment and control that may previously have been denied them.

A1, another animator, remarks on how the powerful haptic connection to their own Claymation characters deepened their insight into “the guilt and the shame and the culpability” that they felt for their childhood abuse. “It was very evident that being forced to make a little me over and over again and then remake them because they kept falling apart as I animated...helped me to forgive myself.”

9 Elaborated Intrusion Theory (EI) and Eye Movement Desensitization and Reprocessing (EMDR) are cognitive frameworks believed to interfere with trauma memory and thus decrease emotional arousal and reduce PTSD symptoms. EI uses multisensory mental imagery to selectively disrupt memories and increase control over them. This is also thought to be the basis for EMDR, where the patient watches a therapist’s moving finger while recalling their trauma.

10 Transitional objects in Winnicottian psychoanalytical therapy include blankets or soft toys that represent the maternal love-object used by infants to help them move from the earliest oral relationship with the mother to genuine object-relationships. These objects are highly cathected (invested) with narcissistic libido (emotional energy). During normal development they become decathected, their significance diffusing into transitional phenomena in both the subject’s inner world and external reality. Animated characters may also function as transitional objects and facilitate this process.

This theme demonstrates the capacity of animation to interfere with trauma-related intrusions through visuospatial activities that engage with the survivor's body and mind, enabling embodied remembering and a reconnection with dissociated and fragmented states and emotions. In the next theme, I explore how autoethnographic animation processes intensify these effects by facilitating a form of imagery rescripting.

Theme 2: Imagery rescripting (ImRs)

This theme explores how trauma may be ameliorated by using autoethnographic animation alongside elements of the therapeutic technique of ImRs. Indeed, S5 suggests that ImRs and animation "completely map into each other...imagery rescripting essentially is about having images and being able to play with them, but also being able to restructure the narrative...I guess in animation that's exactly what happens."

Standard trauma treatment involves reducing intrusions by repeatedly narrating the entire trauma. This may be overwhelming for complex trauma survivors, who often prefer using ImRs (in which trauma 'hotspots' (moments of peak distress) are targeted and rescripted to create alternative, more empowering scenarios). T1 and T2 both observe how one of their patients spontaneously used ImRs within a film to rescript her relationship with abusive parents by punishing them through inventive scenes of animated torture. This allowed her to comprehend how it felt to be in control, both on "a literal level, because you're doing it with your hands, [and on] a symbolic level. 'I can make my mum and dad, I can kill my mum and dad.'" Previously a prolific self-harmer, it was significant that after completing her film, this patient felt no further need to harm herself.

Referencing their own practice, T2 remarks that for many years they were only able to consciously access disremembered aspects of their traumatic past through a "stupid little stick character," which they created to articulate experiences and emotions that were previously split-off and inaccessible. This animated character can thus be understood metaphorically as a bridge to past trauma and a means of re-scripting, re-enacting and re-presenting this trauma in the present.¹¹

A1 describes how animating their childhood abuse "gave shape to a patch of time that I'd never remembered in detail." They describe:

very slowly enacting bits of the story...again and again...not in a mad way but in a looped sort of way, [which] allowed me to notice some of the things that had been part of the fabric of my life but never defined or understood before.

Effective rescripting requires the kind of painstaking engagement with trauma hotspots that autoethnographic animation is uniquely able to provide. For A1, their animation process expedites immersion "in this laborious process of being with these representations of my past." It becomes a liminal space where they are able to reflect on how past trauma can still wreak havoc. As they observe "it's not a memory, it's a legacy, and you live it every day."

A slightly different approach to imagery rescripting is adopted by A4, who explores the trauma of "being sectioned and injected and forcefully restrained" by repeating animated sequences, each time slightly changing them until no "tangible links to the primary experience of that nightmare" remain. A4 uses animation to metamorphose their trauma, a metaphorical parallel to the biological process of metabolism, where

¹¹ Creative arts therapist Shaun McNiff (2004) believes that the therapeutic power of any form of videotherapy derives from its ability to form a bridge between past and present and facilitate a reliving of life experiences in a manner similar to shamanic enactment, with the screening of the work revealing insights and bringing past experiences alive for audiences.

the body breaks down matter in order to survive and grow. Of the animation and screening process A4 observes "it's like a banquet. I've eaten the food and digested it and shat it out really...I didn't get anywhere close to that until I made that film and had it received."

Although its neuroscientific basis is unclear, ImRs is often used as a trauma processing method when conventional methods have failed. I contend that animation can perform ImRs by targeting hotspots and restructuring the trauma narrative, and that this, along with its visuospatial and embodied processes, makes it an effective medium for ameliorating trauma. In my third theme, I explore how these processes are used to bear witness, both to the self through one's own practice, and through the dissemination of this practice.

Theme 3: Bearing witness

The history of trauma is one of denial, with abuse and atrocities covered up or minimised by perpetrators, whether they be individuals, groups or institutions (Herman, 1992). The victim's credibility is routinely questioned, and trauma symptoms are often interpreted as mental illness, with reductionist diagnoses and treatments imposed that take little account of trauma histories. This theme focuses on autoethnographic animation as "an embodied act" that enables survivors to challenge injustices and "seriously re-story ourselves in opposition to mainstream normativity" (AE1). As a methodology, it is thus inherently suited not only to exploring and rescripting trauma-related imagery and intrusions but also, and perhaps more significantly, to bearing witness to the lived experience of trauma.

For those patients whose trauma testimonies had previously been disbelieved, T1 notes "bearing witness is a really, really important aspect of it...It's giving them this space... Where you can talk, you know through your film...and also

the experience that actually people were interested in what they had to say." A4 underlines how screenings "dramatically reduced a sense of shame...if you can have your vulnerability out in front of you and be comfortable with that, it's so empowering."

Autoethnography's principle aim, that of exploring lived experience for the purposes of socio-cultural-political commentary, further contextualises the screening of such works. For A3 "once it gets to the bearing witness...that's an important legitimising because it brings it into a kind of social meaning for me... I think that's one of the most important things in terms of the questions you have."

Bearing witness through practice

The practice-based element of my research consists of two film experiments that investigate questions relating to animation's sequences, processes, control, symbolism, tactility, and potential for bearing witness.

Expt. 1: It Started with a Murder

This film is a silent montage of legal documents, light and blood that explores events surrounding my murder attempt and my associated emotions. While creating the animated sequences I noticed that my intrusive memories and trauma-related arousal diminished, even though I was activating my trauma hotspots. Rescripting the outcome by manipulating documents to imply that my husband was sent to prison felt empowering, and visuospatial, sensorimotor, tactile animation processes (such as operating the lighting and manipulating documents) diminished my feelings of disembodiment and numbing. The bricolage of text, blood, skin and light became a haptic, poetic vocabulary for expressing my trauma, and bearing witness through the animation process challenged its unspeakability.



Fig. 2 Stills from *Expt 1: It Started with a Murder*, 2013 (Weblink: <https://vimeo.com/56994915/>)

Expt. 2: The Betrayal

Expt. 2 explores events after the murder attempt, when I sought help for my trauma symptoms from a psychiatrist but became enmeshed in his regime of psychological abuse, manipulation and dangerously addictive medication. It consists of another montage, this time of psychiatric records, prescription pills, light and blood, with the additional element of a soundtrack with a voiceover representing my psychiatrist. In making this film, I again experienced a reduction in trauma symptoms. Taking control of my records by reanimating them facilitated a rescripting of my memories of the power dynamics and unhealthy transference and countertransference that had existed between us, and, although often intense and difficult, this process ultimately alleviated a significant amount of related emotional pain.¹² It felt empowering to use my own voice on the soundtrack to represent the psychiatrist and recite the records he had written about me, and also to re-enact scenes between us where unhealthy power dynamics had played out. Substituting my voice for his in this way enabled me to adaptively reappropriate my records, explore my

trauma-related voicelessness and aurally refashion narratives that had contributed to longstanding feelings of disempowerment related to my diagnosis. Similar methods of voice substitution and the reappropriation of texts, speech and actions are used in various drama and cognitive therapy strategies, particularly in connection with ImRs-type approaches, and I therefore suggest that my autoethnographic use of animation as a vehicle for reframing trauma represents a novel addition to these approaches.

12 In therapeutic relationships, transference describes the redirection of a patient's feelings for a significant person (often a parent) onto the therapist. Countertransference refers to the redirection of a therapist's feelings onto their patient, and when unconscious or pathological this can result in harmful emotional entanglement with the patient.

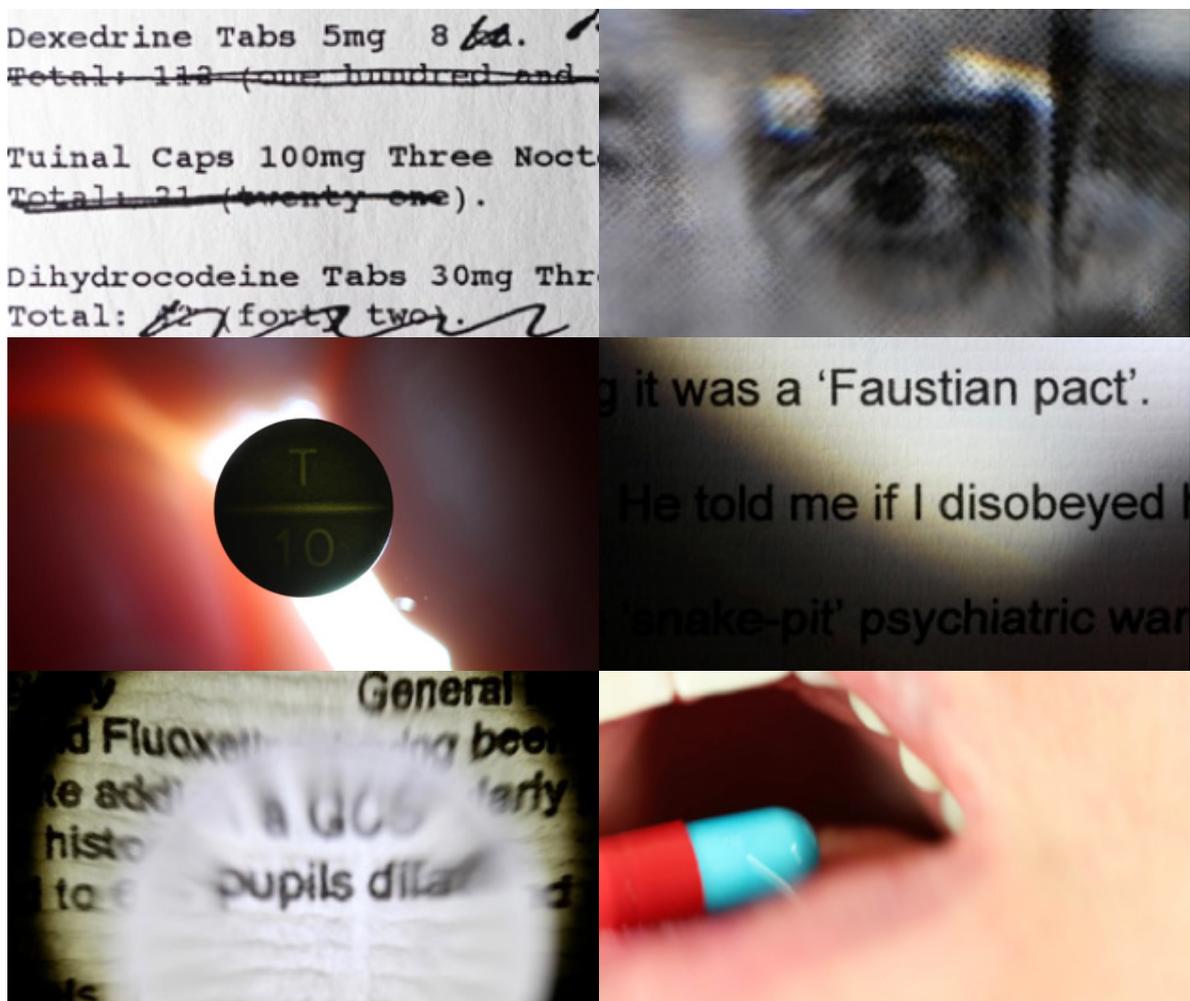


Fig. 3 Stills from Expt. 2: *The Betrayal*, 2015 (Weblink: <https://vimeo.com/susanyoung/thebetrayal>)

Participant responses to Expts. 1 and 2

Several participants reflected on the embodied and indexical nature of my practice, and how it connected them somatically and emotionally with the trauma depicted. For AZ, Expt. 1 “felt to me more like a reexperiencing...like kind of a hotspot. Much more intrusive, somehow...much more visceral.”

A3 highlighted the compelling indexicality of my practice as “this idea of legitimising your own body. The tablets and everything, especially when they were going into the mouth, that was kind of the most powerful stuff. That was really all about the body.” Throughout history, abuse survivors have

been stigmatised and dehumanised and their lived experience and testimonies denied, and for A3, my focus on indexical images of the body spoke to this physical and psychic delegitimization.

Conventional trauma treatment seeks to ameliorate intrusions by revisiting and repeating the entire trauma narrative, however my process is more closely aligned with ImRs, which aims to moderate them by targeting and manipulating hotspots. Trauma psychologist KY observes “what struck me about your films was there wasn’t really a full narrative of what happened, it was just bits, wasn’t it?” They acknowledge however that while emphasising these “bits,” I am also focused on the entire trauma experience. They note that “presumably you were thinking about the whole story the whole time you were doing it. So, it would have that effect.” With its simultaneous, dual focus (both on hotspots and the total trauma experience), my animated ImRs approach clearly resembles aspects of the experimental studies referenced earlier. This supports my contention that autoethnographic animation can be an effective vehicle for moderating trauma-related intrusions when combined with its other visuospatial and embodied attributes.

Several participants remark on the powerful emotional responses they experienced when viewing *Expts. 1* and *2*, and the empathy these films engendered. Of *Expt. 2*, A1 observes that “seeing scarred flesh and a mouth and the pill in the mouth reminded me that there is a human being behind this horror story who’s suffering.” A4 “found the second one quite profoundly painful in a way that’s a sort of gut punch film. And there’s a lot of value to that authenticity.” A5, despite feeling intensely shocked by the contents of *Expt. 2*, found the film “very, very striking. And also, very optimistic. Because it says: ‘Oh okay, awful things can happen, but we’re both here, and we both keep making things.’” Each of these participants reacted viscerally, somatically and emotionally, not only to the content of my films, but also to the victim/survivor/filmmaker/human being behind them, and it is in this form of reciprocal

relationship and dialogue that the act of bearing witness most fully manifests.

Conclusion: Autoethnographic animation as multifactorial trauma processing method

For S4, the optimal outcome in trauma therapy is for survivors to regain control over their story, become appropriately angry and stop blaming themselves. They remark:

if I’m treating someone and they get to that point where they want to get their own back, I think that’s the finest, most brilliant end point of treatment. I have to say, it’s so rare for people ever to get that far [but if] my patient is angry at the person who’s done it to them, then the work is done, normally.

S4 highlights *Expt. 2*’s success as an exemplar of adaptive revenge:

what your film did which I liked was that it pulled the finger off and it pointed it straight at him. And it kept pointing it straight at him, saying “this is all about you.” It’s a brilliant bit of calling someone out I think. That’s power, that’s taking back power and going: “you have made me feel like this. Now I’m going to show everybody.”

They add:

But what it struck me I liked about it, thinking about it from the point of view of a survivor of trauma was, how marvellous to be able to tell the story your way, and to have so much control over which bits of the story you talk about.

In addition to control, *Expts. 1* and *2* use several other actions that S4 confirms are therapeutically effective.

There's creating a narrative...There's imagery rescripting, and there's resource competition as you manipulate it, and then finally there's the cognitive element I suppose of bearing witness or pointing the finger at the right person or, you know, putting it out there and calling somebody out.

When autoethnographic animation facilitates all these actions it clearly becomes an effective multifactorial method for processing trauma. The visuospatial processes described in my theme of embodied cognition, the narrative restructuring of imagery rescripting, and the socio-political function of bearing witness combine in one medium that is "a sort of genius way of combining three things that we know help process trauma all in one go. So, it's that sort of throwing everything you've got at it, basically. And that's probably why it works so well" (S4).

In conclusion, my study argues that animation may be used to successfully interfere with intrusive images via visuospatial activities that facilitate the embodied remembering and metabolism of trauma. Survivors may additionally make use of the imagery rescripting processes available within autoethnographic animation practice to re-story their trauma, and then through dissemination (via workshops, public screenings, symposia, etc.), bear witness to it, thus re-empowering themselves and reducing trauma-related shame.

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