

Dare to Dream: The use of animation in occupational therapy.

by Helen Rachel Mason

Too many people grow up. That's the real trouble with the world, too many people grow up. They don't remember what it's like to be 12 years old. They patronize, they treat children as inferiors. Well I won't do that.

Walt Disney

Introduction

Finding the intrinsic motivation of young children and adolescents is not always an easy process. It is, however an essential component to enable a therapeutic relationship and open up opportunities for change. The use of animation to facilitate this process is at an embryonic stage of understanding. Animation has until now generally been used only within industry but advances in computer software and increasing availability of media has enabled animation to be used within play, leisure and productivity. From a detailed search of a literature database no studies were found exploring the use of animation within occupational therapy practice. Studies have shown animation's effectiveness in education, by facilitating learning. Meeting children and adolescents within their world at the point of play is a central tenet of occupational therapy in child and adolescent mental health yet patterns and trends of child development within the western world have been changed within the last decade with the introduction of digital information and the internet at home and in the schooling system.

With the study of Pedagogy emerging in response to exploring new media within the learning and educational field, classrooms have been transformed to harness learning potentials using multi media. The use of stop-motion within the classroom is now part of the educational programme in many schools, perhaps inspired by the popularity in films such as Wallace and Gromit.

Recent trends in animation have moved it into the mainstream leisure industry and it could be assumed that attitudes and perception of animation as an adult art form are becoming more prevalent; examples of animated films and sequences for an adult audience include The Simpsons, A Scanner Darkly, animated scenes in Kill Bill, the beautifully touching Persepolis and most recently the haunting and moving images conjured by Waltz with Bashier. This shift in thinking offers new opportunities for exploring the use of animation in therapy across a wide spectrum of age ranges and within family system approaches.

For some therapists the thought of developing computer based animation skills may be a daunting prospect. What this paper (and subsequent work) hopes to achieve is to highlight that with a small amount of training great results are possible. As long as you can turn a computer on and open files you will be able to animate.

The need to engage the client within the context of their social and family networks creates new challenges

and possibilities for therapists working within mental health and physical health fields alike. The author has found animation to be particularly useful in her work exploring social inclusion and looking at ways to bridge the gap between health and social care with a focus on social inclusion.



The startlingly successful innovations of computer animation are helping to transform animation in all its multifaceted forms into a major part of the entertainment mainstream. Alongside this there is also the explosion in the computer games industry.

Richard Williams (2001)
The Animator's Survival Kit

This paper is to provide an overview of clinical observations to encourage discussion and promote adoption of animation techniques in occupational therapy. It also explores the unique potential for occupational therapists to learn and develop techniques using our knowledge of activity analysis and grading function.

What is an animation?

Animation is essentially the use of persistence of vision, the creation of illusion of movement achieved by rapidly playing a sequence of still images. The difference between motion pictures or movie films and an animation is the limitless scope available to the animator to realise their dreams and ideas.

Emery Hawkins (2001, The Animators Survival Kit p.20) said:

The only limitation in animation is the person doing it. Otherwise there is no limit to what you can do. And why shouldn't you do it?

From basic hand drawn flip-books and drawn animations to 3D stop-motion and Computer Generated Images, there are a wealth of techniques for differing levels of ability, interests and participation.

With modern technology and basic training the therapist can create an environment whereby if a client can push a button and understand cause and effect then they are able to create meaningful and personal self expression. There is no upper limit of function that can be expressed with animation due to the total range of complexity and breadth of techniques available. The therapy can be as simple or advanced as the client responds to.

Why occupational therapy and animation?

Animation in its nature involves complex processes which can be graded to help clients achieve optimum occupational performance levels with the right therapeutic facilitation. If the core of occupational therapy is the therapeutic use of activity to enable independence, optimum performance and healing, then the benefits of offering animation as a treatment could be as follows:

- It crosses generation gaps. Animation could be accessible by very young children and the elderly alike if they feel it is a purposeful enjoyable activity.
- Animation can be incorporated into skills based

training (for example social skills, anxiety and anger control programmes) taught on an individual basis or with groups exploring alternative endings and potential consequences.

An example of this work already used in education is Bailey, Tettegah and Bradleys's 2005 'Clover' computer programme which uses personally constructed animated vignettes to explore personal choices, consequences exploring emotional literacy in schools drawing on their new interactive technology (the Clover program) and character education.

- Animation can enable flow and has in the author's experience been seen to increase motivation in clients who may have been difficult to engage in the past (particularly adolescents). It has the potential to enable the Acquisition and Mastery of New Skills when applied using the 'Just Right' Challenge.
- Animation is essentially a group process in nature with many differing roles uniting to contribute to the end film or product. The therapist can, however, adapt the techniques for individual sessions drawing on the person's unique interests. The need to work with other people (either directly or non-directly) makes it useful for exploring relationships; connections needed with other roles in the animation team can be facilitated through the computer interface as well as the creative process graded by the experienced therapist.
- Parent-child attachments can be explored through the animation process, building relationships through child-led exploration. Therapy can also be targeted for specific conditions by breaking the activity down into its component parts, increasing self esteem and self worth and enable therapeutic risk taking.
- Within an institutional setting for example, forensic psychiatry; youth offending institutes; children requiring long periods of hospitalisation; animation enables the client to project into a world of imagination to offer hope and prepare for change. What appears to be unique about the use of animation as an activity in therapy is the range of creative possibilities and activities that can be explored under the umbrella of animation. This can be subsequently tailored into a programme of activity and discovery which is specifically motivating for young people using your services and lead by their interests, pitched at their level of function. The satisfying feeling of bringing something to life on film is also something which the author feels should not be overlooked or underestimated.
- Animation appears to offer time to reflect and within a therapeutic relationship safety in which to express ones-self if facilitated correctly. It is not suggested here that animation should replace other useful tools enabling self expression or embodiment such as using drama techniques, but that it is a unique tool that could be used both together with and to compliment other approaches or techniques in therapy. Alongside facilitating self expression, animation also enables the client to experience and explore relationships through the film process. Due to its limitless



opportunities for imaginative exploration it lends itself to working in metaphor and symbolism, opening up therapeutic dialogues and distancing for clients who may otherwise be shut off from their ability to self express.

Practice based reflections: Clinical applications (2005 – 2007)

Because the initial focus of this work was not to produce research but rather to meet therapeutic needs as they arose in practice, it is not possible to report fully on clinical cases having not sought ethics committee and client approval to do so. To illustrate the author's experience of using animation techniques in therapy the following observations were made as a professional reflection of approaches in practice.

The New York Penguin Saga

Following a creative writing group run by the therapist as part of a tier four adolescent group programme, the group's imagination was fired by the possibility of animating their story. An obstacle to this was the therapist's lack of technical knowledge of animation as an activity. To set an example to the adolescents regarding the trying of new things and risking failure, the therapist sought funding from the arts council of England to attend training at a multimedia performance company's summer school. Alongside this the therapist sought support from a local gallery based in the south west of England for developing animation skills on the unit. The unit's group program was graded so that the whole group could be involved in the project if they wanted to regardless of their level of occupational function. For example, the occupational therapy art group on the unit was a low stimulus group for young people, clients could choose to create sets for the animation project should they wish. In contrast, the animation project group involved working together on the technical aspects of the film including 3D stop motion animation, sound, lighting and production.

During the project, which spanned several months it was announced that the unit was to close. The animation project remained a stable focus during a time of stress for both staff and clients. The therapist edited the film following the closure of the unit and copies of the film were sent out to staff and the clients.

Animation is a creative and innovative medium which offers limitless possibilities. It motivates children to explore and shape ideas, work together as a team and learn to use technology in new ways. It improves thinking skills and, with a little imagination, can be linked to any area of the curriculum.

Kari Nygard (2006) Withintheframe

Animation with specific conditions

The therapist found from her initial observations in clinical work that the following conditions may be helped using animation techniques:

Obsessive Compulsive Disorder

(OCD) - The therapist has utilised the idea of introducing the young person to the two concepts of a soul bird and to OCD as a monster with the intentions of externalising emotions into an animation. The whole family can be involved in challenging the externalised 'monster'. Feedback from parents from similar activities has been favourable. The family members can continue the metaphors and use of plasticene figures.

The animation enabled our son to talk about something that was very real and frightening for him. It was fun way to introduce talking about how to support him together as a family. Mother

The family gave consent for the therapist to use the work for training purposes. They reported finding the animation work especially useful for allowing the young person to project his feelings onto the figures. This in turn enabled him to create a sense of control. The parents reported that being able to create figures to support him was also helpful in enabling them to enhance communication as a family and feel like they had found a new way into being there for him in the film.

Asperger's Syndrome - The therapist has been working with young people using a 2D animation technique as a primer for role play techniques, exploring emotion and facial expression. The interface allowed a non threatening space for the client to build motivation and reduce anxiety in preparation for the role-playing task.

Parent: child work

Animation has been observed by the author to naturally lend itself to being child-led. Reasons for this could be due to an imbalance between the child's and parent's confidence and knowledge in the use of technology often in favour of the child.

In working with children who have become forced into a parent role due to their role within the family system, in the author's experience the animation has been useful in allowing children to grant themselves permission to engage in play under the auspices of working on a machine that they associate with 'adult' work. Using varying grades of technique the therapist can allow the child to become gradually involved in an earlier level of play.

Social skills

During group work the collaborative film making process using a number of animation techniques was facilitated by the high levels of motivation observed by the therapist. This led on to friendships and social interaction which in turn enabled a therapeutic dialogue to occur between therapists to support the young people in their learning.



Using a psychoeducational approach in one-on-one sessions, the young people opted to use animation techniques to explore scenarios and outcomes of certain behaviours.

Exploring emotions

The therapist has used client led expression of emotion through 3D and 2D stop motion and pixelation which provided a therapeutic narrative and opportunities for reflection and as a way into explorative role play to explore the issues that arose from the work.

An animation project run in a Young Offenders Institute (YOI) environment

The animation project enabled the clients, usually constrained by the nature of their environment, to project into a world where anything was possible and difficult issues could be explored within a safe environment. The young people and staff engaged in a four day intensive programme led by a therapist alongside a professional animator. The programme was developed to encourage self esteem and self worth through skill acquisition and a range of animation techniques were taught. The young people created test films, a 2D cut-out animation and a multimedia film with a theme of 'the carbon footprint' which was screened at a South West based animation festival. Staff at the institute commented on the

surprising motivation that was shown by the young people over the course of the programme with several commenting that they had never seen the group members focusing on a task for such a length of time.

The therapist and animator deliberately focused on individual talents and strengths in the group during the animation process so that even group members who, due to individual needs, may otherwise have been unable to engage, were able to feel like valuable members of the group and process.

With the client centred nature of occupational therapy work it inspired prison staff to focus on capability rather than reacting to avoidance behaviour when weaknesses arose. As part of the skill acquisition aspect of the process the group members individually received a show reel of their work on digital format. One young person commented that due to his offences he felt that he would never be able to pursue a career in animation but would otherwise like to. This enabled him to engage with the therapy team and begin to challenge his own views on his future in a positive way.

Animation in systemic family therapy

The author (referred to as 'the occupational therapist here') was invited to join a family therapy team to explore the possibilities of introducing the animation techniques that she had developed within her parent child clinical work into a systemic environment, the occupational therapy process complimenting the systemic family therapy process through the use of activity (3D Stop Motion animation).

Stop-motion animation was used with a family who, nearing their discharge from the service, wanted to

My understanding of animation was very minimal when I started and I can now see so many teaching opportunities using basic animation as a matter of course in the classroom.
Halina McEwan (2006) Withintheframe
Oldbury Court Primary School

explore new ways of working together. The occupational therapist worked with the family in the room, with the reflective team coming in towards the end. The team felt that by observing the way that the family approached the animation process, they were able to form an hypothesis and therapeutic dialogue assisting them in reflecting back and finding new avenues for change with family members. The film was family, and not therapist led, with family members creating the story with the plasticine as they went along.

Following this the occupational therapist worked with the team using animation as a therapeutic tool with a teenage girl diagnosed with Asperger's syndrome. The team would conduct the therapy as within the normal clinic, however as part of some sessions the occupational therapist would assist the family by encouraging them as a group, to make a 2D face, thinking about what features were needed. The occupational therapist would then read a scenario with the family and young person discussing how the face would change and also exploring this on our own faces. Towards the end of the sessions the family used their own scenarios looking at how each family member showed their feelings, what it looked like on their face during the time (both real life and in the 2D image), and then telling each other how they felt and what it would have looked like if they were showing what they felt on the inside. This was obviously a complex process, and the author was concerned that due to the nature of Aspergers syndrome that this approach may have been too complex for generalisation. The team however, felt that what it did do was open up discussions in the family regarding how emotion is expressed, the non-threatening animation techniques increasing motivation for the young person and reduced the amount of high expressed emotion blocking communication which was observed in earlier sessions.

Discussion

This paper has only briefly touched on the subject of the therapeutic potential to use animation within occupational and other branches of therapy. The clinical feedback from young people accessing services has been positive and calls for further investigation into its application with young people who are motivated to trial techniques (because the client's wishes should always be at the centre of therapy).



Animation is just doing a lot of simple things – one at a time! A lot of really simple things strung together doing one part at a time in a sensible order.

Richard Williams (2001) *The Animators Survival Kit* p.9

From the author's clinical experience of using animation with young people in the clinical setting what is interesting is how when animation is assessed and pitched at the right level, it appears to smoothly bridge the transition between active and passive activities in therapy, with young people who were initially resistant in being actively involved in therapeutic activity, finding permission or motivation to actively engage through the animation opportunities when sensitively offered to them as an activity of choice.

What is also interesting is the capacity for animation to explore topics such as bereavement (Suzie Templeton's 'Dog') and abuse (in the animated films created for the UN European rights of the child conference), which through metaphor or artistic illusion creates a desensitisation and distancing from the material. By applying a narrative therapeutic approach using animation materials of this type in practice, animated material of this type has the potential to be deeply moving and cathartic. A skilled and thoughtful approach to how animated films are applied within therapy is required. It is possible that with the right facilitation animated film has the potential to enable people to explore issues in a less threatened manner.

What animation appears to do (whether created by the young people with therapist facilitation or through watching animation) is to enable clients to project into another world where the skilled therapist trained in animation techniques can guide them, taking the clients lead to explore self expression, self worth and a deeper understanding of their underlying issues and needs within the context of the therapeutic goals and relationship.

Up until this point stop motion animation software appears to be overlooked or undiscovered in its relation to its application in the therapy setting. Perhaps due to its complexity of process in the past and the unprecedented speed in which the technology has changed creating programmes that are accessible to most. With cyberpsychology receiving funding from game companies it raises the question regarding whether occupational therapy has something to offer in helping shape the future of gaming development and animation programming due to our unique understanding of the science and art behind activities, enabling motivation and meaning for clients through adapting activities and our unique view of occupation for health.

With the occupational therapist's view of the person as an occupational being within a social and family system, therapists could also contribute to the development of new services and new ways of developing health care that understands the need for social inclusion and an understanding of modern motivation and leisure trends. To do this we need to listen to the people we support in healing.

We need to start thinking about the people we work with as occupational beings, rather than as patients or clients; to consider each person's unique occupational needs that have meaning for him or her, that give him or her satisfaction and that allow him or her to grow; and to think about the individual as part of a family or community that has family or community occupational needs. Ann Wilcock 1998 p.346

Within the modern NHS there are many challenges in delivering health care. It is possible using blue sky thinking to begin to explore the role occupational therapy has to play in developing non-traditional therapeutic environments and opportunities focused on complimenting modern life styles and interests.

A crossover of professional fields was enhanced when using animation within multi systemic family therapy by using a complimentary occupational therapy approach within the team work. This intra-disciplinary approach was possible to achieve because of the collaborative complimenting of skills when creating the work and the teams willingness to adopt different ways and models of working with out sacrificing practitioners core skills and identity.

The author is of the view that there is a distinction to be made between what is 'therapeutic', and what is 'therapy' with the main difference being in the process and training. Many occupational therapists draw away from the notion of doing activity for activities sake perhaps due to other professional views that the patient just needs 'a bit of something with the occupational therapist to fill time' projecting an image of the therapist as a glorified redcoat.

We know from our understanding of occupation that engaging in motivating activity can be an enormously enriching and healing experience and that humour, laughter and escapism can be an important aid to the healing process that should not be underestimated.

It is with this in mind that the author believes that animators also have an important role to play in developing techniques for the therapeutic use of animation and multi-media in the community. As with the cross-overs between therapeutic models working to create unique therapeutic tools the author believes that by working together with animators with their detailed and personal understanding of the animation process the unique therapeutic techniques created could combine and enrich to create therapeutic activity for clients in a range of settings and be a useful tool for both the artist in this field as well as within specialist therapy.

Animation is a tool for all therapeutic fields rather than an extension of one. This paper highlights how an occupational therapy approach to animation can work well in complimenting and working with other therapies and community artists wishing to use animation in their work. This is because in the author's opinion the grading, analytical skills and understanding of the science behind activity complements the development of therapeutic tools in other disciplines as well as our own.

Conclusion

As therapists we have been encouraged to think outside the box to enhance practice and to listen to our clients, allowing them to show us what is meaningful and what is the future for the profession. (Chard 2007, Wilcock 1998).

The characterization of computers as evil destroyers of the creative process discourages a more creative process, discourages a more proactive use of computer media and limits opportunities for innovation. Parker-Bell 2000 p.180

The lack of realism actually helps the user to identify with the (cartoon animated) characters through self-projection and empathy. Barnabas Takacs (2005) p.2

In this paper the potential for using hands on animation within therapy and also the use of watching animated films as a therapeutic technique are touched on, however this is only the beginning of attempting to explore the true therapeutic potential that this spectrum of activities could offer our clients. In the author's experience, animation has been a useful way of engaging both clients and external organisations in the community, capturing imagination in finding new ways to develop the use of animation techniques for healing purposes.

We expect our clients to adapt and find the courage to change and we offer our support in helping them to do this. The question is do we shift enough out of our own comfort zones and not only explore new innovations but also seek funding to celebrate them and share them when we find them. From observing all the evidence and fantastic work that OT's are doing both inside and outside of our traditional clinical roles perhaps the answer is yes we do. With focused training in animation specifically developed for therapeutic work, the author believes that stop-motion animation has a wealth of opportunities to offer innovative therapists interested in pushing the boundaries for their clients.

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