

**Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma**

Susan Young

Royal College of Art

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### **Author's Declaration**

This thesis represents partial submission for the degree of Doctor of Philosophy at the Royal College of Art. I confirm that the work presented here is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

During the period of registered study in which this thesis was prepared the author has not been registered for any other academic award or qualification. The material included in this thesis has not been submitted wholly or in part for any academic award or qualification other than that for which it is now submitted.

Susan Young

January 2022

## Abstract

This inquiry explores my principal research question, which considers how autoethnographic animation practice—that is, animation that connects personal stories to wider social or cultural issues—may assist in processing, or metabolising, psychological trauma in animators. The stories that form the focus of my practice include my experience of domestic violence culminating in my ex-husband attempting to murder me, and further traumatising due to abusive subsequent psychiatric treatment, and the othering experience of being psychiatrically labelled.

Emerging from my principal research question, three sub-questions address trauma's embodiment, narratives, and processes of bearing witness, through a transdisciplinary engagement with cognitive science, autoethnography, and animation practice. This enables me to read insights from each of these fields through each other, in order to capture the complex causes of trauma, and innovate methods of processing it through animation practice.

Traumatic events such as child abuse and domestic violence present a major human health challenge. Survivors of these events often experience symptoms such as emotional dysregulation, negative cognitions, and, most commonly, intrusive memories. These are the principal focus of therapeutic intervention, and consist of distressing sensory-perceptual mental images that involuntarily re-intrude into consciousness, causing a re-experiencing of what is, metaphorically speaking, unmetabolised trauma.

Numerous cognitive studies have moderated intrusive memories by interfering with their associated mental images. This inquiry questions whether autoethnographic animation practice might be used to similar effect. Animator-survivors often explore their trauma through their practice, but the reasons why remain under-researched in animation studies. In addition, few transdisciplinary studies connect cognitive research and animation studies, or address the effects of animation on trauma. My inquiry fills these gaps.

Drawing on Karen Barad's agential realist theoretical framework, I suggest that autoethnographic animation practice can be viewed as an apparatus that animator-survivors may use to perform and metabolise trauma, by transforming intrusive memories and related imagery into new forms of creative imagery.

My autoethnographic practice consists of the films *Expts. 1* and *2*. Both use my medicolegal records as source material for animation. Screenings at conferences and symposia provide a forum for further examining issues raised within the films, such as animation as a form of creative revenge on abusers, and experiences of addiction and othering as a consequence of psychiatric prescribing and labelling.

My research questions are developed through *Expts. 1* and *2*, and further explored through semi-structured interviews with scientists, clinicians, therapists, an autoethnographer, and animators with lived experience of trauma. Thematic analysis of my interview data suggests three overlapping themes significant to my inquiry. These identify animation's capacity for *embodied cognition* (where the whole body is involved in cognition), *imagery rescripting* (where imagery is used to reformulate trauma narratives), and capacity to *bear witness* (or testify), to traumatic experiences.

My original, transdisciplinary, contribution to knowledge is my proposition that animator-survivors may use autoethnographic animation practice to metabolise trauma via cognitive processes involving mental imagery and imagery rescripting. Such metabolism occurs as a result of the animator-survivor's embodied engagement with animation's multisensory, sensorimotor, visuospatial, and rescripting processes, and through exploring, disseminating, and discussing their autoethnographic practice at screenings and other related events.

These findings will be of interest to scientists, clinicians, autoethnographers, animation theorists and practitioners, and those working between disciplines, or interested in transdisciplinary approaches to treating trauma using cognitive perspectives and animation practice.

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### **List of Accompanying Materials**

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*Expt. 2: The Betrayal:* <https://vimeo.com/118896121>

## Acknowledgements

I was introduced to animation at the age of nineteen, when my tutor Ray Fields suggested that one could feel, think and express emotion through it. Since then, I have used animation practice as a vehicle for exploring my own emotions, beliefs, hopes, fears, and difficulties. Thank you, Ray, for signposting this path.

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In memory of Tom Collins, 1967- 2019

## Chapter One

On 13<sup>th</sup> February 1996 my husband attempted to murder me.

Friday 19<sup>th</sup> 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 studio, double-lock doors, test 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. 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

Sulphurous yellows, bilious greens and tarmac like quicksand, and over it all, my silent scream.

I hear a passer-by sing: *"su-icid-al tho-u-ghts."* That's an invitation to death.

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

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

Police siren sears my ears, 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.

## Motivation for This Research

This poem is a fragment of texts created in 1996 as I struggled to make sense of the frightening symptoms, such as disordered thoughts, strange sensations, and visual hallucinations, that I experienced in the aftermath of enduring sustained domestic violence, culminating in an attempted murder by my then-husband. My symptoms remained tolerable whilst I was animating, so I began overworking, however this precipitated a sudden onset hand injury that ended my career overnight, and led to an equally sudden, catastrophic breakdown in my mental health.

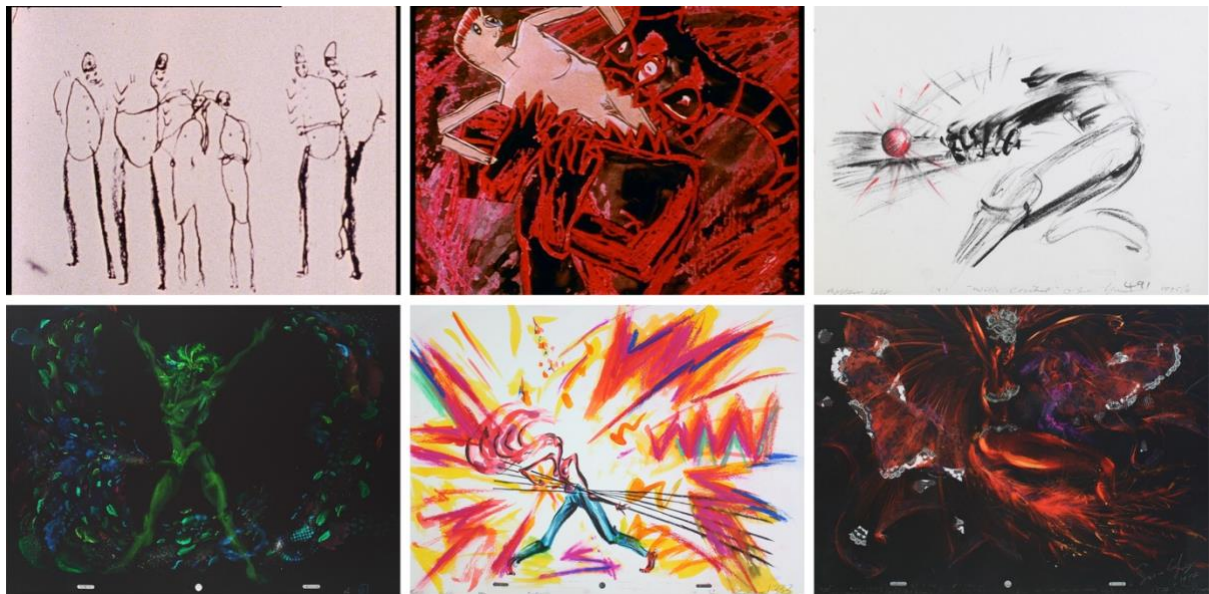
This inquiry was motivated by my speculation that for years I had used my animation practice as a vehicle for working through trauma. *Thin Blue Lines*, a film portraying the Liverpool riots of 1981, was made as I grappled with mental health problems, *Tempting Fate* examines pathological shame, and *Hendrix* and *World Cup Cricket* express frustrations and emotions relating to my ex-husband. Interestingly, his attempted murder of me did not diminish the quality of my animation, and my 1996 *Levis* commercial, made after the murder attempt when my trauma symptoms first manifested, is considered one of my most accomplished commissions. It was my hand injury, flaring up in 1997 as I completed my *Coca Cola* commercial, that ultimately triggered my breakdown (Figure 1).

My trauma, injury, and consequent inability to animate led to multiple suicide attempts and psychiatric hospitalisations where I experienced further trauma, due both to the actions of abusive clinicians, and to the stigma I felt at being psychiatrically labelled.

The catastrophic deterioration in my mental health resulting from my injury led me to speculate that my breakdown might have been less intense, and shorter, had I not become injured and thus unable to animate. Suspecting that for years animation had played a role in ameliorating my trauma symptoms, I began this research to explore how autoethnographic animation practice might be used to process psychological trauma.

**Figure 1**

*Stills: Young, S. (1982-1997)*



*Note. (left-right): Thin Blue Lines (1982), Tempting Fate (1984), World Cup Cricket (1995), Hendrix: Fire (1992), Levis: Variations on a Theme (1996), Coca Cola: World Dance (1997).*

### **Transdisciplinary Context**

“Research is a practice, writing is a practice, doing science is a practice, making art is a practice. The brain controls the hand which informs the brain.” (Frayling, 1993/4, pp. 4-5). The embodied nature of my trauma and spectrum of psychological and physical symptoms,<sup>1</sup> encouraged me to adopt a transdisciplinary research approach. This approach builds both on Chris Frayling’s concepts of research “*through* art and design” (1993/4, pp. 4-5) and practice as science, art, brain *and* body, and on physicist Karen Barad’s “transdisciplinary engagement,” that reads science and art diffractively, that is, reading insights from both through each other (Barad, 2007, p.

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<sup>1</sup> Trauma symptoms commonly include intrusive images, persistent negative thoughts and emotions, feelings of detachment from others, irritability and anger outbursts, self-destructive behaviour, hypervigilance, exaggerated startle response. (American Psychiatric Association, 2013).

90).<sup>2</sup> My inquiry thus combines animation practice, an autoethnographic methodology, and a cognitive focus, with the aim of recalibrating aspects of my brain and body's functioning that had felt damaged by past trauma.

### **Justification**

Experimental and documentary filmmakers, and art therapists, have used animation to investigate and ameliorate trauma (Honesty Roe, 2013; Gammidge, 2021), but to date there has been little investigation into the mechanisms driving its effectiveness for these purposes. Studies by Jeremy Blair (2015), Dirk de Bruyn (2014), and Tony Gammidge (2021), examine animated autoethnography in education, the performance of trauma, and as therapeutic narrative, respectively, but lack any focus on the cognitive processes involved in moderating trauma, and the philosophical and ethical issues underpinning autoethnography's use in animation practice. Dan Torre's cognitive theory of animation (2017) deftly combines principles of process philosophy and film aesthetics with early mental imagery models, but his text deals chiefly with the construction of animation, and how it is perceived by the viewer.

Filling some of the cognitive, philosophical, ethical, and experiential gaps left by Blair, de Bruyn, Gammidge, and Torre, my inquiry focuses principally on how animator-survivors might metabolise their own trauma. My understanding of the cognitive processes involved in the formation of trauma's hallmark symptom of intrusive memories is drawn from the mental imagery research of cognitive scientists such as Emily Holmes and colleagues (Holmes et al. 2004, 2005, 2008, 2010; James et al. 2015, 2016). The theoretical framing of my research and my methodology are informed by concepts of entanglement and diffraction, drawn from Karen Barad's philosophy of agential realism (Barad, 2007, 2011, 2014), and of resistance to narratives of oppression, drawn from Alec Grant's critical autoethnographic practice (Grant, 2016, 2018, 2020).

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<sup>2</sup> Barad uses diffraction as a metaphor to describe patterns of difference in phenomena, the relational nature of these and the effects of these differences, and her approach of reading insights through one another (Barad, 2007, p. 71-72).

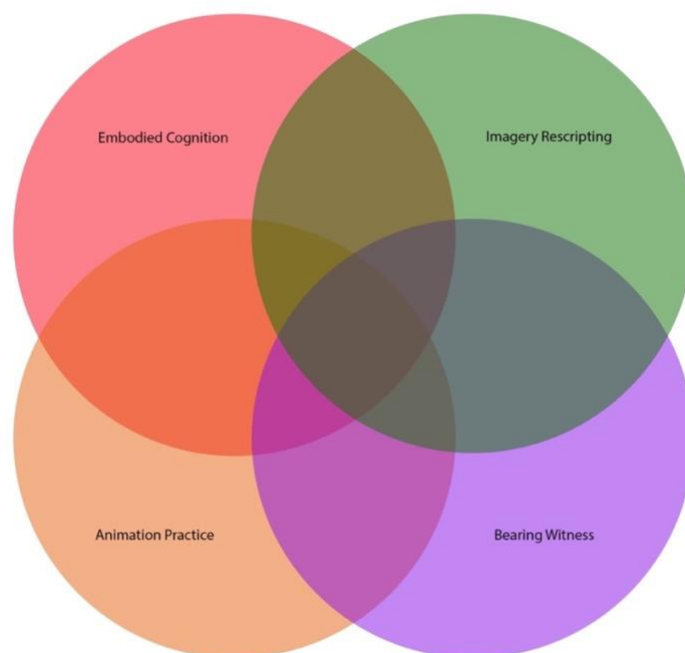


## Research Design and Core Questions

My thesis engages with a transdisciplinary arts-based research paradigm that incorporates cognitive science perspectives, the qualitative research method of thematic analysis, a critical autoethnographic focus, and autoethnographic animation practice. Following Barad's theory of agential realism (2007), my theoretical framework focuses on how these components engage diffractively with and through each other. My map of themes (Figure 2) illustrates the relationship between the main themes emerging from this inquiry—embodied cognition, imagery rescripting and bearing witness—and my animation practice. This map is referenced again in Chapters Three and Seven, regarding my theoretical framework and thematic analysis, respectively. The research design map (Figure 3), reflects my thesis structure and the parallel processes (cognitive science imagery research, interviews, autoethnographic animation practice, screenings, conferences, papers, and symposia), that inform my thematic analysis, results, and findings.

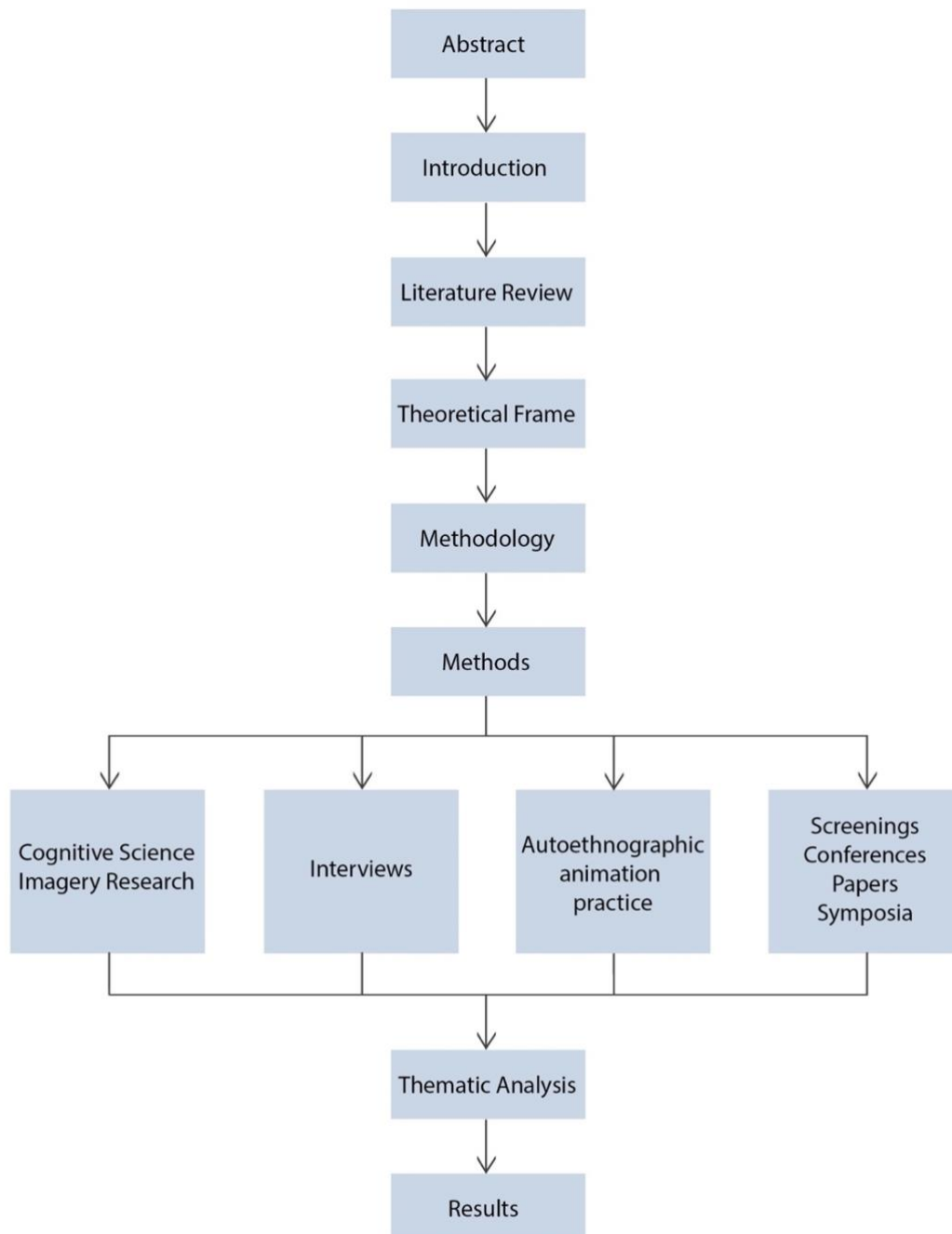
**Figure 2**

*Map of Themes*



**Figure 3**

*Research Design Map*



The following chapters consist of a literature review (Chapter Two), theoretical framework (Chapter Three), methodology (Chapter Four), methods (Chapter Five), practice (Chapter Six), thematic analysis of interview data (Chapter Seven), and conclusions (Chapter Eight). My conclusions summarise the theoretical and methodological contributions of this research and its limitations, and pose further questions.

Methods include my animation practice, fifteen semi-structured interviews, and thematic analysis of the interview data. My practice comprises two autoethnographic films: *Expt. 1: It Started with a Murder*, and *Expt. 2: The Betrayal*, which explore personal trauma and investigate animation's effect on trauma symptoms. The interviews were conducted with scientists, clinicians, therapists, animators with lived experience of trauma, and an autoethnographer. Thematic analysis, which identifies and interprets patterns of meaning (or 'themes') across data, was selected as a suitable method for analysing the varied and broad interview dataset (Braun & Clarke, 2013). Interview participants were asked the following questions:

1. How might visuospatial processes employed within animation practice help moderate intrusive memories?
2. Can animation practice enable animators to reframe trauma narratives through visually rescripting them?
3. Might bearing witness to trauma through creating and screening animation ameliorate symptoms?

I also invited my participants to respond to these questions in relation to *Expts. 1* and *2*. Thematic analysis of their responses, detailed in Chapter Seven, provides insights into how animation might be used to ameliorate trauma.

### **Contribution to Knowledge and Limitations of Study**

This inquiry will be relevant to researchers in: cognition, mental imagery, and animation studies; those wishing to expand autoethnography's parameters by incorporating moving image

technologies; animation therapists; and animators wishing to explore trauma through animation. Although beyond its scope to suggest models for the therapeutic use of animation, Chapter Seven does theorise, from a predominantly cognitive perspective, how animator-survivors might use autoethnographic practices to ameliorate trauma symptoms. This fills a gap in animation research and has implications for its application in mental imagery research and animation therapy.

It is also beyond this inquiry's scope to analyse the content and structure of *Expts. 1* and *2*. Consideration will be given to devising a post-doctoral study using interpretative phenomenological analysis to explore how a deeper analysis of *Expts. 1* and *2* might build on this study's findings.

## Chapter Two—Literature Review

Drawing together literature from cognitive science, autoethnography, and animation studies, this chapter reviews the mechanisms of psychological trauma, and the motivations and experiences of animator-survivors who use autoethnographic animation practice to explore trauma. The history and aetiology of trauma is reviewed from transdisciplinary and cognitive perspectives, and the premise that autoethnographic animation practice can moderate trauma's hallmark symptom of intrusive memories is explored.

Experimental studies that use mental imagery tasks or the therapeutic technique of imagery rescripting to diminish intrusions are reviewed, and I examine whether the cognitive theories behind them can be applied to autoethnographic animation practice.

### **Transdisciplinary Focus and Theoretical Frame**

The transdisciplinary focus of this study reflects a dissatisfaction in trauma literature with reductionist thinking within scientific inquiry. This is expressed by contemporary practitioners such as Bessel van der Kolk (2014) and Pat Ogden (2006), and earlier figures such as Pierre Janet (1907), a pioneer in the study of dissociation and traumatic memory, and Helen Flanders Dunbar (1935). As an originator of psychosomatic medicine, Dunbar challenges the tacit assumptions and claims to objectivity of conventional biomedical approaches to scientific inquiry, and advocates for greater dialogue between social sciences and medicine. Michelle Jamieson (2017) argues that Dunbar's concerns regarding the politics and ethics of the inquirer's role in conventional scientific practice are shared by Donna Haraway (1988) and Karen Barad (2007). Both question science's ontological presuppositions from the position that how we perceive the world constitutes a phenomenal part of that world. Where Haraway and Barad diverge from Dunbar however, is in shifting from an epistemological focus to a philosophical and conceptual exploration of the material conditions underpinning the relations between researcher and researched.

In using autoethnographic animation as a methodology, this study follows Haraway's eschewal of 'objectivity' as a disembodied transcendent phenomenon, in favour of 'situated knowledges' that focus on posthuman notions of embodiment (Haraway, 1988). Following Haraway, I acknowledge trauma's embodied, performative nature and political context, something that diagnostic models of psychiatry, which are often predicated on reductionist thinking such as Cartesian mind-brain dualism, commonly fail to do.

Following Barad's (2007) agential realist framework that views reality as a constant intra-action (interaction) with, and diffraction (interference) between, various forces, phenomena and agencies, I view the animator-survivor as both entangled in and intra-acting with their symptoms, materials, practice, and wider society. Likewise, my transdisciplinary approach integrates scientific theories with embodied knowledge, and problematises institutional power, in order to investigate trauma and associated ethical and political issues, without privileging science over art or vice versa.

### **The Aetiology of Trauma: A Cognitive Perspective**

Traumas such as road traffic accidents, or interpersonal violence in which death, injury or sexual violence is experienced or witnessed, may cause the survivor to develop debilitating symptoms. These may include: insomnia, nightmares, dissociation, emotional dysregulation, hypervigilance, heightened arousal, negative thoughts, self-blame, and trauma's hallmark symptom of intrusive memories. Some survivors will be diagnosed with posttraumatic stress disorder (PTSD), others will receive related diagnoses such as complex post-traumatic stress disorder (CPTSD), or borderline personality disorder (BPD), also known as emotional unstable personality disorder (EUPD).<sup>3</sup>

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<sup>3</sup> PTSD describes symptoms in those who have experienced traumas such as accidents, rape or death threats. Symptoms include: disturbing thoughts and feelings associated with the experience, flashbacks, nightmares, sadness, fear, anger, detachment, and estrangement from others (American Psychiatric Association, 2013). CPTSD describes symptoms in those who have experienced inescapable trauma, such as child abuse and domestic violence. Symptoms include: shame, guilt, worthlessness, alienation, difficulty in controlling emotions, dissociation, addictions, self-harm, and regular suicidal thoughts and behaviours. BPD/EUPD describes symptoms including emotional instability (termed affective dysregulation), disturbed patterns of thinking or perception (cognitive or perceptual distortions), impulsive behaviour, and intense but unstable relationships with others (World Health Organisation, 2019).

In the aftermath of my attempted murder I experienced these symptoms and others, such as the paranoia and hallucinations described at the head of Chapter One, but I remained able to work. That changed with the onset of my injury. On losing my ability to work, I then lost my primary psychological coping mechanism. As a result, I decompensated, was hospitalised, and developed additional symptoms characteristic of both CPTSD and BPD/EUPD, such as dissociation and chronic suicidality.<sup>4</sup>

This experience, of losing my animation ability and thus capacity to combat and process trauma, and breaking down as a result, led to my interest in the mechanisms that drive the brain and body's response to trauma, and in how animation might ameliorate it.

It is thought that trauma is encoded in the brain through an interplay between multi-sensory pictures in the mind, termed mental imagery, and multiple brain pathways (Clark & Mackay, 2015). During traumatic events, the amygdala, which perceives emotion, becomes over-aroused by sensory input, and the brain's interpretative relay system, or ventromedial prefrontal cortex, communicates this to its problem-solving visuospatial memory map, the hippocampus. The hippocampus may then 'red flag' the event as a 'hotspot' (Grey & Holmes, 2008). If this is later triggered by similar sensory input, intrusive thoughts and images may occur, which are explained biomedically and diagnostically as "recurrent, involuntary and intrusive distressing memories of the traumatic event(s)" (American Psychiatric Association, 2013, p. 271). Intrusions are typically visual images, or pictures in the mind's eye, that often incorporate sounds, smells, tastes, bodily sensations (Ehlers, Hackman & Michael, 2004), and a range of negative emotions associated with the hotspots (Grey & Holmes, 2008). Most therapeutic interventions aim to reduce trauma symptoms by working directly with intrusions and hotspots.

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<sup>4</sup> In psychology, decompensation refers to an individual's loss of healthy coping mechanisms in response to stress, resulting in a deterioration in mental health.

## Psychotherapeutic and Body-Oriented Treatment Approaches

The literature on trauma's aetiology and treatment comprises multiple perspectives. This review focuses on three texts authored by trauma clinicians Judith Herman (1992), Bessel van der Kolk (2014), and Pat Ogden (2006), that discuss diagnosis and treatment from socio-political, arts-oriented, and embodied perspectives, respectively.

Herman argues that Freud's abandonment, in 1897, of his seduction theory ensured that the "dominant psychological theory of the next century was founded in the denial of women's reality" (p. 14).<sup>5</sup> This conflict between acknowledgment and denial of abuse's reality remains one of trauma's central dialectics. It enables perpetrators to silence, discredit, and further abuse their victims, who themselves remain torn between wishing to speak of it and remaining silent, often by blocking their abuse from thought, or numbing themselves through addictions.

Herman introduces two concepts critical to my inquiry. In 1992 she proposed a new diagnosis of "complex post-traumatic stress disorder" (CPTSD) to describe the behaviours found in survivors of repeated interpersonal trauma (Herman, 1992, pp. 119).<sup>6</sup> CPTSD symptoms are thought to build on those of PTSD, and additionally include feelings of shame, alienation, difficulty controlling emotions, dissociation, addictions, self-harm, and suicidality, many of which provoke anxiety in caregivers, clinicians, and wider society. Because these symptoms are not adequately explained by a PTSD diagnosis, and, perhaps, because CPTSD has only recently been recognised as a diagnostic category, survivors are often diagnosed with BPD or EUPD. Due to the intense reactions BPD in particular may provoke in caregivers (Bodner et al., 2015), Herman contends that the label is "charged with pejorative meaning [and] frequently used within the mental health professions as

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<sup>5</sup> Psychoanalyst Sigmund Freud's 1896 paper *The Aetiology of Hysteria* proposed that neuroses were caused by repressed memories of infantile sexual abuse. This led to his seduction theory, which he later replaced with one of infantile sexuality, which held that patient's neuroses were not repressed memories, but fantasies.

<sup>6</sup> In May 2019, Complex Post-Traumatic Stress Disorder (CPTSD) became incorporated into the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems* (11<sup>th</sup> ed.) as a disorder distinct from PTSD, under a general parent category of: "Disorders specifically associated with stress." As of 2022, CPTSD has not been included as a diagnosis in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.).



little more than a sophisticated insult” (Herman, 1992, p. 123). Of those so diagnosed, she notes: “Their credibility is often suspect. They are frequently accused of manipulation or malingering. They are often the subject of furious or partisan controversy. Sometimes they are frankly hated.” In addition, she contends, these survivors are “particularly vulnerable to revictimization by caregivers” (1992, p. 123). Chapter Six explores how animation practice can be used to resist and reframe such psychiatric labelling and challenge the stigmatisation of those so labelled.

Also relevant to this inquiry is Herman’s three-stage structure for the treatment of complex trauma (Herman, 1992), which includes a first stage of establishing bodily safety, self-care, and control, a second of recalling, mourning, and assembling the trauma into a coherent narrative, and a third of testifying to it, and reconnecting with society. This staged focus on body, narrative, and testimony is echoed in Chapter Seven, where the three themes of my analysis—embodied cognition, imagery rescripting, and bearing witness—address the stages Herman identifies as necessary for effective treatment.

Drawing on brain science, attachment research, and body-orientated therapies, van der Kolk highlights the efficacy of embodied and artistic practice in treating trauma (2014). His focus on the mechanisms behind breath exercises and drumming, and on the healing nature of socially-orientated creative therapies such as dance and theatre, is of relevance to this inquiry, and piqued my interest in the visuospatial and performative characteristics of animation. Van der Kolk notes:

The body keeps the score. If the memory of trauma is encoded in the viscera, in heart-breaking and gut-wrenching emotions, in autoimmune disorders and skeletal/muscular problems, and if mind/brain/visceral communication is the royal road to emotion regulation, this demands a radical shift in our therapeutic assumptions. (van der Kolk, 2014, p. 86).

Key to the performance and processing of trauma within creative practice is the capacity the arts often have to foster a sense of empowerment or control. This is often vital for survivors previously trapped in abusive relationships, where inability to escape may have affected fight, flight, and freeze responses, leading to neurochemical, emotional, and somatic changes, such as states of hyper- and

hypo-arousal, and the inability to recognise emotions and sensations. At the outset of this inquiry, I questioned whether animation's repetitive movements might help me moderate my own disordered arousal, and regain control over my body, sensations, and emotions. Chapter Seven analyses how the medium may be similarly used by animators to exert control over their own bodies and narratives.

From a related perspective, sensorimotor psychotherapist Pat Ogden (2006) addresses trauma's dysregulated somatosensory responses by incorporating therapeutic body-work alongside sensorimotor processes.<sup>7</sup> Ogden proposes that trauma is embodied in states such as heightened physiological arousal or bodily immobilisation, but that survivors can regulate these through sensorimotor exercises such as breath and body movement, which enable them to metabolise trauma responses whilst remaining within their own "window of tolerance" (Siegel, 1999, p. 253).<sup>8</sup> My inquiry applies Ogden's hypothesis to autoethnographic animation practice. Its attributes of tactility, slowness, repetition, performativity, and playback have, I suggest, the capacity to similarly mediate arousal, by framing windows of tolerance within which survivors may explore their trauma through embodied processes such as stop-frame animation.<sup>9</sup>

### **Animating Trauma**

The Holocaust is defined by some who work with or write about survivors, such as Shoshana Felman, Dori Laub, and Cindy Caruth, as having given rise to a crisis that has thrust witnessing to the fore of contemporary cultural narratives, highlighting the need for survivor and listener to jointly

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<sup>7</sup> Sensorimotor psychotherapy is a body-centred approach that blends cognitive approaches, verbal dialogue and physical interventions to directly address the implicit memories and neurobiological effects of trauma and regulate traumatic arousal. Sensorimotor processes involve activities such as breathwork, and mindful movement. Somatosensory responses are principally those relating to sensations of touch.

<sup>8</sup> The *window of tolerance* is a stage of arousal particular to the individual where they are able to process various tasks demanding differing intensities of emotional and physiological arousal, without disrupting their overall functioning.

<sup>9</sup> In stop-frame animation, objects are physically manipulated in small increments between individually photographed frames, so that when played back, the objects appear to move.

participate in the performative act of testimony (Felman & Laub, 1992; Caruth, 1995). Frances Guerin and Roger Hallas observe that in visual culture, the image in testimony does not serve merely as empirical evidence of past trauma. It also performs phenomenologically, to bring “into iconic presence and to mediate the intersubjective relations that ground the act of bearing witness” (Guerin & Hallas, 2007, p. 12). Such images and relations can be found in a number of animated films that use animation, oral testimony, and documentary to describe events ranging from the Holocaust to incest, such as Orly Yadin and Sylvia Bringas’s *Silence* (1998), Ari Folman’s *Waltz with Bashir* (2008), and Michèle Cournoyer’s *The Hat* (1999). A number of texts referencing these works focus on issues such as the friability of memory (Janet Walker, 2005), aesthetic directorial strategies and spectatorial responses (Ohad Landesman & Roy Bendor, 2011), and psychoanalytical readings of animation (Julie Roy, 2012). Some explore mental health experiences such as postnatal depression (Andi Spark, 2016), and some (reviewed here) such as Tim Mercier (2018), Tony Gammidge (2021), Jeremy Blair (2015), and Dirk de Bruyn (2014), explore personal experiences of trauma.

Academics Jayne Pilling (1992, 2012) and Annabelle Honess Roe (2013) both address animation’s capacity to explore issues such as these, which remain difficult to tackle in live-action formats due to ethics of representation and privacy concerns. Pilling observes that the animator’s ability to work alone and exert control over their processes may facilitate the safe exploration of these topics (1992, p. 6). Honess Roe proposes that animation’s strength lies in its constructed nature and “visual dialectic of absence and excess” (2013, p. 37), which allows media such as live-action footage to be combined with metaphorical or metamorphic imagery in order to represent that which cannot be perceived.

Carla MacKinnon (2019) expands on this thinking in her discussion of Mercier’s film *Model Childhood* (2018), which exploits stop-frame animation’s performative possibilities, for example by breaking the fourth wall (the imaginary wall separating the real from the performed world), and allowing the animated characters to address their director, as if they were real actors. In one scene, the Claymation character representing Mercier as a boy objects to what he is asked to perform, and

argues with director Mercier, saying that that he wouldn't have got into his abuser's car (Figure 4).

MacKinnon notes:

In this exchange, we see Mercier engage in a negotiation with his re-enactment. His professional, directorial identity, aiming to get full "coverage" of the scene, clashes with another voice that demands he does not relive his "torture". The conflict over what is necessary or reasonable to perform, to *show*, seems to speak to his internal conflict and revulsion when faced with his horrific memories. Through the interaction, Mercier seems to be playing out his own personal struggle relating to what is possible and permissible to remember, to revisit, and to reify through re-enactment. (Mackinnon, 2019, p. 118).

MacKinnon views Mercier's conjoining of author, narrator and protagonist roles as achieving high levels of authenticity, epitomised by the visible fingerprints left on his 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" (p. 109). (Figure 5).

#### Figure 4

*Still: Mercier, T. (2018). Model Childhood*



**Figure 5**

*Still: Mercier, T. (2018). Model Childhood*



### **Autoethnography in Animation Practice**

Pilling, Honess Roe, and MacKinnon's texts are written predominantly from a screen studies perspective, and focus chiefly on animation's dialectics and capacity to document and communicate taboo subjects. In contrast, my inquiry focuses on how animation practice might moderate trauma in animator-survivors. This interest arose from personal experience and an awareness that other auteur animators, such as Karen Watson (*Daddy's Little Bit of Dresden China*, 1987), Signe Baumane (*Rocks in my Pockets*, 2014), and Martina Scarpelli (*EGG*, 2018), have likewise chosen the medium to explore trauma-related issues such as incest, suicide, depression, and anorexia. This review focuses on auteur animators who engage specifically with autoethnographic methodologies, and incorporate personal archives such as photographs, written and video diaries, and other similar artefacts into their work. Termed 'documents of life' by sociologist Ken Plummer (2001), these artefacts are often used within autoethnographic animation to evoke and perform memory. I explore my own use of medicolegal documents to accomplish this function in Chapter Six, and in Chapter Seven, my participant responses to this aspect of my practice.

Regarding methodology, although traditionally placing little emphasis on visual arts, the autoethnographic literature has recently referenced digital and visual autoethnography (Adams, Holman Jones & Ellis, 2021), and moving image technology, including my own practice (Klevan & Grant, 2022). My inquiry contributes further to this focus by exploring how survivor-animators might metabolise trauma. My conceptual, ethical, and epistemological position on this is informed by autoethnographer Alec Grant's posthumanist critique of the othering of those diagnosed with mental health conditions (Grant, 2014, 2016, 2016a), and philosopher Miranda Fricker's exploration of epistemic injustice (Fricker, 2007). In Grant & Young (2021), I explore how, by naming my abusers within my practice without their consent, I challenge the position of those such as sociologist Martin Tolich (Tolich, 2010), who, in arguing that informed consent is sacrosanct, denies the abused the right to publish if their abusers withhold consent.<sup>10</sup> Grant and Young (2021), argue that Tolich's position promotes epistemic violence towards those writing about mental health, abuse, and trauma, and that my practice contributes to the politics of representation dialogue by exemplifying why those silenced by abuse and trauma may, at times, publish without consent.

Conventional psychological treatment may cause survivors to experience secondary trauma, for example as a result of the othering effect of psychiatric labelling, or the epistemic violence located within institutional psychiatry's asymmetric power structures. Better outcomes may be achieved if survivors see their symptoms not as shaming stigmata, but memories of experiences, "now written into the tissues," and transformable into embodied narratives of healing and reintegration (Frank, 1995, p. 165). Art therapist Tony Gammidge has enabled survivors in numerous projects to use the transformational potential of animation practice in this manner, for example by animating images of self-harm, and thus turning "something destructive and painful into something surprisingly beautiful" (Gammidge, 2021, p. 239) (Figure 6).

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<sup>10</sup> Tolich proposes ten "foundational ethical considerations for autoethnographers" regarding procedural and relational ethics and informed consent (Tolich, 2010, p. 1599).

## Figure 6

Still: 'K.' (2011) *Living in Darkness*



*Note.* Image taken from *Living in Darkness* (2011), a film made by 'K' as part of Tony Gammidge and Mario Guarneri's Touchstone animation project.

In Gammidge's autoethnographic film *Norton Grim and Me* (2016-2019), Norton Grim, Gammidge's alter-ego and puppet protagonist, functions as a lightning-rod, attracting, absorbing, and dispersing disavowed feelings of shame, depression, and frustration related to Gammidge's boarding school experiences and therapeutic work in prisons (Figure 7). The painstaking processes involved in filming stop-frame animation provide Gammidge with aesthetic and sensory pleasures, perhaps facilitating what sensorimotor clinician Janina Fisher terms *dual awareness* (Fisher, 2017), as Gammidge focuses simultaneously on past traumatic memories, and present emotion and creative decisions. Gammidge reads van der Kolk's embodied trauma (2014) through the narrative framework of the wounded healer and storyteller (Frank 1995). In contrast, my inquiry examines animation's sensory and embodied characteristics from a cognitive perspective, to elucidate which of its mechanisms might facilitate trauma processing, and from a diffractive perspective, to explore its capacity to transform inanimate objects into mechanisms for rescripting and bearing witness.

Figure 7

Stills: Gammidge, T. (2017) Norton Grim and Me





Mercier, in his MA thesis (2018), examines how his film *Model Childhood* (2018) investigates personal memories of childhood sexual abuse, and expresses the predicament many survivors face when acting as their own biographers, for, “as the only witness to overwhelmingly traumatic events that remained secret for decades we lack confidence in our memories of it” (2018, p.12). For Mercier, it is vital he truthfully represents an experience he cannot fully or coherently remember. He achieves this by filming himself revisiting the location of his abuse, and incorporating into the film live-action images of things he does remember such as the make of his abuser’s car (Figure 8), alongside Claymation sequences evoking his confusing abuse-related memories (Figure 9).

Educator and animator Jeremy Blair’s doctoral study uses Actor Network Theory within an art education study to analyse how autoethnographic animation’s component parts allow Blair’s student participants to express emotions, share experiences, increase empathy, improve relationships, and build self-confidence (Blair, 2015). He concludes that autoethnographic animation provides an opportunity for developing a dialogue with self and others that facilitates introspection and promotes change. The following chapters expand on this proposition—Chapters Three to Five from diffractive perspectives, Chapter Six in relation to my practice, and Chapter Seven via thematic analysis.

### **Figure 8**

*Still: Mercier, T. (2018). Model Childhood*



Figure 9

Stills: Mercier, T. (2018). *Model Childhood*



**Figure 10**

*Still: Blair, J. (2012). The Day I Held His Hand*



*Note.* Blair's film, *The Day I Held His Hand* (2012) explores his own experience of mental ill-health.

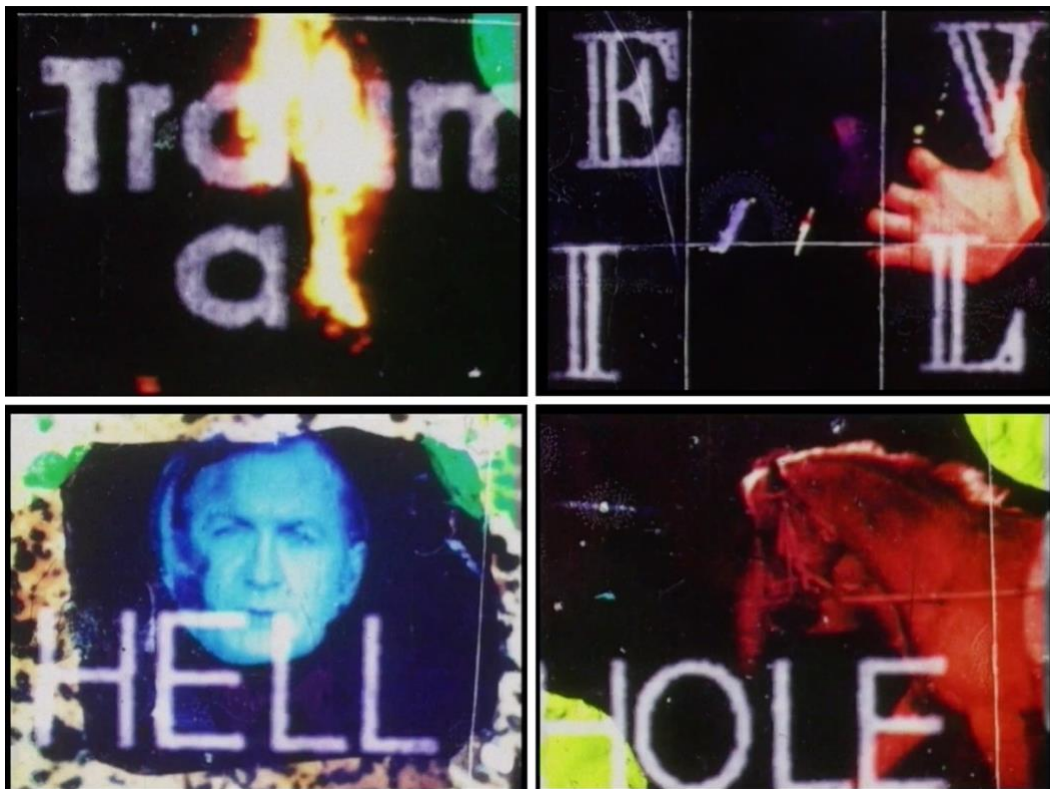
### **Towards A Cognitive Analysis of Animation**

Few texts within animation and film studies literature explore the relationship between animation, cognition, and trauma, with exceptions being experimental filmmaker Dirk de Bruyn's phenomenological reading of the capacity of materialist films to perform trauma (2014), and animation theorist Dan Torre's cognitive reading of animation processes (2017). De Bruyn's text explores how films such as Maya Deren's *Meshes of the Afternoon* (1943), and Robert Breer's *Fuji* (1974) model traumatic memory, perform flashbacks, and make visible the mechanisms of denial and erasure at the core of traumatic remembering. Alongside his phenomenological, 'traumatic' reading of these films, de Bruyn proposes a focus on memory system models which hypothesise that ordinary and intrusive memories are formed and processed in distinct cognitive-neurological systems (Brewin et al., 1996).

De Bruyn's study marks a shift in trauma discourse, from the psychoanalytical perspectives of screen studies and trauma cinema (Walker, 2005), towards the more empirical register of cognitive science. This represents a shift in emphasis, from verbal to visual, from imaginary to concrete, and from mind to brain and body. Much of de Bruyn's practice builds on these ideas, with films such as *Traum, A Dream* (2002) considered a trauma analogue, due to its use of animation to perform traumatic memory (Figure 11). Both de Bruyn and I incorporate insights from cognitive science into our practice, modify intrusive memories by exploiting animation's visuospatial processes and rescripting capabilities, and use screenings to bear witness to trauma. Where de Bruyn and I differ slightly is in our interpretation of how intrusive memories are formed.

**Figure 11**

*Stills: de Bruyn, D. (2002). Traum, A Dream*



Memory system mechanisms are not fully understood, and the aetiology of intrusive memories remains a matter of debate. Psychologist Chris Brewin and colleagues (Brewin & Clarke, 1996; Brewin, 2014), hypothesise that the fragmentary nature of intrusions suggests that they originate within a separate cognitive-neurological system, whereas David Rubin and colleagues (Rubin, Berntsen et al., 2016), hold that intrusions are simply intense versions of ordinary memories.<sup>11</sup> These differences highlight that intrusive memory hypotheses themselves are merely reductive interpretations of the infinitely complex processes occurring in the brain and body when memories are formed and retrieved.

Drawing on Deleuzian aesthetics (1986), process philosophy (Alfred North Whitehead, 1979; Nicholas Rescher, 1996), and Alan Baddeley and Graham Hitch's early memory models (1974), Torre's cognitive theory of animation (2017) argues that the cognitive processes involved in our perceptions may be analogous to those within animation.<sup>12</sup> Torre notes that although film studies literature increasingly acknowledges neuroscientific theories, it mostly focuses on *viewer* reactions to films or moving image sequences, rather than on how animation is cognitively constructed.

Torre proposes that we "cogitate the world *through* animation" (p. 106) within the visuospatial working memory (which temporarily stores information about an object's appearance and spatial location). He suggests that this cogitation facilitates a combination of animation's images, frames, layers, cycles, and movement, into a simulacrum of reality.

Torre uses the terms "*animate vision*" and "*animate envisioning*" to describe how animators may "cognitively conceive the animation process" by using animation to break down, conflate, and

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<sup>11</sup> Brewin's dual representation theory (Brewin et al, 1996) hypothesises that intrusions are formed within an involuntary perceptual memory system that is distinct from ordinary episodic memory. Ordinary memories are formed within an explicit, narrative, verbally accessible memory system (VAM), and are capable of conscious recall, whereas intrusive memories are formed within an implicit, sensory, situational memory system (SAM), are not accessible to conscious recall, and have a characteristically fragmented and vivid nature. Rubin, Berntsen et al (2016) reject Brewin's hypotheses as unsupported by data, disagree with the existence of separate memory systems, and regard intrusions as being essentially no different from other autobiographical memories, just richer and more intense.

<sup>12</sup> Deleuze, G. (1986). *Cinema 1: The movement-image*. University of Minnesota Press, p. 5. Deleuze only mentions animation once, very briefly in this text. In process philosophy, process is a fundamental reality of everything that exists, and reality a dynamic process of constant becoming. Torre argues that animation exemplifies the spirit of process philosophy. See: Whitehead, A., N., (1979). *Process and reality: An essay in cosmology*. The Free Press.

concretise images and motion, to create the illusion of life and metamorphosis (p. 113). Torre does not, however, consider how an animator might use these processes to change internal mental and emotional states. My inquiry builds on Torre's cognitive focus on animation's construction to question how its visuospatialness and scripting processes may be used within autoethnographic animation practice to moderate intrusive memories.

### **Cognitive Models of PTSD**

The cognitive basis for this discussion is provided predominantly by my review of scientific papers investigating the effects of mental imagery on emotion, particularly regarding visuospatial activities such as playing Tetris, and the trauma film paradigm.<sup>13</sup> A number of authors reviewed are colleagues of psychologist and neuroscientist Emily Holmes, whose research into mental imagery, emotion, and cognition is key to my understanding of animation's potential for ameliorating trauma. Additional authors reviewed include psychologists Anke Ehlers, Arnoud Arntz, and Ella James, and neuroscientist Ian Clark. Because of the multiple authorship of some of the following texts, surnames only will be cited.

Clark and McKay's (2015) clinical neuroscience framework hypothesises that in response to threatening stimuli, intrusive memories arise from interactions between several brain regions, including the amygdala, ventromedial prefrontal cortex, anterior cingulate cortex and hippocampus. Intrusive memories are a combination of autobiographical memory, involuntary recall, negative emotions, attention hijacking, and, crucially, mental imagery, which together form an emotional, sensory, and perceptual bridge back to the traumatic event. Hackman (1998) views mental imagery as quasi-perceptual representations, or "contents of consciousness that possess sensory qualities as opposed to those that are purely verbal or abstract" (1998, p. 301), which are created in the mind in

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<sup>13</sup> The trauma film paradigm is an experimental psychopathology model designed to simulate exposure to trauma. It generally consists of an edited series of film clips of aversive imagery, such as car crashes or interpersonal violence, which, when viewed, reliably induces analogue symptoms such as intrusive memories of the film footage (James et al., 2016).

the absence of the relevant perceptual and sensory stimuli. These are capable of directly influencing the brain's emotional systems (Holmes & Mathews, 2010), and are more emotionally affective than verbal stimuli (Holmes & Matthews, 2005; Holmes, Mathews et al., 2008). Significant distress may be associated with trauma-related mental imagery, including the reexperiencing of emotional and physiological arousal, negative cognitions and mood, and avoidant behaviour. Understanding imagery's role in relation to trauma therefore remains a focus of much research.

Cognitive models of PTSD vary in their interpretation of the mechanisms behind intrusions. Ehlers and Clark (2000) and Holmes and Bourne (2008) hypothesise that intrusions manifest when an individual processes past trauma in a manner that leads to a perception of current threat. Other models view intrusions simply as intense autobiographical memories (Rubin, Deffler et al., 2016), or as part of an involuntary perceptual system distinct from ordinary episodic memory systems, as in dual representation theory (Brewin et al., 1996; Brewin, 2014). Notwithstanding these disagreements, most concur that intrusions are often what prompt survivors to seek treatment (Holmes, Grey & Young, 2005).

### **Visuospatial Activities and Imagery Rescripting**

Numerous trauma studies aim to interfere with intrusions by combining visual imagery tasks with those competing for working memory resources, in order to block memory reconsolidation (the process of recalling, modifying and strengthening memories), by disrupting it (Besnard et al., 2012).<sup>14</sup> A number of these studies reviewed intervene with intrusions by utilising combinations of visuospatial tasks, the trauma film paradigm (a film montage that functions as a trauma analogue), and imagery rescripting (a therapeutic technique that visualises changing traumatic events to more empowering outcomes) (Weidmann et al., 2009; Arntz, 2012).<sup>15</sup> One study (Meyer et al., 2020), is

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<sup>14</sup> Working memory describes a cognitive system in the brain that holds a temporary cache of information used to guide reasoning, behaviour and immediate decision-making. Memory reconsolidation describes how when retrieved, memories regain plasticity and lability and are capable of modification in order to combat pathogenic memories.

<sup>15</sup> Imagery rescripting is an experiential cognitive behavioural treatment used to treat intrusive images. It focuses on identifying, confronting, and modifying distressing cognitions by imagining a traumatic event in detail, then imagining

anomalous in that it found no link between imagery tasks and intrusions, but the majority conclude that intrusions can be moderated by visuospatial task intervention.<sup>16</sup> Holmes, Brewin & Hennessey (2004) hypothesised that intrusions could be interfered with via both verbal and visuospatial tasks, and tested this in experiments where participants viewed a trauma film whilst completing either the verbal task of counting backwards, or a visuospatial tapping task. They found that the verbal task increased intrusions, while the visuospatial task significantly reduced them.<sup>17</sup>

In a review of 74 studies using the trauma film paradigm (James et al, 2016), many, such as Deeptose et al. (2012), recorded reduced intrusions when visuospatial tasks were performed concurrently or just after a trauma film viewing, as opposed to verbal tasks such as counting backwards in threes, which did not reduce intrusions. The visuospatial tasks included spatial hand movements such as modeling clay (Logan & O'Kearney, 2012), tapping keypad sequences (Bourne et al., 2010; Krans et al., 2009), eye-movement (van den Hout et al, 2001), eye-movement desensitisation-reprocessing (Andrade et al., 1997) and Tetris game play (Engelhard et al., 2010). One study, (Krans et al., 2010), found that chewing gum in a specific way (as a movement task employing propriospatial rather than visuospatial resources), did not lead to a reduction in intrusive memories, in contrast with the visuospatial tapping group, which did. James and colleagues concluded that reduction in intrusive memories seems to occur most frequently with visuospatial movement, but that the role of differing forms of concurrent movement on intrusive memory development requires further clarification. Embodied mental imagery studies (Marre et al, 2021),

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intervening and changing the outcome to something preferable. It offers the survivor the opportunity to express actions that were inhibited during the trauma, to regain a sense of control, and to gain new perspectives on the trauma.

<sup>16</sup> On comparing variously demanding visuospatial tasks both with and without trauma film reminders, Meyer et al. (2020), concluded that intrusive memories were neither related to individual differences in working memory capacity, nor degree of engagement with the task. They suggest that the conditions for memory intrusion interference may be more complex than is currently assumed and recommend future studies to test the compatibility of visuospatial task demands with individual participants' visuospatial skills, alongside measuring the role of prediction errors and thought suppression.

<sup>17</sup> This would appear to support the dual representation theory (Brewin et al., 1996), 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, and thus the ability to form further visual and sensory intrusive memories. Thus, following this model, verbal tasks do not moderate sensory and visual memory intrusions, whereas visuospatial tasks do. As previously referenced, the aetiology and functioning of memory systems is not yet fully understood, and further research is needed.



have found that the retrieval of mental imagery is enhanced by engaging with both visual and motor imagery (for example by imagining picking up a ball and throwing it), suggesting that first-person perspective embodied mental simulations that simulate both the sensory and motor aspects of an object lead to richer mental imagery.

Many repetitive animation processes such as manipulating puppets, operating equipment, and compositing image sequences have visuospatial, sensory, and motor properties similar to the tasks referenced in the studies above. Additionally, the films of de Bruyn, Mercier, Gammidge, and myself may, like the trauma film paradigm, be viewed as trauma analogues capable of evoking intrusions. I therefore hypothesise that making and viewing such autoethnographic animation may similarly help animators both evoke and reduce intrusions.

## **Tetris**

A number of studies have introduced an element of movement to trauma film paradigm studies by intervening via *Tetris*, a computer video game where players manipulate differently shaped and coloured geometric blocks that randomly fall down a screen. Holmes et al. (2010), in searching for what they term a 'cognitive vaccine' against flashback development after trauma, tested intrusions after a trauma film viewing by comparing Tetris with *Pub Quiz* (a verbal computer game) and a no-task condition.<sup>18</sup> Flashback diaries showed that the Tetris gameplayers experienced significantly fewer flashbacks one week after exposure than both Pub Quiz and no-task players, with Pub Quiz apparently worsening intrusions. This accords with a previous study's findings (Holmes et al., 2009), that flashbacks may worsen in the memory consolidation phase because verbal tasks compete with the verbal, conceptual, processing of the event, but not with the visual images that

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<sup>18</sup> The rationale for a cognitive vaccine approach is as follows: trauma flashbacks are sensory-perceptual, visuospatial, mental images. Visuospatial cognitive tasks selectively compete for resources required to generate mental images. Thus, a visuospatial computer game such as Tetris will interfere with flashbacks. Visuospatial tasks post-trauma, if performed within the time window for memory consolidation (the process by which temporary, labile memories are transformed into a more stable, long-lasting form), will reduce subsequent flashbacks.

make up flashbacks.<sup>19</sup> The same study found that visuospatial cognitive tasks, when performed post-trauma, both interfered with visual flashback memory consolidation, and reduced later flashbacks.

James et al. (2015) further investigated Tetris' capacity to disrupt memory reconsolidation after reactivation, and found that neither playing Tetris alone nor memory reactivation alone was sufficient to reduce intrusions, but that a combination of memory reactivation (to initiate reconsolidation), and Tetris game play (to interfere with memory reconsolidation), was required.<sup>20</sup> This suggests that visuospatial tasks, when carried out within the window of memory reconsolidation, may compete with the sensory perceptual resources required for intrusive memory formation, and thus reduce intrusions via competition for shared resources. Although these results do not permit conclusions about task modality specificity, it is clear that Tetris is effective in reducing intrusions in conjunction with trauma analogues such as the trauma film paradigm. It therefore seems possible that animation, whose visuospatial characteristics resemble Tetris, may be similarly effective.

Pearson and Sawyer (2011) proposed that intrusive imagery frequency might be moderated by task load (intensity or difficulty), and not modality. In Chapter Seven, the possibility that task load may moderate intrusions is explored in relation to individual differences in animators, possibly connected to cognitive load.<sup>21</sup>

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<sup>19</sup> Memory consolidation refers to the process by which temporary, labile memories are transformed into a more stable, long-lasting form.

<sup>20</sup> Memory *reconsolidation* refers to the processes that stabilize a memory trace after its initial acquisition. Memory reactivation refers to the process of bringing a memory from an inactive to an active state and is the first stage of memory retrieval. In James et al. (2015), 24 hours after viewing a trauma film, one group of participants was given a memory-reactivation task consisting of stills from the film and then asked to play Tetris. A second group played Tetris without the memory-reactivation task, a third group underwent the memory-reactivation task without playing Tetris, and a fourth, control group did neither. Each group then kept an intrusions diary and intrusions were measured after 7 days.

<sup>21</sup> In cognitive load theory, it is thought that the cognitive load on the individual varies depending on the individual, their environment, and the task at hand. Cognitive load refers to the working memory processing resources available to complete specific tasks (de Jong, 2010). Writing and animating are examples of high cognitive load tasks.

## **Imagery Rescripting: Is There an Animation Equivalent?**

I also question whether animation might be used to reimagine traumatic events in a manner similar to the therapeutic technique of imagery rescripting (ImRs). In ImRs, an individual is instructed to re-envisage past events and then 'rescript' them by imagining changing their sequence to achieve a preferred outcome, either by talking through the rescript, or occasionally by writing it (Rijkeboer et al, 2020), or incorporating drawing (Chessel, 2016, p. 112). This approach is effective in PTSD treatment where mental imagery is used to reduce intrusions (Smucker et al., 1995; Arntz & Weertman, 1999; Holmes & Matthews, 2005; Holmes et al., 2008), with the frequency and vividness of intrusions often appearing to decrease the most when more aversive imagery is used (Dibbets and Arntz (2015).

Various hypotheses have been advanced regarding ImRs's mechanisms, with Arntz (2012) suggesting it may enhance traumatic memory but change its meaning, and others (Brewin, 2006; Brewin et al., 2010), believing that ImRs creates different, less negative, more retrievable memories. Lane et al. (2015) argue that it may activate old emotional responses, and incorporate new, corrective, emotional elements to the original memory, through reconsolidation.

Noting this lack of consensus surrounding mechanisms and effects, Chessell (2016) explored participant experiences of ImRs in PTSD treatment. Factors contributing to an effective rescript were reported as: quality of therapeutic alliance; whether the participant believed in the rescript and was motivated to perform it, change the ending and practice at home; and differences between participants, such as ability to visualise imagery. All Chessell's participants reported changes following ImRs, including diminished anger or guilt, enhanced metacognitive insight and self-efficacy, and changes to their original memories, such as the sense of having two, different, sets of memories of the trauma. Many found rescripting aids such as drawings and physical objects were helpful. Some observed that using as many senses as possible seemed to increase a rescript's vividness, and one suggested that if a flashback related to touch, the rescript should incorporate it.

This reflects research findings that using different senses in a rescript may be favourable because intrusive images are multisensory (Baddeley & Andrade, 1998; Ehlers & Steil, 1995), however using multisensory imagery in rescripting remains an under-researched area. No ImRs research has yet been conducted into animation as a rescripting aid. Chessell also noted that while some participants prefer the therapist to lead in rescripting, others wanted to rescript alone. Because ImRs protocol assumes therapist involvement (Arntz, 2012), little is known about participants rescripting in their absence, and Chessell’s findings suggest a need for future research into this. Several of Chessell’s participants observed that by creating an alternative ending to their script they gained feelings of power and control over their memories, which reduced distress. This correlates with Gammidge’s therapeutic “re-storying” work with trauma survivors, where he encourages them to “think of themselves as the director of their film and story” (Gammidge, 2021, p. 236). Some of these have used animated restorying to revenge themselves on their abusers, or imagine more hopeful futures, either by working collaboratively alongside Gammidge and other therapists and survivors on the animation process, or taking the directorial role, or working alone.<sup>22</sup> I hypothesise that autoethnographic animation practice, in addition to its visuospatial and multisensory properties, thus has the capacity to selectively reduce intrusions by offering a novel, effective opportunity for ImRs, particularly regarding the control it facilitates (enabling trauma reenactment and mastery), and its possibilities for rescripting, both with a therapist, and alone. This is an under-researched area that Chapters Six and Seven address more fully.

## **Summary**

My interest in animation’s therapeutic potential arose from my lived experience of trauma and historical use of my practice to make sense of, or cope better with, mental health issues. My experience and practice informed my principal research question—can autoethnographic animation

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<sup>22</sup> Gammidge worked alongside drama therapist Mario Guarnieri on the 2014 Touchstone animation project. The participants, all trauma survivors who had previously been treated for BPD within a secure psychiatric unit, required differing degrees of support throughout the creative process, with some preferring to shoot their material alone.

help animators metabolise trauma by bearing witness to it? On reviewing the findings, concepts, debates, and hypotheses relating to this question within animation studies, much of the literature appears to focus on the constructed nature of animation (Torre, 2017), and how this makes it an effective tool for communicating psychological experiences to a general audience (Landesman & Roy Bendor, 2011). Most of the literature examining animation practice's effects on trauma symptoms in survivors is written by animator-survivors such as Mercier and de Bruyn, who focus on how tactility and performativity in animation practice can be used to reflexively explore embodied trauma. Blair's 2015 doctoral thesis additionally examines autoethnographic animation practice's potential to function as a catalyst for self-acceptance in the classroom, by focusing on the interrelationships between animator, process, materials, and audiences.

Missing from these texts is an analysis, from a cognitive perspective, of how various components of the animation process, such as working with storylines, shooting animation, and audience screenings, may be utilised to moderate intrusive memories. My inquiry seeks to further the practitioner insights previously referenced by providing this. As noted, few screen and animation studies texts examine the relationship between animation, cognition, and trauma. Even fewer, excepting de Bruyn (2014), explore how autoethnographic animation practice may perform as a trauma analogue, and thus evoke and reduce intrusive memories through its making, viewing, and screening. Chapter Seven fills this gap by analysing data from interviews with scientists, clinicians, therapists, animators with lived experience of trauma, and an autoethnographer, who were questioned about animation's visuospatial, sensory, and embodied characteristics, rescripting capacity, and use as a method of bearing witness to trauma.

### Chapter Three: Theoretical Framework

This chapter introduces the concept of the metabolism of trauma and applies it to autoethnographic animation practice. In trauma research and therapy (Hunter, 1995; van der Kolk, 2014), intrusive memories of past experiences are sometimes described as unmetabolised trauma. I suggest that autoethnographic animation practice metabolises such trauma in a manner similar to earthworms, who, in ingesting and excreting soil, are described by Barad as intra-acting with, and breathing new life into, matter (Barad, 2014, p. 168). Like Barad's earthworms, animator-survivors transform matter by diffracting, re-enacting, and processing their trauma, thus metamorphosing it from unmetabolised and indigestible intrusive memories, into creative practice.<sup>23</sup>

My inquiry explores this metabolism of trauma through a framework that facilitates a critical rethinking of how cognitive science, qualitative research methods, and artistic practice can engage with and through each other, and how autoethnographic animation practice might ameliorate intrusive memories in animator-survivors. This framework encourages the inclusion of clinical perspectives from authors who explore trauma's psychobiological and socio-political underpinnings (Herman, 1992; van der Kolk et al., 1996), the role of the body and the arts in healing (Ogden, 2006; van der Kolk, 2014), and experimental cognitive therapies and mental imagery research (Holmes, et al., 2005, 2008, 2010). I additionally incorporate my own and other animator-survivor perspectives expressing experiential and embodied knowledge of trauma (de Bruyn, 2014; Mercier, 2018; Gammidge, 2021).

Regarding methods for analysing data and measuring results, creative arts therapist Shaun McNiff (2018) argues that over-compliance with dominant scientific paradigms often leads to failure to recognise the unique perspectives afforded by artistic experimentation, particularly regarding insight into emotional states. However, McNiff also highlights the clarity benefits of organisational

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<sup>23</sup> Barad uses the term diffraction (in physics, the scattering patterns of waves of light or water as it meets an interruption), as a metaphor to describe the patterns of difference that can be found when insights are read through one another, or relations of difference are identified (Barad, 2007, pp. 71-94).

structures such as IMRaD (Introduction, Method, Results, and Discussion), the standard format for scientific journal articles, a flexible approach that can be accommodated within arts-based methods as “an option but not an absolute dictat” (p. 32).

## Agential Realism

This inquiry thus combines qualitative research methods such as thematic analysis, with animation practice, and a theoretical framework influenced by physicist and philosopher Karen Barad’s theory of agential realism. Agential realism is an onto-epistemological practice of knowing “that is attentive to the intra-action of multiple apparatuses of bodily production” (Barad, 2007, p. 94).<sup>24</sup> Its central idea is that meaning and agency are not only located in human activity and discourse, but in all interrelationships, human and non-human, which Barad terms “phenomena...the ontologically inseparability of intra-acting components” (2007, p. 148). The boundaries and properties of phenomena emerge within apparatuses, which “enact what matters and what is excluded from mattering.” Thus, apparatuses define the boundaries and properties of the “entities” within phenomena, doing so through “agential cuts,” processes that enact a resolution, and resolve semantic and ontic indeterminacy within the phenomenon (2007, p. 148).

This framework facilitates my diffractive engagement with apparatuses such as cognitive science, qualitative research methods, and artistic practice, and encourages a critical rethinking of why such engagements, and their intra-actions, matter (Barad, 2007, pp. 89-90). Barad’s grounding in quantum physics, particularly physicist Niels Bohr’s work on the nature of light particles and waves, underpins her articulation of how material realities emerge into being.<sup>25</sup> For Barad, the

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<sup>24</sup> Unlike interaction (which locates agency in extant bodies) *intra-action* locates agency within the dynamism of forces, challenging classical notions of objectivity and its inherent separation of process, apparatus and operator. Apparatuses are, for Barad, “*the material conditions or possibility and impossibility of mattering*” (Barad, 2007, p. 148).

<sup>25</sup> Bohr’s radical work on quantum physics explores how, at a quantum level, the act of observation inevitably affects the phenomena, such as particles, observers, measuring devices, and theories, that are being studied. From an agential realist perspective, this makes it impossible to separate the effect of the observation from the phenomena, or object, or to consider any object to be pre-existing or independent. (Barad, 2007, pp. 97-131).

primary ontological units are not pre-existing boundaried objects and subjects, but entangled phenomena—dynamic forces inseparable from, and indeterminate in, their relations with other phenomena—which are simultaneously exchanging and diffracting, with and through each other.<sup>26</sup> Thus, “relata do not preexist relations; rather, relata-within-phenomena emerge through specific intra-actions. Crucially, then, intra-actions enact *agential separability* – the condition of *exteriority-within-phenomena*” (Barad, 2007, p. 140). In other words, the properties and boundaries of phenomena, and observer and observed, manifest through agential intra-actions and agential cuts. Barad’s reimagining of the nature of ontological determinacy and epistemological separability thus marks a fundamental shift, away from the Cartesian distinction between subject/mind and object/matter and the geometrics of exteriority and interiority, in favour of “an ongoing topological dynamics of enfolding whereby the spacetime-matter manifold is enfolding into itself” (Barad, p. 177).

Drawing on Barad, I view my 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). Barad’s framework facilitates both my diffractive reading of perspectives from cognitive science, trauma therapy, trauma testimony, and animation practice, and my exploration of the relational entanglements and multiple sources of agency within my inquiry, both human (myself, my participants), and non-human (my animation practice). It also enables me to understand how, as survivor, animator, autoethnographer, and researcher, I am simultaneously subjective and objective, embodied within my inquiry, and apart from it.

Figure 12 (adapted from Figure 2) locates my autoethnographic animation practice at the intersection of perspectives from mental imagery research, imagery rescripting methods, animation practice, and approaches to trauma testimony and bearing witness. This positioning indicates

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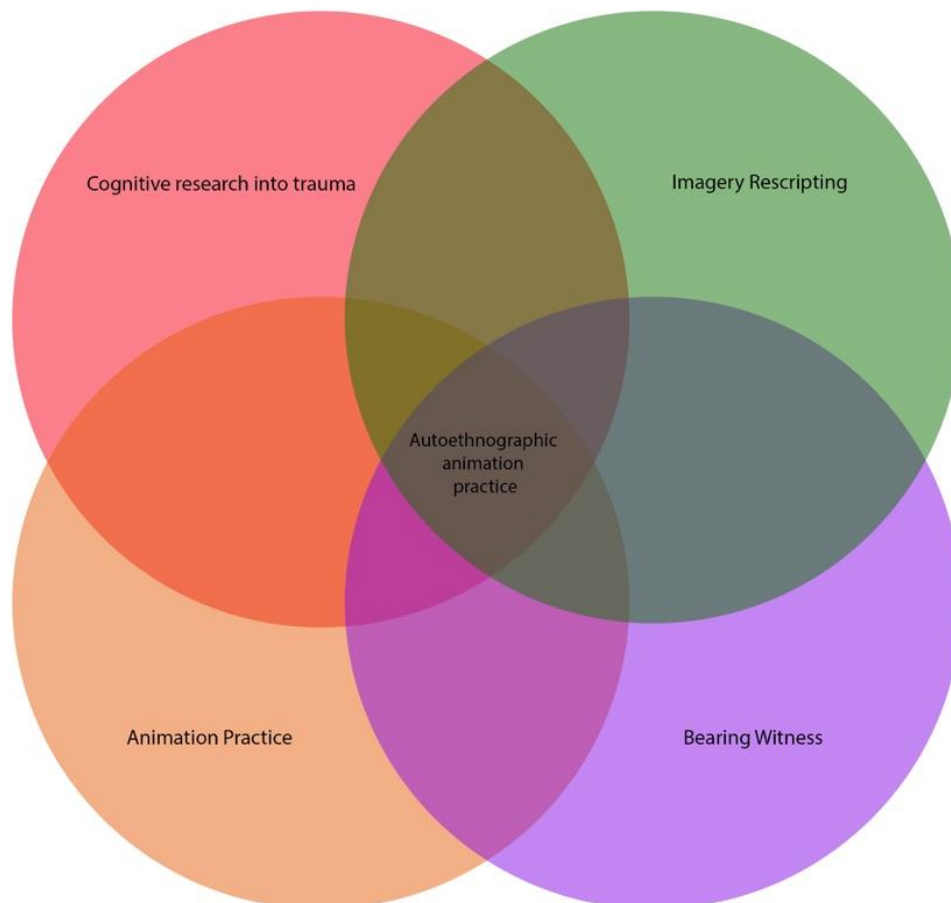
<sup>26</sup> In quantum terms, diffraction describes how light can be both wave and particle. Barad uses diffraction as a metaphor for her methodological approach and as a tool of analysis to understand patterns of difference.



autoethnographic animation practice's potential to function as a material-discursive, boundary-making, open-ended apparatus, capable of reconfiguring spatiality and temporality, forming and reconstituting matter and meaning, and making differences that matter (Barad, 2007, p. 146). This framework enables me to read data from one area of my inquiry (such as mental imagery research), diffractively through other data (such as animation practice), so facilitating new ways of thinking about the data that are relevant across cognitive science, trauma therapy, and animation practice.

**Figure 12**

*Intersection of Perspectives (Adapted from Figure 2)*



## **Problem Statement, Epistemological and Ontological Position**

My principal research motivation was to understand how autoethnographic animation practice might ameliorate trauma caused by interpersonal violence and abuse of power. From an agential realist perspective there is no single truth about such oppressions— and as a middle-class white person, my experiences of domestic violence and psychiatric mistreatment will clearly differ from those of a Black or working-class person, who may experience additional racial prejudice, and/or class discrimination. Agential realism draws attention to these differences, to how they can be read diffractively (through socio-political perspectives, for example), and to how they phenomenologically affect the research subject. Educator Jerry Roseik observes:

Agential realism implies that the point of our inquiries is not confirmation of the superiority of any one representation of a phenomenon over all others. Instead, there is an ontologically substantive performative aspect to our inquiries, a way in which our research designs and practices constitute the phenomena we study, and they in turn constitute us as subjects (Roseik, 2018, p. 643).

Roseik suggests that one of the most important contributions arts-based researchers may make to an agentially realist research practice is an openness to being transformed by their inquiry, which has both dangers and rewards:

There is risk that comes with acknowledging that the world has some agency in producing our modes of being...We are familiar with this kind of vulnerability, practiced at it...Facing this requires a form of existential courage, a willingness to let go of who we are before we know who we will become” (pp. 644-645).

I chose to take this risk due to the role my animation practice played in mitigating prior trauma, hoping to heal anew by opening myself to potential change through it. Any healing occurring is but one agential cut, one intra-action manifesting within a constant process of phenomenal reconfiguring and rearticulation, in which human and non-human, material and non-material, matter actively and equally. Within this inquiry, such reconfiguring occurs chiefly within *Expts 1* and

2, apparatuses that facilitate my interrogation of trauma's power dynamics and oppressive narratives through myriad intra-actions between myself and my materials, diagnoses, and audiences. These apparatuses additionally enable me to read my intrusive memories as intra-active and dispersed phenomena and agential cuts, formed by an interplay between mental imagery, brain pathways, embodied responses, social, political and environmental influences, and the passage of time.

### **The Metabolism of Trauma**

Evocative metaphors, such as a haunting of the self by ghosts of unintegrated memories, are used by clinicians such as van der Hart to describe trauma's "structural dissociation of the personality," and behaviours such as depression, numbness, and traumatic reenactment (van der Hart et al., 2006, p. vii). Trauma is often held within the body as sensations such as muscular tension, tightness in the chest, gnawing in the belly, shallowness of breath, and rigidity in posture, which are thought to function as "somatic reenactments of the undigested trauma" (van der Kolk, 2014, p. 101). When acted out as self-harm, binge or purge eating, compulsive hypersexuality, or "thematically repetitive, destructive relational attachments," therapist Mic Hunter views these ritualised expressions as "'unmetabolized' trauma...mediating the cycle of intrusion to cause numbing, and the cycle of numbing to create the capacity to feel" (Hunter, 1995, p 10). These representations of trauma as simultaneously phantom-like, ritualistic, repetitive, indigestible, *and* performative underlines the need for cognitive, somatic, and process-orientated therapeutic activities capable of conjuring, assimilating, and reenacting trauma. Such procedures could be described, in Baradian terms, as

an interative (re)configuring of patterns of differentiating-entangling. As such, there is no moving beyond, no leaving the 'old' behind. There is no absolute boundary between here-now and there-then. There is nothing that is new, there is nothing that is not new. Matter itself is diffracted,

dispersed, threaded through with materializing and sedimented effects of iterative reconfigurings of spacetime mattering, traces of what might yet (have) happened (ed) (Barad, 2014, p. 168).

Barad views such diffractive practices as vital, lively affairs:

a multiplicity of processes, such as the kinds earthworms revel in while helping to make compost or otherwise being busy at work and at play: turning the soil over and over – ingesting and excreting it, tunnelling through it, burrowing, all means of aerating the soil, allowing oxygen in, opening it up and breathing new life into it (Barad, 2014, p. 168).

This inquiry proposes that the diffractive energies displayed by Barad's earthworms in their metamorphic transformation of the soil relate conceptually to both van der Kolk's 'undigested,' and Hunter's 'unmetabolized,' trauma. Metabolism, deriving from the Greek meaning 'to change', describes how life is sustained by the ingestion of nourishment, conversion of energy, and excretion of waste products. I suggest that trauma may be metabolised by survivors through an intra-active reconfiguring of space, time, and matter within animation apparatuses, thus facilitating the performance, processing, and conversion of trauma's affective energy into new forms of material output. In this inquiry, my autoethnographic animation practice similarly functions as an apparatus for metabolising trauma, and my methods facilitate an exploration of the sensations, affect, and embodied responses associated with this.

In addition to van der Kolk (2014) and Hunter (1995), a number of other authors have conceptualised trauma processes as metabolic. Referencing the toxic impact of intergenerationally transmitted Holocaust trauma on the therapeutic relationship, Jungian analyst Julia Meyerowitz-Katz (2016) proposes that it can be reduced by understanding and metabolising the unconscious, destructive, embodied, countertransference communications between analyst and analysand. Trauma's embodied nature is similarly observed by social anthropologist Diana Espírito Santo (2010), who, in exploring health among spirit mediums in Havana, describes how good mediums require the trauma of spirits and persons not simply to be acknowledged, but be metabolised. Where my inquiry

differs from these is that it is not the therapist who initiates and experiences this metabolism, but the survivor.

A focus on trauma's embodied nature and transformative capacity differentiates my inquiry from that of other autoethnographic animators such as Blair (2015), who uses animation principally as a vehicle for reflexive analysis and self-inquiry within art education. My more intra-active study uses the medium similarly to de Bruyn, whose materialist approach "re-performs the trauma of overwhelming experience for the viewer both historically and experientially" (de Bruyn, 2013, p. 99). Like de Bruyn, I use animation not only to perform and metabolise personal trauma and communicate my findings to audiences and wider society, but to investigate my situatedness within my practice. This approach has parallels with Sayal-Bennett (2018) who, drawing on Barad (2007) and Haraway (1988), views the artist-learner as entangled within and transformed by their practice, within which emotional affect and material agency are mobilised as a form of posthuman pedagogy. Sayal-Bennett proposes that "posthuman learning within studio-based art practice can be understood as a technology of subjectivity, or self-making, and world-building" (2018, p.235)—an approach resembling my process of metabolising trauma through engagement with autoethnographic animation practice.

Barad's diffractive and intra-active methodology additionally encourages a critical rethinking about how disciplinary fields such as feminist theory and science studies may naturally intertwine and engage. 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, 2007, p. 94). My research likewise links the disciplines of cognitive science, autoethnography, and animation practice within a transdisciplinary, critical, pluralistic study that allows me to both metabolise trauma, and interrogate its power dynamics.

## Diffraction and Metabolism

Theoretically, Barad builds on Haraway's notion of diffraction (Haraway, 1991, 1997) as a metaphor for a new critical consciousness of interaction, interference, and difference. Adding insights from quantum physics, Barad views diffraction as both interference and entanglement, an ethico-onto-epistemological matter of multiplicities, where matter, time, and space are constantly and dynamically performing "iterative (re)configuring of patterns of differentiating-entangling" (Barad, 2014, p. 168). These patterns can be perceived through processes of "cutting together-apart" (p. 168), slicing through phenomena to reveal the entangled intra-actions and "agentially enacted material conditions of *exteriority-within-phenomena*" (p. 177). These I perform within my own practice, for example by using animation to 'cut together-apart' my medicolegal records, in order to reconfigure my intrusive memories.

To elucidate the concepts of entanglement, separation, and exteriority within phenomena in relation to my practice, I have adopted an agential realist understanding of the apparatuses through which I am investigating trauma. For Barad, apparatuses are "*material-discursive practices—causal intra-actions through which matter is iteratively and differentially articulated, reconfiguring the material-discursive field of possibilities and impossibilities that is agency*" (2007, p. 170). Apparatuses are not merely measuring machines, but open-ended boundary-making practices that "enact what matters and what is excluded from mattering" (2007, p. 148). They do this by facilitating agential cuts—the acts that determine the properties and boundaries of phenomena—thus resolving indeterminacy by selecting specific patterns, properties, and articulations, and rejecting others.

Drawing on Barad's onto-epistemology, my apparatuses include entangled memories, emotions, materials, equipment, texts, analysis, film experiments, and audiences, with agential cuts determining how these intra-act and manifest within my inquiry. Enactment of specific agential cuts (for example filming my self-harm scars and medicolegal records), enables me to decode trauma experiences previously encoded on my body via self-harm, or within my records by clinicians in the

form of othering labels such as “Diagnosis Code F.” My autoethnographic animation practice thus acknowledges my situatedness both inside and outside my lived-experience narratives, and permits me to perform, simultaneously, as fragmented victim, rescripting survivor, and reintegrating filmmaker, re-materialising historical intra-actions between myself and my abusers, and troubling their related narratives of oppression. *Expts. 1* and *2* facilitate this process, functioning as apparatuses performing a ‘cutting together-apart’ (Barad, 2014, p. 168) of my medico-legal records, enabling me to interfere with and thus modify their associated memories. Other apparatuses, such as thematic analysis of participant interview data, perform further agential cuts by facilitating additional, diffractive, readings of my research questions, and supporting my conceptualisation of autoethnographic animation practice as an effective vehicle for metabolising trauma.

An agential realist focus on transdisciplinary inquiry and embodied artistic practice is not new. Creative pedagogists Hetherington et al. (2019) explore the entanglement of research and practice in science/arts transdisciplinary inquiry, and Sayal-Bennett (2018) investigates the affective intensities of human/non-human encounters within artistic assemblages. My own approach is underpinned by this agential realist understanding—that as a researcher, I am entangled in, affected, and transformed—by my inquiry. My novel contribution to this understanding is my proposition that animator-survivor entanglement within autoethnographic animation practice facilitates the metabolism of trauma.

In summary, I suggest that animator-survivors engaging with autoethnographic animation practice can read and theorise this experience through Barad’s agential realist framework, and that this framework demonstrates how, just as earthworms are able to diffractively transform matter, so animator-survivors may metabolise their trauma. By making agential cuts within the apparatus of my practice, I explore entanglements and intra-actions between my trauma memories, emotions, materials, equipment, film experiments, and audiences, and within my thematic analysis, I demonstrate how cognitive science, qualitative research methods, and artistic practice, may diffractively engage with each other.

## Chapter Four—Methodology

This chapter describes how the theoretical framework set out in Chapter Three informs my methodology of critical autoethnography (Grant, 2020), and explores how I establish and interrogate the process of doing critical autoethnography within my autoethnographic animation practice (*Expts. 1 and 2*), where it is used to investigate the sequela of psychological trauma. A detailed description of the other processes used to carry out this research (such as how *Expts. 1 and 2* were made), is set out in Chapter Five—Methods.

### **Autoethnographic Animation Practice: A Diffractive Methodology**

My autoethnographic animation practice functions as an agential realist apparatus formed from phenomena, the “*ontological inseparability/entanglement of intra-acting “agencies”*” (Barad, 2007, p. 139). These agencies incorporate my trauma memories, emotions, subjects, objects, animation materials, interview participants, audiences, and the institutions I engage with. Following Barad’s “*diffractive methodology*” (2011, p. 445), which promotes engagement between different disciplines such as the sciences and arts, this inquiry focuses on “reading insights through one another in attending to and responding to the details and specificities of relations of difference and how they matter” (Barad, 2007, p. 71). I thus read my autoethnographic animation practice through empirical findings from cognitive research in mental imagery (Holmes et al, 2009, 2010; James et al, 2016), thematic analysis, and critical autoethnography, while acknowledging the socio-political “agential operations of power” (Fricker, 2007, p 11) that serve to silence abuse survivors. Such issues are foregrounded in *Expts. 1 and 2*, where, by naming my abusers, I enact agential cuts that “redistribute agency in ethically significant ways” (Hollin et al., 2017, p.934).



## Determining What Matters and What is Excluded from Mattering

*Expts. 1* and *2* function as a “narrative, graphic, psychological, spiritual, and political technology for making consequential meanings” (Haraway, 1997, p. 16). As explorations of lived experiences of trauma, they operate both as boundary-making apparatuses of embodied knowledge production (because connected to that lived experience), and as data collecting tools that facilitate investigation of that particular trauma’s embodiment, rescripting, and metabolism. As such, they resemble the diffractive vignettes described by Jenkins et al. (2021) as “lively assemblages of enunciation within which researchers are intricately entangled, and through which researchers may be able to observe complex and immanent relations of language, action and intracorporeal transformation in the creation of difference and how it matters” (Jenkins et al., 2021, 985-986).<sup>27</sup>

In Chapter Seven, I further observe such relations in my thematic analysis of interview data of participants responding to my questionnaire and *Expts. 1* and *2*. This analysis functions as an additional boundary-making practice that produces material cuts (separations) within these phenomena (Hollin et al., 2017), thus facilitating an iterative exploration of the cognitive theories underpinning mental imagery research, and the understandings, perceptions, and mental constructions of animator-survivors with lived experience of trauma.

In order to foreground the ethics implications of abuser consent and the need for the animator-survivor’s voice to be heard, I follow Barad’s insistence that: “Particular possibilities for (intra-)acting exist at every moment, and these changing possibilities entail an ethical obligation to intra-act responsibly in the world's becoming, to contest and rework what matters and what is excluded from mattering” (2007, p. 178). What matters and is excluded from mattering requires consideration, as Barad observes:

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<sup>27</sup> Vignettes are data collecting tools used in qualitative research that generally consist of short stories about hypothetical characters or circumstances that are used to invite an interviewees response (Finch, 1987). Jenkins et al. use diffractive vignettes to understand human-dog relations by challenging the orthodoxies of humanist principles of interpretivism, reflection, and representation within qualitative research, while favouring post-humanist methodologies (Jenkins et al., 2021).

one can't simply bracket out (or ignore) certain issues without taking responsibility and being accountable for the constitutive effects of these exclusions [but the] issue is not simply a matter of inclusion. The main point has to do with power. How is power understood? How are the social and political theorized?" (Barad, 2007, p. 58).

In agential realist diffractive inquiry, issues of ethics, justice, politics, and power are never secondary or derivative concerns (Barad, 2011, p. 450). To understand these better, and in context of the traumatised body, and abuser/abused relationships, I read them diffractively through critical autoethnography.

### **Entanglements and Intra-Actions**

Autoethnography is a qualitative research approach that foregrounds personal experiences ("auto"), and uses these to self-reflexively interrogate cultural beliefs, values, and practices ("ethno"), through storied forms of analytic representation ("graphy") (Ellis et al., 2011; Adams et al., 2021). Critical autoethnography links the concreteness, risk, and poetry of autoethnographic stories with various theoretical frameworks (Holman Jones, 2016), as in this inquiry, where I view my experiences of psychological trauma through an agential realist frame.

Recent artistic autoethnographic practice has seen an increasing entanglement between "non-linear, improvisatory, and embodied approaches to both autoethnography and artistic research [which] can offer artistic modes of inquiry and creative forms of expression that move beyond the literal and explicit" (Bartleet, 2022, p. 139). Within such entanglements, performance autoethnographer Tami Spry observes that "the researcher is the epistemological and ontological nexus upon which the research process turns" (Spry, 2006, p. 189). From a diffractive methodological perspective, this enables researchers so positioned to engage with their subject-matter intra-actively, reading insights within and through it, in order to understand "the nature of nature and the interplay of the material and the discursive, the natural and the cultural, in scientific and other social practices" (Barad, 2007, p. 42).

To better understand autoethnographic animation practice's intra-actions with critical autoethnographic practice, my research adopts a diffractive-reflexive perspective redolent of Barad's "lively" earthworms (Barad, 2014, p. 168), and critical autoethnographer Alec Grant's posthumanist and poststructuralist conception of the emerging narrator's voice. Within autoethnographic practice this voice, which is "always provisional and contingent, always becoming" (Short et al., 2013, p. 8), speaks itself into existence within, and in opposition to, relations of power (Short et al., p. 7). Grant highlights the importance of writing this voice diffractively, in autoethnography that facilitates "the emergence of the novel rather than the familiar, and in work where the usual boundaries between humans, non-humans, and the material, organic and inorganic collapse" (Grant, 2020, p. 205).

### **Performing Diffraction**

...even in its attempts to put the investigative subject back into the picture, reflexivity does nothing more than mirror mirroring. Representation raised to the nth power does not disrupt the geometry that holds object and subject at a distance as the very condition for knowledge's possibility. Mirrors upon mirrors, reflexivity entails the same old geometrical optics of reflection (Barad, 2007, p. 88).

Reflexive research methods, although reflecting on the investigator's role in the constitution of evidence and intersubjective elements within research (Finlay, 2002, p. 209), sometimes take little account of differences such as race, class, sexuality, and disability, and premise the inquiry on the idea that practices of representation have no effect on the objects they investigate. In contrast, Barad's diffractive methodology takes account of these differences, takes responsibility for how research practices matter, and attends to the nature and consequences of transdisciplinary engagements (Barad, 2007, pp. 87-91). Diffractive seeing and thinking in this context is about making a difference in the world and becoming attuned to how differences are created in the world (Haraway, 1997, p. 16). Following Haraway and Barad, and echoing Grant's emerging voice, my

inquiry takes account of some of the conditions giving rise to abuse and trauma, such as power inequalities in psychiatrist-patient relationships. It engages with multiple voices including clinicians and therapists, and with animator-survivors including myself, who intra-act as victims, survivors, and filmmakers, within our respective practices. My wider research apparatuses, incorporating my medicolegal documents, memories, body, films, thesis, interviews, analysis, screenings, symposia, and conferences, function in relationship as *“dynamic (re)configurings of the world through which bodies are intra- actively materialized”* (Barad, 2007, p. 169). As such, these apparatuses and relationships are not merely artistic or analytical devices, but enactments of what matters, which *“do not merely emerge in time but iteratively reconfigure spacetime as part of the ongoing dynamism of becoming”* (Barad, 2007, p. 142). This diffractive approach reads autoethnographic animation practice through critical autoethnography and cognitive science, thus deconstructing, and reconstructing, memories, thoughts, and feelings, to make new patterns of understanding (Barad, 2014).

### **Authorial Credibility**

Autoethnography is often used to explore power differentials involving sex, race, gender, and other inequalities, and to foreground the voices of the culturally excluded and marginalised (Grant, 2013). These uses can be viewed in context of the crisis of representation in social research, where, on reacting to the dominance of realism and empiricism in ethnography, anthropologists George Marcus and Michael Fischer (1986) proposed that there is no one reality, and that all ethnography is simply an interpretation of reality, rather than a mirror of it. This position is supported by ethnographer Robert Rinehart’s view that if society consists of *“multiple realities, different but powerful truth regimes that are continually contestable and earned or lost,”* then autoethnographers have a duty to challenge these *“agreed-upon interpretations,”* by interpreting and supporting a variety of small-t *“truths”* simultaneously. *“As promoters of our own realities, it is*

incumbent upon us to marshal the very best (logical, passionate, or rhetorical) arguments we can to approach a verisimilitude of what our imagined world may be” (Rinehart, 2018, p. 74).

How credible we, as autoethnographers, are in constructing these perspectives, understandings, and arguments regarding differences and voices, depends on the believability of our constructed worlds, our authorial judgement, and whether our truths and arguments are supported by appropriate qualitative criteria (Holman Jones et. al (2013). In my own autoethnographic animation practice for example, the verisimilitude of my constructed world is supported by my use of medicolegal records as source material for *Expts. 1* and *2*.

### **Epistemic Injustice**

In conventional qualitative inquiry, attempts to give voice to the marginalised, silenced, and oppressed can trap those working for social change “within the constructs of identity that enable the oppression they seek to resist” (Roseik, 2018, p. 636). Those wishing to speak *for* the powerless, risk simply replacing one privileged centre with another. It is this privileging of voice and agency that Barad speaks against when she declares: “Agency is not held, it is not a property of persons or things; rather, agency is an enactment, a matter of possibilities for reconfiguring entanglements” (Dolphijn & van der Tuin, 2012, p. 54). Barad’s understanding, that agency is not localised in the human subject but distributed across assemblages of humans and non-humans, is a vital step towards recognising how structural power imbalances distort our understanding of the world (Dolphijn & van der Tuin, 2012).

The processes by which dominant groups use structural power imbalances to oppress and silence weaker groups are analysed within philosopher Miranda Fricker’s model of epistemic injustice, which explores how injustices can be inflicted on a person “specifically in their capacity as a knower” (Fricker, 2007, p. 1). Such circumstances include the “testimonial injustice” occurring when prejudices such as racism lead to a hearer assigning less credibility to a speaker’s word, as, for example, may occur when Black defendants testify in court (Fricker, 2007, pp. 9-29). Testimonial

injustice also often occurs in child abuse, rape, and psychiatric abuse testimony, where age, trauma, or mental distress may affect a survivor's capacity to precisely recall events, leading to their dismissal as lacking in credibility (Herman, 1992).

Trauma's central dialectic of opposing psychological states, and oscillation between amnesia/repression and reliving/intrusion, is embodied in survivor experiences of numbness and depression, alternating with floods of feeling and irritable, impulsive action (Herman, 1992, p. 47). These cycles of repression and intrusion may contribute to difficulties in recounting trauma. They can also be found in society's response to traumatic events, where an awareness of atrocities periodically interrupts denial, but is then followed by further episodes of forgetting and denial.<sup>28</sup> This societal unwillingness to acknowledge trauma compounds the difficulties survivors have in articulating their experiences, isolating them from a collective understanding of what they have endured, and depriving them of a knowledge base to help them interpret their experiences (Fricker, 2007, p. 152). My own experiences of epistemic injustice relating to iatrogenic abuse prompted my engagement with critical autoethnography (Holman Jones, 2016), and decision to combine some of its theoretical perspectives with the poetics of autoethnographic animation practice within this inquiry.

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<sup>28</sup> Herman references three episodes where awareness of trauma has risen and fallen in public consciousness, each time with a political context: In the late 19<sup>th</sup> century, the study of hysteria rose alongside the republican anti-clerical movement in France; after World War 1, the study of shell shock arose in England and peaked after the Vietnam War alongside the growth of the anti-war movement; and in the 1970's, awareness of sexual and domestic violence arose in context of the feminist movement in Western Europe and North America. (Herman, 1992, pp. 1-2, 9, 26-29).

## Narrative Entrapment

Receiving a psychiatric diagnosis can be traumatic, often due to invalidating attitudes displayed by mental health staff and within wider society.<sup>29</sup> Grant uses the term “narrative entrapment” to describe how survivors in this situation can be “held captive in the stories imposed on them by others and by themselves [and] given diagnostic labels that more or less guarantee futures characterised by discrimination, stigma and being treated as less than fully human” (Grant, 2020, p. 202-203).

My own experience of such entrapment began in 1998, when I received a care programme assessment (CPA) plan that defined me as *Diagnosis Code F*, a client with *Severe and Persistent Major Mental Illness* (Figure 13). In a 2016 Shrink Radio podcast with Mental Fight Club founder Sarah Wheeler and Maudsley Hospital psychiatrist Benjamin Robinson,<sup>30</sup> I highlight the horror I felt on receiving this plan, reflect on the reductionist nature of the psychiatric model, and describe the existential crisis I experienced on receiving my diagnosis.<sup>31</sup> I emphasise that, having received a psychiatric label, unless one knows how to philosophically question its validity, it is easy to be dragged into an objectifying, denigratory way of viewing one’s self. At that time, and for many years later, I had felt that there was nothing worse than being given my particular diagnosis.

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<sup>29</sup> During in-patient psychiatric stays, autoethnographers Helen Leigh-Phippard and Nigel Short, on reporting medication side-effects and abuse by a staff member, were both disbelieved, leading to feelings of invalidation and loss of “personhood.” Leigh-Phippard “experienced the transition from being a respected, trusted academic to someone who was constantly disbelieved and whose agency as a human being was not taken seriously” (Grant et al., 2015, p. 281).

<sup>30</sup> Mental Fight Club is a creative group based in London that uses creative practice to explore mental health.

<sup>31</sup> Link to Shrink Radio podcast:  
<https://soundcloud.com/recreatepsychiatry/shrinkradio-taster-reframing-diagnosis>

Figure 13

CPA plan, Susan Young, 28 October 1998

The image shows a close-up of a medical assessment form. At the top, there is a section for 'CPA & SECTION 117D'. Below this, there are fields for 'Occupation' (handwritten: 'Unemployed'), 'Ethnic Code' (handwritten: 'White British'), and 'Sex' (checkboxes for 'M' and 'F', with 'F' checked). A 'Tel. No.' field contains '0171 525 21'. A 'Diagnosis Code' field contains 'F'. A note below the diagnosis code states '\* Valid codes listed overleaf'. The main section is titled 'ASSESSMENT. (Tick which applies) has a Diagnosis of Severe and Persistent Major Mental Illness. AND ANY OF THE FOLLOWING'. There are three items listed with checkboxes: 1. 'A history of Violence or Dangerousness to others as a consequence of their illness, which the clinicians judge to be relevant in view of the client's current or likely future Mental Health, taking account of their past history.' (checkbox is empty). 2. 'A history of Serious Suicide Risk or Self-Harm, or Severe Self Neglect, as a consequence of their Illness, which the clinicians judge to be relevant in view of the client's current or likely future Mental Health, taking account of their past history.' (checkbox is checked). 3. A third item is partially visible at the bottom right with a checked checkbox. At the bottom left, there are some numbers and checkboxes: '37' and '17'.

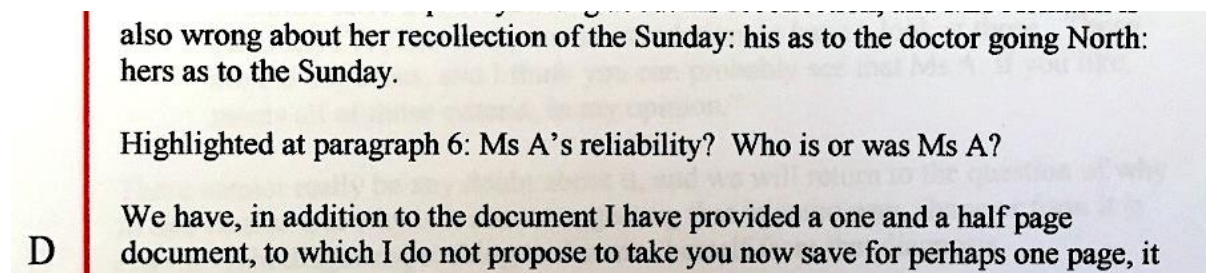
An experience similarly replete with testimonial injustice occurred in 2010, when, as Ms A, I gave evidence at a General Medical Council Fitness to Practice Tribunal regarding the misconduct of one of the psychiatrists I had been treated by. In closing submissions, the doctor's defence barrister attempted to challenge my credibility by rhetorically asking: "Who is or was Ms A"? (Figure 14). He declared: "We are at a loss to see how one can put forward Ms A as anything other than someone who is deeply troubled, has been for many years and must inherently carry with her a degree of unreliability" (GMC vs Soutzos, 2010).<sup>32</sup>

<sup>32</sup> Cited from personal copy of transcript (GMC vs Soutzos, 2010, day 16). Most recent determination on the case can be found here: <https://doctorsdefenceservice.com/wp-content/uploads/Dr-Theodore-Soutzos-20-December-2016-MPTS-Restoration-Determination-Refused.pdf>



**Figure 14**

*General Medical Council Transcript, Day 16*



The tribunal believed my testimony, but this attack on my credibility cemented my decision to use my medicolegal records within *Expts. 1* and *2*, as “re-contextualized textual data,” (Grant, 2013, p. 34), through which to explore and critique my experiences of testimonial and epistemic injustice.

Interpreted through Barad’s agential realist framework, *Expts. 1* and *2* function both as “mini ethnodramas” (Humphries, 2005, p. 842), and instruments of diffractive observation, in which I am entangled, and through which I observe relations of transformation within and between my trauma victim, survivor, and filmmaker identities. As a “mental health academic-ex-practitioner-survivor of the UK institutional mental health system” Grant similarly incorporates aspects of his hyphenated identities into his critical autoethnographic practice, in order to both articulate lived experience of mental health treatment, and disrupt the power imbalances prevalent within institutions such as psychiatry (Grant, 2016, p. 197). Such power imbalances are endemic within relationships, institutions, and society, yet are often ignored within phenomenological-humanist representational stances that assume “a supposedly limitless capacity of agency and lived experience to transcend and overcome social and material structures” (Grant, 2016a, p. 296). As such, these stances are often “fundamentally unethical” in their location of difficulties exclusively within individuals, whilst ignoring the role external forces play (2016a, p. 296).

To resist and disrupt these forces, and the enacted structures of power emerging from the “master narratives” that describe and proscribe our roles and behaviours, Grant recommends

adopting a post-human, agential realist, intra-active position (Grant, 2016a, p. 295). In such positions, agency becomes a dispersed phenomenon, and the human, non-human, and non-material are given equal respect and consideration (Barad, 2007).

My inquiry builds on this critical autoethnographic position. Using autoethnographic animation practice as a methodology, I revisit and reframe experiences of domestic violence, iatrogenic harm, and epistemic injustice by animating my medicolegal records, and exploring the resultant intra-actions between these records, the intrusions and emotions they evoke, and my trauma victim, survivor, and filmmaker identities.

### **Relational Ethics**

Autoethnographic methodologies present the researcher with relational ethical challenges relating to vulnerability, conflicts of interest, and unobtainable retrospective consent. These challenges may occur if the researcher wishes to explore their own mental health or abuse experiences, or write about deceased family members (Jago, 2002; Tolich, 2010; Grant, 2018), and in this chapter I explore my strategies for addressing them. My procedural ethics strategies regarding participant consent, confidentiality, and protection from harm are set out in Chapter Five.

Autoethnography is often used to explore intimate and sensitive relationships, and experiences such as addiction, bereavement, abuse, and mental health difficulties (Philaretou & Allen, 2005; Lengelle, 2021; Grant & Young, 2022). To minimise the potential for distress or harm caused by such explorations, it is important to adopt a relational ethics framework (Gabriel & Casemore, 2009) that places primacy on the researcher-researched relationship. A posthuman reframing of the context for ethical decision-making would additionally acknowledge that relationships are not only between humans, but between humans, animals, inanimate objects, and the world, and that theoretical and ethical challenges may relate to being not just *in* the world, but *of* the world (Haraway, 1991; Barad, 2007). Relational ethics additionally entail an explicitly political recognition that all relationships are situated in specific historical and social contexts, and laden with

power differentials. Regarding these contexts, educational psychologist Jaakko Hilppö suggests that relational ethics considerations must include the wider purpose of “ameliorating the living conditions of the researched—and possibly also the living conditions of the researcher, namely working together towards a common good, or for one another’s well-being” (Hilppö et al., 2019, p. 409). However, if research is to produce new knowledge, and benefit other living/non-living beings, wider humanity, or the world itself, the question arises: how is that benefit determined? Learning scientists Megan Bang and Shirin Vossoughi similarly ask: “What forms of life are our partnerships and designs reinforcing, powering, validating, and transforming? How do particular places, histories, and moments in time shape what is right or wrong and for whom?” (Bang & Vossoughi, 2016, p. 181). For Haraway (1988, 1991) and Barad, such epistemological and ontological questions are matter of politics, ethics, and social justice (Barad, 2011, p. 444).

These views inform my own ethics position on such matters, including whether to name my abusers without their consent. What matters and who matters, what is included and excluded, and who benefits, are important questions in autoethnographic research investigating issues such as trauma and abuse of power. Many situations will pose ethical conundrums, for example when abuse victims or those with psychiatric diagnoses wish to speak about their experiences but are pressured to remain silent, either by their abusers, or by friends, colleagues, and professional institutions.

### **An Agential Realist Perspective on Ethics**

Ethics [is] not about the right responses to a radically exteriorised other, but about responsibility and accountability for the lively relationalities of becoming, of which we are a part. Ethics is about mattering, about taking account of the entangled materialisations of which we are part, including new configurations, new subjectivities, new possibilities. Even the smallest cuts matter. Responsibility then is a matter of the ability to respond. Listening for the response of the other and an obligation to be responsive to the other, who is not entirely separate from what we call

the self. This way of thinking ontology, epistemology, and ethics together makes for a world that is always already an ethical matter (Dolphijn & van der Tuin, 2012, p. 69).

This extract from an interview with Barad by new materialist scholars Rick Dolphijn and Iris van der Tuin, highlights the central position of relational ethics in agential realist-informed research practice. In situations where researcher-researched interests diverge, or gaining consent is difficult or impossible—such as when autoethnographers wish to explore subjects such as abuse or psychiatric harm—researchers must be prepared to account for their ethics decisions. I follow Barad’s assertion that “ethics, that is, matters of justice, are never secondary or derivative concerns” (Barad, 2011, p. 450). In making relational ethics decisions in this inquiry, I adopt Barad’s position that ‘matters of justice’ are a primary concern that should be determined by whether they ameliorate the living conditions of either the researched, or the researcher, and are for a ‘common good’ (Hilppö et al., 2019).

### **Practising Ethical Reflexivity**

From a critical autoethnographic perspective, challenging relational ethics norms may offer new ways of thinking about “trauma-inducing and oppressive family relationships” by applying ‘strong reflexivity’—an in-depth, heightened, awareness of the researcher’s connection to their research situation, and their impact on it (Grant, 2020, p. 202). This approach is informed by a need to strive towards a better “understanding of the fragmented, and temporally and contextually shifting nature of selves and relationships” (Anderson & Glass-Coffin, 2013, p. 73). Grant draws extensively on this understanding in his exploration of intra- and interpersonal violence and narrative entrapment within mental health treatment, where “many people are given diagnostic labels that more or less guarantee futures characterised by discrimination, stigma and being treated as less than fully human” (Grant, 2020, p. 203). In these situations, a key role of critical autoethnography is to facilitate insight by making “better and different sense of painful and distressing life experiences. As an ethical act of self-compassion, restorying helps reclaim

biographies, purge burdens, and determine what kind of lives could and should be lived” (Grant, 2020, p. 203).

### **Diffraction and Posthuman Ethics**

Humanist-informed reflexive research and qualitative inquiry tends to consider both researcher and subject as “singular, knowable and improvable through research” (Grant, 2020, p. 205). For autoethnographers with a social justice agenda, this approach often simply reifies the very structures that require challenging. In contrast, “an emphasis on diffraction moves us in a different, posthumanist direction. This facilitates the emergence of the novel rather than the familiar, in work where the usual boundaries between humans, non-humans, and the material, organic and inorganic collapse” (Grant, 2020, p. 205). In this approach:

...diffraction can be a metaphor for another kind of critical consciousness . . . one committed to making a difference and not to repeating the Sacred Image of the Same . . . diffraction is a narrative, graphic, psychological, spiritual, and political technology for making consequential meanings (Haraway, 1997, p. 16).

My own autoethnographic animation practice diffractively explores “the new, novel, unfamiliar, transgressive and challenging” (Grant, 2020, p. 205). It does not claim to make singular truth claims of *the* world, but by excavating personal memories through medicolegal records, unearths a number of fragmentary, situated truths, thus performing a “self-conscious, situated, partial, and uncertain but valuable knowing in an uncertain world” (Grant, 2020, p. 206). This approach supports me in animating and writing against epistemic injustice, structures of power, and the institutional and societal structures and forces that affect both the individual trauma survivor’s sense of agency, and ability to read and respond to power asymmetries within their own lives.

In contrast, the phenomenological-humanist position ascribes to the individual unlimited agency and the potential to overcome all adversity.<sup>33</sup> This position, Grant argues, “amounts to a form of narrative violence,” as it deprives those who are disempowered, for example by abuse or epistemic injustice, of the capacity to challenge the contexts and power relations that govern the world (Grant, 2016a, p. 297).<sup>34</sup>

The degree to which epistemic injustice may affect relational ethics continues to be debated within critical autoethnographic practice. Sociologist Martin Tolich (2010) both cautions against writing about mental ill-health, and advises that abusers’ needs must be considered in relation to consent. Grant and Young (2021) argue against this position, on the grounds that it risks causing further epistemic injustice to those already harmed or silenced by mental ill-health, abuse, or trauma.

### **Researcher Vulnerability**

Ethics questions present some of the most context-dependent issues researchers face, particularly regarding vulnerability. Of the risk autoethnographer Barbara Jago (2002) took in writing about her mental health, Tolich notes: “Jago self-reported being on a knife edge or razor edge while writing the article” (Tolich, 2010, p. 1601). Jago herself reflects that one reviewer “cautioned me against going public with my story because of the possible damage posed to my career by the stigma of depression” (Jago, 2002, p. 753). In speaking to Ellis about the article Jago was unambivalent: “I have to write myself out of my depression” (Ellis, 2007, p. 25).

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<sup>33</sup> Phenomenological-humanism views the individual, as an active agent in the world, with a measure of control over their environment and their life, capable of knowing themselves, and tending towards self-actualisation—constructive movement in the direction of self-fulfilment.

<sup>34</sup> Grant argues that, much as liberal humanism’s emergence led to the privileging of the voices of the powerful (Braidotti, 2013), many phenomenological-humanist qualitative research practices in healthcare privilege the concept of individual human agency to the extent that this obscures social and material forces in the lives of individuals (Grant, 2014). In these circumstances, assumptions that agency and lived experience have limitless capacity to transcend and overcome social and material structures, inattention to the socio-political and cultural contexts of people’s lives, and location of difficulties exclusively within individuals, all function as a form of “narrative violence” (Grant, 2016a, p. 297).

Autoethnographers wishing to explore such experiences need to address the risks involved. While acknowledging her responsibility as a supervisor, Ellis writes that while “engaging in others’ stories is a gift and sometimes the best thing we can do for those in distress,” her supervisees should “seek assistance from professionals and mentors when they have problems” (Ellis, 2007, p. 26).

Throughout my doctoral study, I have maintained clear boundaries between my academic relationships, and my clinical relationship with a psychiatrist. At formal stages of my research such as annual programme reviews, concerns or ethics issues arising were discussed.<sup>35</sup> As previously indicated, although ethics constraints prevented me from conducting workshops with vulnerable participants, none prevented me from metabolising my own trauma through the autoethnographic animation practice methodology adopted in this inquiry. I knew there was no guarantee of success, and that the process would not be painless, but believed this approach to be vital for my psychological recovery. Indeed, as Ellis observes: “Writing difficult stories is a gift to self, a reflexive attempt to construct meaning in our lives and heal or grow from our pain” (2007, p. 26).

## **Stigma**

Regarding mental health, while admiring Jago’s “brilliant description of her battle with depression and the misery that it brought” (2010, p. 1600), Tolich observes that while reading her paper, he “felt like a voyeur watching reality TV” (p. 1601). His advice for “a novice researcher planning to write about their bulimia or attempted suicide, or any other stigmatised experience, is that they should imagine dressing up in sandwich boards and walking around the university proclaiming their stigma” (p. 1605). For Tolich, publishing such material is: “Like an inked tattoo...the marking is permanent. There are no future skin grafts for autoethnographic PhDs” (p. 1605).

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<sup>35</sup> In 2013, due to concerns about self-harm (SIB) imagery in *Expt. 1*, I was asked to contextualise this and provide examples of other artists who use SIB in their practice. In an unpublished paper, I explore the role SIB plays in trauma, where it may function as a form of metaphorical speech (Favazza, 1996), or to combat traumas ‘speechless terror’ (van der Kolk, 1996). Young, S. (2013). *The body keeps the score: An examination of the rationale behind my use of images of cutting in Expt. 1: It Started with a Murder* [Unpublished manuscript]. School of Communication, Royal College of Art.

Given that those with 'stigmatised experience' may already feel ostracised or shamed, Tolich's advice appears problematic, as it could add to existing feelings of stigma, or be perceived as admonishing a survivor for speaking out.

## Consent

Regarding consent, Ellis suggests: "we constantly have to consider which questions to ask, which secrets to keep, and which truths are worth telling" (2007, p. 26).

I tell my students they should inform people they write about and get their consent. Then they bring me projects where that is an unreasonable goal and might even be irresponsible.

Sometimes getting consent and informing characters would put them in harm's way (such as from an abusive parent or partner). Sometimes my requirement that they get consent means that they cannot do a project that would help them heal and get on with life. Then I ask myself, "Is the well-being of the researcher always less important than the wellbeing of the other, even others who have behaved badly?" I answer, "No, not always. (Ellis, 2007, p. 24).

From an agential realist perspective, consent cannot merely be about "assigning or parsing out principles of morality, as contrasted with questions of social justice" (Barad, 2011, p. 453). The rights of the abused can never be straightforwardly weighed against the abuser's, as "ethics is about mattering, including who matters and who doesn't, as well as how even the very conception of matter entails particular constitutive exclusions" (2011, p. 453). My position is that autoethnographers wishing to explore personal trauma must be free to determine what matters in their specific contexts, but I heed Ellis's warning that autoethnographers "should be cautious that their definition of *greater good* isn't one created for their own good" (Ellis, 2007, p. 24). Ellis's advice to her students reflects the complexities of these diffractive and entangled relationships:

"Strive to leave the communities, participants, and yourselves better off at the end of the research than they were at the beginning," I say. "In the best of all worlds, all of those involved in our studies will feel better. But sometimes they won't; you won't." I tell them that most



important to me is that they not negatively affect their lives and relationships, hurt themselves, or others in their world. I tell them to hold relational concerns as high as research. I tell them when possible to research from an ethic of care. That's the best we can do. "But what about those who kept secrets from me, who hurt me?" they ask, and I reply, "Write to understand how they put their worlds together, how you can be a survivor of the world they thrust upon you." Sometimes I say, "I don't know." (Ellis, 2007, pp. 25-26).

Tolich, in contrast, appears to focus on the abuser's rights:

Prior to beginning an autoethnography on incest the victim should separate her or his personal experience from the writing process and anticipate ethical issues...Up until now the ethical rights of the abuser in relational autoethnography have been unclear but this needs perspective... Autoethnographers can easily demonstrate their respect for persons by anticipating the needs of both the other and the self before the research writing begins. This consideration must also extend to those who have abused the researcher (Tolich, 2010, p.1607-1608).

### **Troubling Tolichism**

It is unclear whether Tolich is simply advising that relational ethics issues must be considered in advance, or that victims must additionally seek advance consent from abusers. In a critique of Tolich, Grant and Young (2021) consider how his position on relational ethics might be interpreted by autoethnographers wishing to explore epistemic injustice through creative practice. We believe Tolich's admonition that researchers should "not publish anything they would not show to those mentioned in the text," and "anticipate ethical issues before commencing their research" (Tolich, p.1600-1602), undermines the viability of autoethnographic practice where knowledge is created *through* the creative process, rather than in advance of it. Responding to Tolich's position on anticipatory ethics and consent, therapist and autoethnographer Kim Etherington offers this perspective:

My fear is that when Tolich and others give out powerful messages that might close down thinking and discussion, we lose something important (as well as losing what we learn by taking risks). So we end up all the poorer. Tolich's work is much cited and I fear could negatively affect young researchers, and ethics panels and, in the long run, harm progress (at worst) (K.

Etherington, personal communication, 29 October 2020).

For me, what is most troubling is Tolich's position in relation to women's accounts of mental health problems, child sexual abuse, and domestic abuse which, following Chang (2008), he appears to both trivialise as "everyday family stories" (Tolich, p. 1606), and feel distaste for. Tolich's caution that autoethnographers wishing to write about these issues should avoid parading such "stigmatized experience" (p. 1605), can be read as "constituting, reifying and reinforcing *othering* and marginalization, thus compounding rather than reducing stigmatization" (Grant & Young, 2021, p. 107). Tolich argues that his guidelines protect vulnerable researchers, but he fails to consider those autoethnographers who wish to communicate personal experiences of injustice through their practice, and how his guidelines might be interpreted as proscribing this.

Challenging injustice can be daunting. During my General Medical Council (GMC) testimony, my veracity was attacked by the accused doctor and his barrister, who attempted to use my diagnosis and trauma history to support their argument that I was a troubled and unreliable fantasist. I was ultimately believed by the tribunal panel, who found me both reliable and credible (Figure 15), but I will always wonder whether, had the defence succeeded in invalidating my testimony through their citing of my psychiatric history, I could have survived the consequent psychological devastation.

**Figure 15**

*General Medical Council Transcript, Day 19*

**B** The Panel found Ms A to be a reliable witness in most aspects of her testimony despite the observations made on your behalf by Mr C [REDACTED] and by you during the course of your evidence. The Panel found no evidence of fabrication, fantasy or elaboration in her evidence. She was measured, consistent and credible in what she said. Much of what she was to tell the Panel was supported, albeit not from an independent source, by her diary entries. No challenge was made to the contemporaneity. Cross-examination failed to undermine what she said and, in the view of the Panel, she left the witness stand with her credibility intact.

**C**

### **Summary**

My GMC testimony highlights the challenges survivors face when attempting to speak of their experiences. Those trapped in invalidating relational, institutional, or societal power structures often have no opportunity to be heard. Many in abusive situations face further abuse when attempting to speak of it. Some who do speak will be disbelieved. For very many of these survivors, legal recourse proves impossible due to the psychological, financial, and evidential difficulties associated with pursuing justice.

In these circumstances, autoethnographic methodologies may offer an opportunity for survivors (while or after receiving appropriate therapeutic support), to explore their trauma narratives through writing, or other creative strategies, such as animation. My own methodological approach reads critical autoethnography and clinical, therapeutic, and survivor perspectives on trauma, abuse, and mental health diffractively, both through my situatedness within this inquiry, and through the social, cultural, and political issues arising from my engagement with institutional psychiatry as a victim, survivor, and filmmaker.

From an ethics perspective, my body's situatedness within *Expts. 1* and *2* is critical to the metabolism of my trauma, and is explored through my use of medicolegal records and imagery of

pills, blood, and skin. From a social, cultural, and political perspective, my autoethnographic ‘I’ (Grant, 2013, p. 33), permits me to bear witness to domestic violence and iatrogenic abuse across various forums, and promote awareness of autoethnographic animation practice’s potential as a medium for investigating trauma. From a diffractive perspective, the embodied nature of this inquiry demonstrates how, in circumstances such as those involving survivor self-harm for example, ethics are always a complex matter. These perspectives align with Barad’s position—that ethics are never determinate (Barad, 2011), and with Ellis’s—that certain truths need telling, and there is a greater good (Ellis, 2007). In my interpretation of these positions, animator-survivors have responsibilities, both to maintain their own bodily and psychological integrity, and to enlighten wider society, and thus they should firstly ensure their own safety, and then strive to both mitigate past or future harm and make a difference. In Chapters Five and Six, I indicate how I interpret this in relation to the ethics of self-harm, consent, representation of abusers, and the politics of my practice.

## Chapter Five—Methods

Creative arts therapist Shaun McNiff, in advising arts-based researchers to consider how they wish to communicate asks: “What do you feel will be the most convincing and influential, the most complete presentation of the artistic evidence...What is it that you believe people need to see, and experience from your research?” (McNiff, 2018, p. 34). He observes that IMRaD (Introduction, Methods, Results, and Discussion), an organisational approach to presenting data commonly found in scientific research, is a “logical and flexible template that can accommodate the arts” (2018, p.32). As this transdisciplinary inquiry aims to be relevant to animation academics and animators with lived experience of trauma, and also cognitive scientists, trauma clinicians, therapists, and autoethnographers, I have separated my methodology (of autoethnography, described in Chapter Four), from my methods, which, following IMRaD, focus on the processes involved in generating, assembling, and working with my data.

This chapter thus includes descriptions of: procedural and situational ethics issues arising within this inquiry; my participant interview protocol and questionnaire; processes involved in analysing my interview data; and the technical processes involved in making *Expts. 1* and *2* (my methods of practice). In Chapter Six I explore my practice, research questions, and results in more detail, and in Chapter Seven I discuss the thematic analysis of my interview data.

### **Procedural and Situational Ethics**

There is a gap in animation studies literature regarding the ethics of working with sensitive personal data in relation to animator-survivors who explore trauma within their practice. De Bruyn (2014), Blair (2015), and Mercier (2018) discuss the challenges of working with such material from a creative perspective, and Gammidge (2021) assesses his extensive experience in therapeutic practice with vulnerable participants, but none focus specifically on ethics issues. As this research explores the effects of autoethnographic animation on trauma, it has necessarily involved working with

sensitive material about mental health, abuse, and psychiatric treatment, and procedural and situational ethics were therefore something I considered carefully. As the RCA ethics and informed consent forms available at this inquiry's outset did not seem sufficient in scope, I drafted my own informed consent form using guidelines from the World Health Organisation, Royal Association(s) of Psychiatrists and Physicians, and the British Psychological Society (See Appendix A). This describes the purpose and nature of my inquiry, interview protocols, and related risks, benefits, rights, and confidentiality issues. It was submitted to the Royal College of Art Research Ethics Committee, and approved on 4 Sept 2017, with a commendation for the quality of my submission.

In accordance with procedural and situational ethics principles, and after careful consideration, I chose not to explore trauma through fieldwork, or workshops with vulnerable participants. I made this decision because I lack the training and capacity to provide therapeutic support for such participants, and such support would have been too complex to manage within my study's constraints. Similarly, in relation to ensuring the safety of interview participants with lived experience of trauma, I interviewed only those who had already published and/or created animation about their experiences, or who were or had been in receipt of therapeutic support, or who were themselves qualified as therapists. In addition, and as part of my consent form, I asked every participant to consent that I had no means to provide psychological support.

Situational ethics principals regarding appropriate therapeutic support additionally influenced my choice of autoethnography as a methodology. I was only able to explore my own lived experience within my autoethnographic animation practice and use this as data because I had in place sufficient ongoing therapeutic support for myself, from my own clinicians, from the outset of the inquiry.

My decision to focus on myself as principal research subject meant I did not need to consider further situational ethics issues, such as a protocol for responding to participants if in crisis. My relational ethics framework and related issues of epistemic injustice, particularly regarding vulnerability, consent, and the abuse of power, are discussed in Chapter Four.

## Data Collection

To expand my knowledge of cognitive processes and mental imagery, in 2015 I developed an association with the MRC Cognition and Brain Sciences Unit, a UK research centre for cognitive neuroscience at the University of Cambridge. Between 2012 and 2016, MRC programme leader Emily Holmes and her team investigated the role of mental imagery in emotions and emotional disorders. Relevant to this research are their findings that mental imagery engages the same neurocircuitry that underlies the processing of sensory signals, and that the visualisation of emotionally arousing situations and experiences will lead to heightened emotions, and/or emotional reliving of that experience (Holmes & Mathews, 2005; Holmes et al., 2005; Holmes & Mathews, 2010). A member of Holmes' team, experimental psychiatrist Martina Di Simplicio, became my second supervisor, provided me with access to and guidance on clinical research into mental imagery and trauma, and assisted me in devising my research methodologies, such as participant interview protocol.

In consultation with Di Simplicio, an interview sample size of fifteen participants was chosen, consisting of five scientists/clinicians, four therapists using animation in their practice, five animators with lived experience of trauma, and one autoethnographer. One autoethnographer only was chosen as, although it was important to gain an autoethnographic perspective, my interviews focused on the effects of autoethnographic animation practice, and not on autoethnography as a methodology. Each participant's name and data were anonymised, with scientists/clinicians identified as: S1- S5, therapists as T1-T4, animators as A1-A5, and the autoethnographer as AE1. Participants were selected on the basis that they would provide information-rich data specifically related to their areas of expertise or practice and be willing to contribute to the research. Analysis of the data was intended to provide a theoretically and methodologically sound evidence base supporting my research into how autoethnographic animation practice might affect trauma symptoms in animators-survivors.

## Questionnaire

I used reports compiled after *Expts. 1* and *2* (my autoethnographic animation practice) to develop four research questions addressing the visuospatial and sensory attributes of animation, and animation's potential for application within imagery rescripting, and when bearing witness to trauma. A fifth question requesting participant responses to *Expts 1* and *2* was included in order to further read these responses through my autoethnographic animation practice. My questionnaire (Appendix B), was designed to facilitate the semi-structured interviews. Its structure permitted me to first ask my questions, then initiate a broader discussion based on either the participants' initial responses to my questions, or on areas of their own expertise or experience. The interviews took place between 22 August 2017 and 17 September 2018, were conducted either face-to-face or via Skype, lasted approximately 90 minutes, and were audio-recorded. An informal opportunity for participants to ask further questions or discuss any matters or emotions arising from the process was provided at the end of each interview.

## Data Analysis

To prepare the interview data for analysis, I used Express Scribe software for audio playback of the interview recordings. These were transcribed using the intelligent verbatim orthographic method, and the transcripts were coded by hand using Microsoft Word, between August 2018 and October 2019. My choice of analytical method was determined by the scope of my research questions, theoretical framework, size of study, my level of analytical expertise, research objectives, and analysis guidance set out by psychologists Virginia Braun and Victoria Clarke (2013). Interpretative Phenomenological Analysis (IPA) was considered due to its psychological orientation, suitability for single case studies, and focus on lived experience. Grounded Theory (GT) was considered, due to its focus on how research is constructed by examining interactions between data, researcher, participants, and the past and present (Braun & Clarke, p. 180-186). I ultimately dismissed both due to their relative complexity, in favour of Braun and Clarke's pattern method of



Thematic Analysis (TA), which is appropriate for use by those such as myself with little or no data-handling and coding skills (Braun & Clarke, p. 180-186). TA is a flexible foundational method for novice analysts. It is useful for examining the perspectives of a variety of research participants, and able to explore questions and themes in various ways (data-driven or ‘bottom-up,’ or ideas-driven or ‘top-down’), and to facilitate the development of both experiential descriptions and critical analyses of the data’s explicit content (Braun & Clarke, 2013, p. 178). Because I aim to generate new knowledge about animation’s capacity to ameliorate trauma that will be of multidisciplinary interest and relevant across cognitive science, trauma therapy, autoethnography, and animation practice and therapy, I selected TA as my analytical method.

#### **Methods of Practice—*Expt. 1: It Started with a Murder* and *Expt. 2: The Betrayal***

My practice consists of two film experiments, *Expt. 1: It Started with a Murder* (*Expt. 1*), and *Expt. 2: The Betrayal* (*Expt. 2*).<sup>36</sup> Both explore my experience of interconnected interpersonal traumas. *Expt. 1* explores my ex-husband’s attempt to murder me on 13<sup>th</sup> February 1996. *Expt. 2* explores 1996-1998, the subsequent two years when, hoping to minimise negative psychological sequelae to the murder attempt, I commenced psychiatric treatment, but as a consequence lost my career, had a psychiatric breakdown, attempted suicide, and was hospitalised.

Both *Expts. 1* and *2* focus on the most basic component of the animation process—individual images edited in sequence. Both films were photographed using a Canon 600D camera, Canon 100 mm macro lens, and Kaiser copy-stand and lights (Figure 16). Dragonframe stop-frame and Premier Pro editing software were used to assemble and edit the animation sequences. Technical assistance was provided by artist Katie Goodwin.

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<sup>36</sup>*Expt. 1: It Started with a Murder*: <https://vimeo.com/56994915>  
*Expt. 2: The Betrayal*: <https://vimeo.com/118896121>

Figure 16

Camera Set-Up with Macro Lens, Copy-Stand, and Lights



Both *Expt. 1* and *Expt. 2* incorporate photographs of my ex-husband and psychiatrist, however neither are identifiable. In accordance with Barad's position that ethics are never determinate (Barad, 2011), and Ellis's regarding the greater good (Ellis, 2007), I incorporated these images into the films in order to experience a sense of empowerment over these individuals (see Chapter Seven for an analysis of this). I did not seek consent from either in using these images, as I assessed that course of action as being potentially dangerous and/or psychologically damaging for me. In relation to *Expt. 2*, prior to its first screening, I additionally sought and received legal advice confirming that the film did not breach libel laws. The legal cases relating to these films were not

subject to gagging clauses. The photograph of my ex-husband and the medicolegal documents within *Expts. 1* and *2* are my own property.

When making relational ethics decisions such as naming abusers without consent, it is helpful to retain awareness of the silencing function performed by structural power imbalances connected with testimonial injustice. Forms of *identity-prejudicial-credibility-deficit* (Fricker, 2007, p. 4), the process whereby the survivor (speaker) is afforded less credibility by the hearer, are often due to sexist/misogynistic master narratives within society, and commonly exist in situations of child abuse, domestic violence, and rape, particularly when survivors are testifying to their experiences. In circumstances where survivor and abuser interests are opposed, survivors must consider the ramifications of any ethics decisions they make regarding how, when, and where to communicate their experiences. Some may choose to remain silent for fear of reprisals, some may approach their abusers to seek consent, and some may speak out, make films, or publish without consent. In relation to *Expts. 1* and *2*, I determined that my principal responsibilities were to my own bodily and psychological integrity, and wider society. I chose to identify my abusers because from a legal perspective, judgements had been passed, no gagging orders were signed, and no libel was committed. From an ethics perspective, I determined that the greater good (Barad, 2011; Ellis, 2007) was to prioritise my psychological healing, and communicate insights regarding autoethnographic animation practice's potential for exploring issues of trauma and abuse to a wider audience.

I did not write a script or design a storyboard before commencing *Expt. 1*. I limited my source materials to four legal documents: Injunction Order, Power of Arrest, Affidavit, and Decrees Nisi and Absolute (Figures 17 & 18). The only other elements shot were light sources, pixelated skin and blood, and a photograph of my ex-husband.

For *Expt.1*, I shot approximately ten minutes of footage and edited it into a film lasting two minutes and forty-seven seconds. No soundtrack was added. I then wrote a report summarising the production process, which assessed the extent to which the film had helped me further address my principal research questions. This report informed the design of *Expt. 2*.

Figure 17

Injunction Order, Power of Arrest

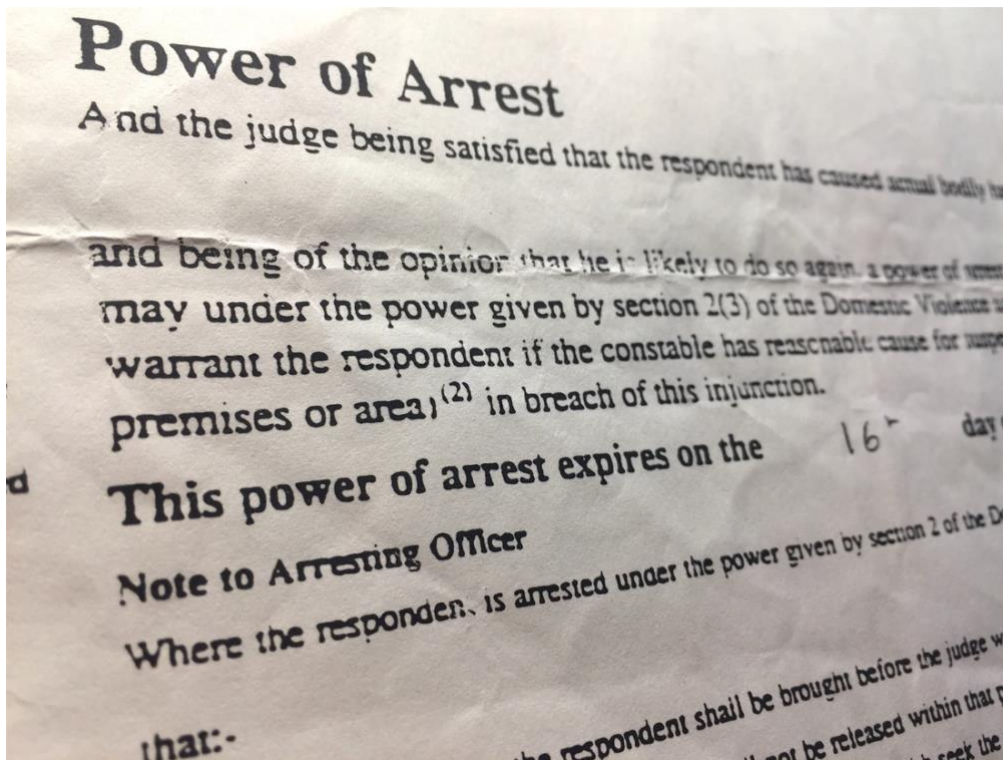
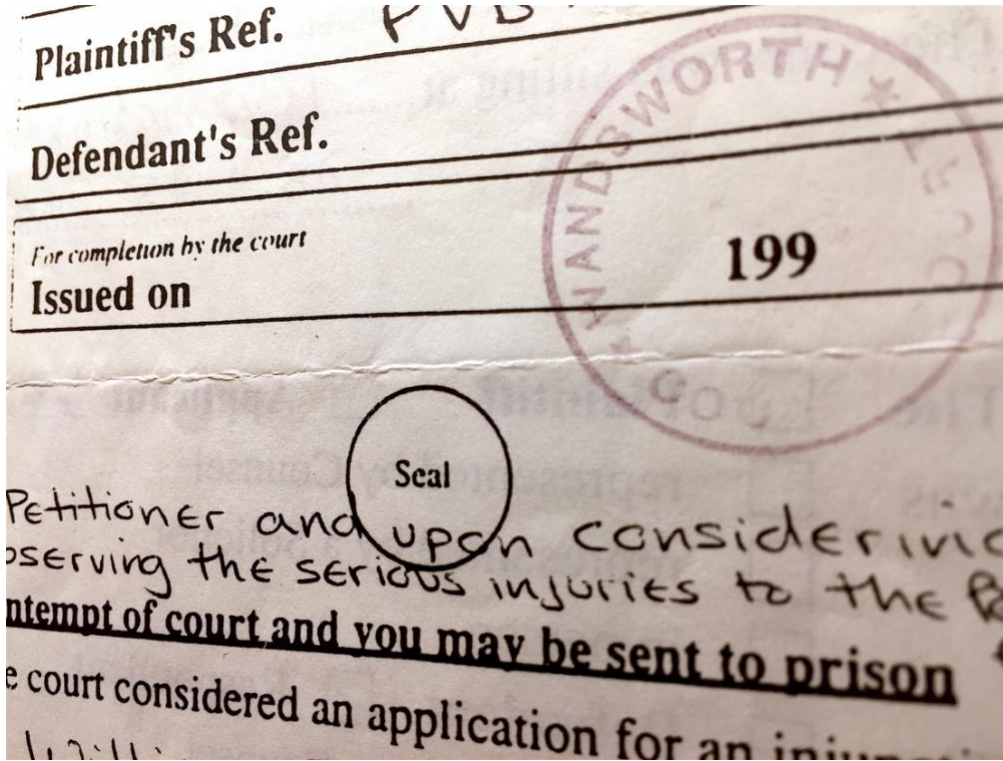


Figure 18

Affidavit, Decree Nisi

**Affidavit of the Petitioner**  
**Affidavit no. 1**  
**No. of exhibits: 1**  
**Sworn on: 13.2.96**  
**Filed on: 13.2.96**

Case no. 96 D 0208

has broken down irretrievably and decreed that the said marriage be dissolved unless or to the Court within six weeks from the making of this decree why such decree should be absolute.

Notes

**This is not the final decree.** Application for the final decree (decree absolute) must be made to the court. (For guidance see leaflet D187. "I have a decree-nisi what must I do next?")

**Appeals: showing cause why this decree nisi should not be made final (absolute) decree nisi.**

- If the decree nisi was pronounced by a district judge and the respondent must serve notice of appeal and set down the appeal at this court within 14 days of the decree nisi.
- If the decree nisi was pronounced by a judge and the respondent must serve notice of appeal and set down the appeal at the Court of Appeal within 14 days of the decree nisi.

For Expt. 2 I utilised the same equipment as in Expt. 1. The personal archive materials filmed included medicolegal records connected to the case successfully prosecuted in relation to the psychiatric mistreatment referenced in the film (Figure 19). These included prescription printouts, clinical records, witness/defence statements and expert witness reports (Figures 20- 22). Additional elements included: light sources, skin, blood, a newspaper photograph of my psychiatrist, coloured gels, pharmaceutical pills, water, and oil.

**Figure 19**

*Medicolegal Records*

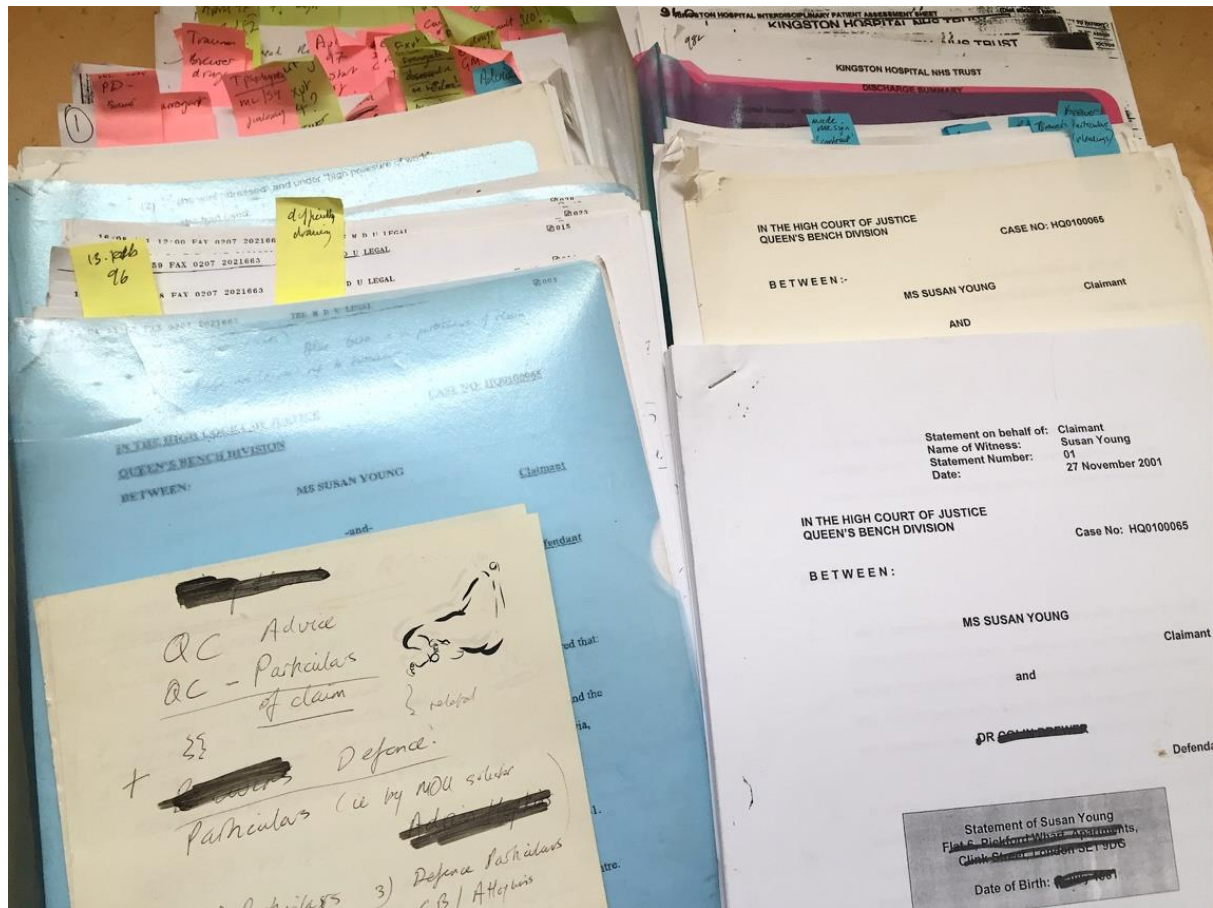


Figure 20

Prescription Print Out

STAPLEFORD CENTER ONE EIGHTY SEVEN  
Date

12-06-97	4	DIAZEPAM 10MG TABLETS Take THREE at NIGHT
12-06-97	4	DIAZEPAM 10MG TABLETS Take THREE at NIGHT
3-06-97	3	DIAZEPAM 10MG TABLETS Take THREE at NIGHT
3-06-97	3	DIAZEPAM 10MG TABLETS Take THREE at NIGHT
1-06-97	3	TUINAL 100MG PULVULES Take THREE at NIGHT
-06-97	72	DEXEDRINE 5MG TABLETS EIGHT TABLETS THREE times a day
-06-97	3	TUINAL 100MG PULVULES <del>DIAZEPAM 10MG TABLETS</del>
06-97	3	TEMAZEPAM 10MG TABLETS Take THREE at NIGHT
06-97	24	DEXEDRINE 5MG TABLETS EIGHT TABLETS THREE times a day
06-97	24	DEXEDRINE 5MG TABLETS EIGHT TABLETS THREE times a day
6-97	3	TEMAZEPAM 10MG TABLETS Take THREE at NIGHT
6-97	3	TUINAL 100MG PULVULES Take THREE at NIGHT
-87	3	DIAZEPAM 10MG TABLETS Take THREE at NIGHT
-97	3	TUINAL 100MG PULVULES Take THREE at NIGHT
-97	3	TEMAZEPAM 10MG TABLETS Take THREE at NIGHT
-97		DEXEDRINE 5MG TA

Figure 21

Defence Statement, Hospital Discharge Summary

... a prescription missing to cover her time away in Los Angeles and intended tailing off in Mexico. *where is it if he had plan or sent details of the planned to someone in Mexico?*

190. On 23 April 1997, after she had returned from Los Angeles I wrote:-

Back from LA. Briefly committed to Cedars Sinai. Had felt mildly suicidal after U.S. doctor diagnosed pain in right hand and arm (probably writer's cramp) as Carpal Tunnel Syndrome or RSI. Ordered EMG, NMR of cervical spine. . .

From: 23/04/97 To: 01/05/97

Dexedrine Tabs 5mg 5 qds. (180) - daily  
Temazepam Tabs 10mg Three Nocte. (27)  
Tuinal Caps 100mg Three Nocte. (27)  
Diaz[epam] 10m 3 nocte. (27)

62

LONGSTANDING BARBITURATE ADDICTION  
SION WITH SUICIDAL INTENT

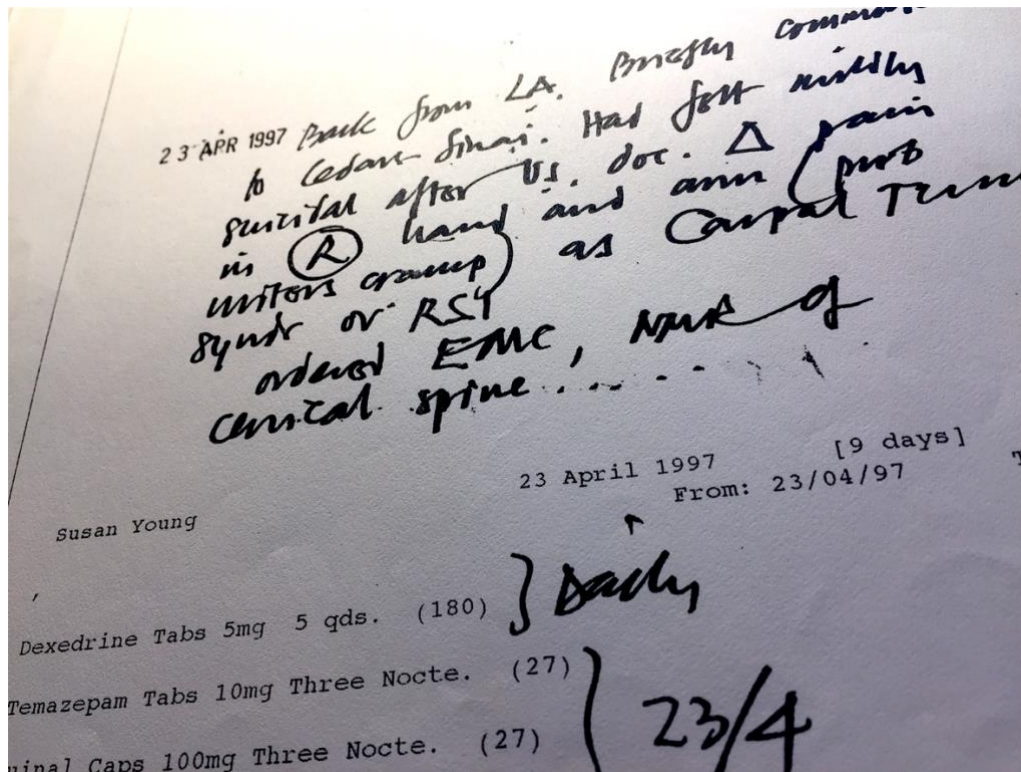
Emergency	Discharge Date	1.8.97
	Ward	Short Stay Unit
	Speciality	General Medicine

on Tuinal, Amitriptyline and Fluoxetine, having been feeling  
al. Long standing barbiturate addiction, seen regularly private  
ver. Patient unable to give history with a GCS 7/15  
BP 110/70 which dropped to 60/55, pupils dilated and plan  
mol and salicylate levels, FBC  
acidosis, ECG: sinus tachycardi  
ube sited. Activated ch  
ed her to fol



Figure 22

Clinical Records



I initially attempted to write a script for *Expt. 2*, but this triggered an increase in intrusions. Chapter Six describes how I responded to this by adopting a visual approach to the scriptwriting. I wrote haiku-like texts to identify inciting incidents and key themes, then selected and shot my documents accordingly, using different exposures, lighting, and timings. Roughly 20 minutes of footage were shot and edited into a film of 5 minutes and forty seconds. I designed, recorded, and mixed the soundtrack with assistance from RCA Sound Tutor Mike Wyeld, and wrote a second report describing the production process, which informed the content of my questionnaire. *Expts. 1* and *2* were disseminated at film festivals, symposia, and conferences, where I explored iatrogenic abuse, challenged dominant narratives within psychiatry regarding patient credibility, and assessed audience responses to my propositions regarding autoethnographic animation and the metabolism of trauma.

## Chapter Six—Autoethnographic Animation Practice

This chapter outlines the structure of my practice. Six initial research questions, derived from my lived experience as an animation director and trauma survivor, are outlined. My experience of exploring these questions through *Expts. 1* and *2* is described.

*Expt. 1: It Started with a Murder*, and *Expt. 2: The Betrayal*, are the animated components of my practice. Links to these films can be found here:

*Expt. 1:* <https://vimeo.com/56994915>

*Expt. 2:* <https://vimeo.com/118896121>

Reports written after *Expts. 1* and *2* and summarising both films' findings, are referenced. These reports assisted me in refining my questions and designing my questionnaire, which in turn informs my thematic analysis, as detailed in Chapter Seven. The relationships between my autoethnographic animation practice, and the screenings, symposia, and conferences attended throughout this inquiry, are examined. This chapter concludes with my assessment, backed up by medical records, of the significant improvement in my mental health that occurred during production and completion of *Expts. 1* and *2*.

My practice is epistemologically informed both by critical autoethnography (Grant, 2020), and cognitive models of mental imagery (Clark & Mackay, 2015; Andersson et al., 2018). It focuses less on the psychoanalytical perspectives on trauma often found within film studies (Felman & Laub, 1992; Caruth, 1995; Dudai, 2014), and more on the notions of embodied trauma put forward by van der Kolk (2014), and Ogden et al. (2006). Following van der Kolk's observation (2014, p. 243) that studies combining creative modes such as expressive dance and writing (Krantz & Pennebaker, 2007),<sup>37</sup> produced better outcomes than control or exercise only groups, my inquiry combines animation with writing and presentations at conferences, screenings, and symposia.

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<sup>37</sup> In Krantz and Pennebaker's 2007 study, 64 participants disclosed a personal trauma through dance for 10 minutes for 3 days, and then either wrote about it for 10 minutes daily, continue to dance, or engaged in routine exercise. Over the following 3 months, while all groups reported feeling healthier and happier after the exercise, only the group also

## Initial Questions

I first devised the following six questions. These are based on my own experience, as an animator and trauma survivor, of using animation practice to ameliorate trauma-related symptoms.

1. Might symbolic imagery be used to construct a vocabulary of trauma and thus process it?
2. Might animation's sequential construction enable the reintegration of fractured memories?
3. Might the repetition involved in animated sequences induce trance-like states that reduce trauma?
4. Might control over processes and narratives enhance the animator's sense of bodily integrity and agency by enabling them to, literally, "play God"?
5. Does an animator's tactile relationship with their materials affect trauma?
6. Might animation effectively bear witness to trauma's "speechless terror" (van der Kolk & van der Hart, 1996, p. 172).

### ***Expt. 1: Filming and Results***

This film explores my attempted murder. Whilst making it I felt like a detective, scouring legal documents for evidence, my macro lens enabling me to closely focus on individual words and consider their meaning. To evoke the paradoxical emotions of loyalty and terror experienced during my marriage, I juxtaposed words of opposing or tangential meaning such as "he loved" and "will kill

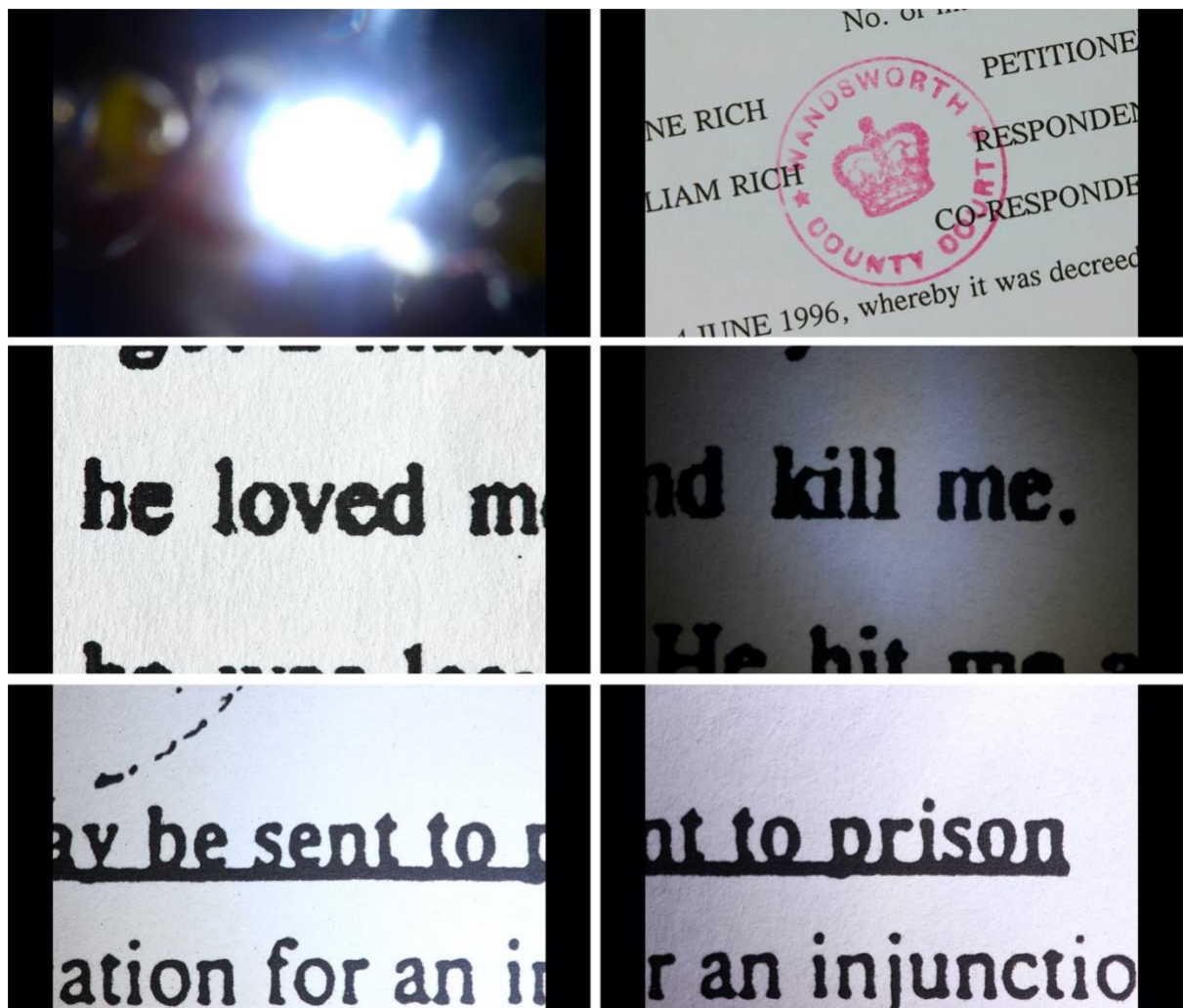
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writing about their trauma showed an objective improvement (better physical health and improved grades). This finding suggests that optimal results in treating trauma might be achieved by combining creative modes of expression.

me,” and interfered with the apparent course of events by manipulating a court order to imply that my husband was sent to prison, when in reality I had been too afraid to press charges (Figure 23).

**Figure 23**

*Stills, Young, S (2013). Expt. 1*



As I made *Expt. 1*, I considered my six initial questions, and on completing the film, wrote *Expt. 1: Report*. At over 9000 words, is too long to incorporate within this inquiry, but its summarised findings relate to: animation’s symbolism and capacity for juxtaposition; visuospatial

capacity; capacity to change the narrative and facilitate control, capacity for haptic perception and embodied communication, and capacity to bear witness.

### ***Symbolism and Juxtaposition***

*Expt. 1*'s bricolage of skin, blood, light, and text, functions as a visceral and poetic description of my trauma. Skin is inscribed with scarification (Figure 24). Flashes of light representing blows to the head leave in their wake legal judgements (Figure 25). Juxtaposition of the words: "he loved" and: "violence," signify the beginning of my capacity to acknowledge the simultaneously held emotions of betrayal, love, and fear felt during my marriage, and those previously disavowed, such as grief at the marriage ending. On recognising these emotions, I was able to explore and further process them with my therapist. I have only tested this outcome in relation to my own experiences, but it seems possible, given the usefulness of drawing in imagery rescripting (Chessel, 2016, p. 112), and "restorying" in changing trauma narratives (Gammidge, 2021, p. 236), that working poetically and visually with texts and images in this way may help process trauma when used alongside therapeutic approaches.

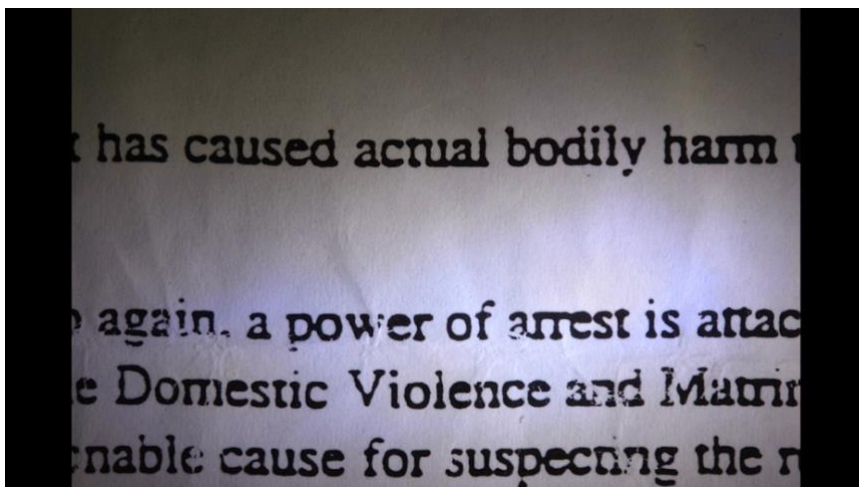
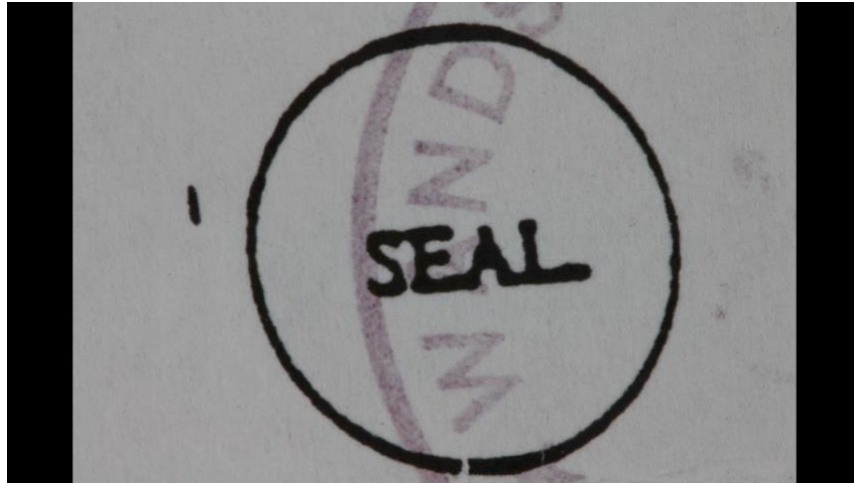
### **Figure 24**

*Still, Young, S (2013). Expt. 1*



Figure 25

*Stills, Young, S (2013). Expt. 1*



### ***Using Visuospatial Tasks to Metabolise Trauma in Animation Practice***

Engaging in repetitive tasks such as photographing documents and operating lights while thinking about my trauma seemed to precipitate a trance-like state. This may be because such tasks resemble the mindful movement practiced within sensorimotor psychotherapy to enable survivors to manage arousal (Ogden, 2006).<sup>38</sup> Additionally, after completing *Expt. 1*, my intrusions appeared to decrease in volume and intensity. This finding echoes a number of studies where visuospatial tasks such as Tetris were found to reduce intrusions, potentially by disrupting traumatic memory encoding, competing for limited (visuospatial) working memory resources, and/or offering the opportunity to update memory via reconsolidation (Besnard et al., 2012; James et al., 2015).

### ***Changing the Narrative: Empowerment and Control***

By manipulating court documents to imply that my ex-husband was imprisoned when he was not, I now had three memories—my original, disempowering, trauma memory, and two new, empowering memories, one of him being punished, and one relating to the animation process—both of which enhanced my feelings of agency and control over an event where previously I had none. This finding correlates with Gammidge’s observation that his therapy participants, having experienced similar disempowerment, often relish the opportunity to restore their narratives through animation, because: “The puppets will do what the director wants and the story will go as the director chooses” (Gammidge, 2021, p. 232). Indeed, in their film *Just Like a Rag Doll* (2013), ‘I,’ one of Gammidge’s participants, used the almost god-like power vested in animation to reimagine what had happened when they testified against their father for child abuse. Using animation, ‘I’ increased their father’s sentence to life in prison and replaced the humiliating all-male courtroom with puppets of an all-female court and judge (p. 232).

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<sup>38</sup> Mindful movement is any movement or exercise, such as breathing, or yoga, that is practiced with awareness. Sensorimotor psychotherapy is a body-oriented, trauma-focused therapy that employs haptic perception and touch to access psychological and sensorimotor (the body’s sensory and motor), processes that are affected by trauma.

### ***Haptic Perception and Embodied Communication***

In working with tactile materials such as clay, sensorimotor psychotherapists use haptic perception and touch to expediate non-verbal access to the psychological and sensorimotor processes (such as secure attachment), that are affected by trauma (Elbrecht & Antcliff, 2014).

Gammidge observes the importance of this in 'I's relationship with their characters:

Whilst speaking, [I] held the puppet of [themselves] as a child, tenderly soothing, stroking and mothering it. It felt like [they were] soothing that wounded, vulnerable part of [themselves] as a form of physical empathy, perhaps hard to conceptualize and enact using words...By developing a physical relationship with [their] puppets, [I] tells an embodied narrative, one that comes from the body as well as the mind, and in doing so [I] tells a new story (Gammidge, 2021, p. 232).

Although *Expts. 1* and *2* do not involve tactile puppets, I experienced a similar embodied response when shooting *Expt. 1's* medicolegal records. Having previously struggled to read these records due to their triggering contents, after animating them this became easier, perhaps because animation's visuospatial tasks and sensorimotor processes enabled me to enter into a healing, embodied relationship with them.

I also explored animation's capacity for embodied communication within *Expt. 1* by incorporating images of self-harm (Figure 26). Many survivors feel shamed and silenced by interpersonal abuse. Many will cut or burn themselves, inscribing their trauma onto their bodies in actions that seemingly mediate its cycles of intrusion, numbing, and dissociation. This may provide an experience of control when previously there was none, or function as a form of speech, articulating events too terrifying to remember, or for which there are no words (Hunter, 1995). The images of self-harm and scar tissue in *Expt. 1* may thus function as "a physiological indication of wound healing," that is also symbolic of emotional healing (Favazza, 1996, p. 156). After incorporating these images, my urge to self-harm diminished and, whether due to animation's symbolic or embodied capacities, or function as a form of language, it may be significant that I have



not cut myself since completing this film.<sup>39</sup> A similar outcome was reported by ‘I,’ Gammidge’s participant. A prolific self-harmer, ‘I,’ after making *Just Like a Rag Doll*, felt no need to further self-harm, because the film had helped process their guilt and self-blame. Gammidge observes: “through making the film [I] could give back the scars...to [their] parents (a very literal somatic metaphor)” (Gammidge, 2012, p. 232).

## Figure 26

*Stills, Young, S (2013). Expt. 1*



## ***Bearing Witness Through Screenings: Expt. 1***

Psychoanalyst Dori Laub notes that many survivors feel entrapped within trauma’s “ceaseless repetitions and reenactments” (Felman & Laub, 1992, p. 69). These include intrusions, nightmares, flashbacks, emotional and somatic disturbances, and compulsive re-enactments—the “ritualized expressions of unresolved trauma” (Hunter, 1995, p. 10).

To undo this entrapment...a process of constructing a narrative, of reconstructing a history and essentially, of *re-externalizing the event*—has to be set in motion. This re-externalization of the event can occur and take effect only when one can articulate and *transmit* the story, literally transfer it to another outside oneself and then take it back again, inside. (Felman & Laub, p. 69).

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<sup>39</sup> I confirmed this assertion by counting emergency psychiatric interventions within my medical records, as referenced later in this chapter in: *Evidencing the Metabolism of Trauma Within Personal Medical Records*.

Such processes, during which the listener/audience takes on part of the responsibility for bearing witness that had previously been borne by the original witness alone, can occur in relationships between survivors and therapists, witnesses and juries, and artists and audiences. “It is the encounter and the coming together of the survivor and the listener, which makes possible something like a repossession of the act of witnessing. This joint responsibility is the source of the reemerging truth.” (Laub, 1995, p. 69).

I feel the transformative power of such encounters keenly at screenings with mixed audiences including artists, clinicians, and survivors. Speaking of *Expt. 1* in this context, Sarah Wheeler, founder of Mental Fight Club and the Dragon Café commented:

That film is astonishing and utterly close to the edge - an edge that so many people teeter on, and fall off - I love it, it created an extra-ordinary sensation of perception in me...it is going to be a challenge showing this film, but I think setting it in an animated format of creative context and your personal journey will reduce the 'shock' of it...we are on to creating an amazing evening of a transformative kind (S. Wheeler, personal communication, 21 February 2013).<sup>40</sup>

After a screening in January 2016 at Im\_flieger, the Vienna association for independent artists, one audience member shared that whilst watching *Expt. 1*, the hair on her arms had risen, and remained standing on end, such was the film’s visceral power (Figure 27). In the Austrian newspaper Der Standard, this event’s review: *Dimensions of violence: Animated films of Paul Wenninger and Susan Young* by dance critic Helmut Ploebst, highlighted trauma’s effect on my practice:

From Young’s oeuvre we can deduct how the work of an artist can alter radically after a personal trauma. Before a brutal incision in her life, her animated films were lively, musical choreographies of moving graphics. *It Started with a Murder* drops the animated line completely. At one point, flashes of light, text extracted from legal documents and bloody scarifications

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<sup>40</sup> Mental Fight Club is a creative group founded by Sarah Wheeler after her experience of severe mental illness and recovery. Mental Fight Club’s flagship project The Dragon Café offers people with mental health issues, (and none), the chance to participate in a wide range of creative events and projects. <https://www.dragoncafe.co.uk/>

become a stroboscopic staccato of horror [it is] the processing of an attempted murder, an extreme case of domestic violence in the form of a silent movie. (Ploebst, 2016).

**Figure 27**

*Presenting my Practice, Im\_flieger, Vienna*



Such responses highlight my use of animation as a poetic simulacrum of my experiential world, that collapses my experiences into a radically shortened timeframe and provides a kind of *super exposure*, a “rich tapestry of animation’s visual excesses, which go beyond merely re-presenting the past, to convey the meaning of both personal history and the act of remembering it” (Honesty Roe, 2013, p. 168). For me, this act of remembering and bearing witness is, additionally, always political. It remains something I continue to engage in, whether through screenings or online, as in my collaboration with Gaslighting, an exhibition showcasing works focused on domestic abuse (Gavin, 2021) (<https://www.gaslightingart.com/art/it-started-with-a-murder>).

## **Expt. 2: Filming and Results**

*Expt. 2* explores the dangerous psychiatric relationship that enmeshed me after my attempted murder. To determine which of the innumerable related pages of medicolegal records I needed to shoot, I decided to write a script prior to filming, but on commencing this, I froze. This was unsurprising, as I had had a similar response when writing my clinical negligence witness statement, but I noted that writing my script seemed to stimulate my fight, flight, freeze responses far more intensely than my witness statement had done. I concluded that I had deliberately parked my emotions when writing my statement, but was now purposefully reconnecting with them, and thus feeling overwhelmed. I wondered whether my experience related to the belief some therapists have that treating trauma through traditional talking methods can be harmful, as van der Kolk suggests:

Describing traumatic experiences in conventional verbal therapy is likely to activate implicit memories in the form of trauma-related physical sensations, physiological dysregulation, involuntary movements, and the accompanying emotions of helplessness, fear, shame and rage, without providing the resources to process these nonverbal remnants of the past (Ogden, 2006, p. xxiv).

Verbalising trauma under these conditions may additionally inhibit the brain areas controlling cognition, thus compromising the efficiency of verbal treatment models such as cognitive-behavioural and psychoanalytic psychotherapy, which require access to cognitive processes to effect change. Van der Kolk hypothesises that trauma's "speechless terror" (1996, p. 193) may additionally be partly due to functional changes in the brain's capacity, such as heightened activity in the right hemisphere and reduction in the left, which interfere with the ability to put experiences into words (Rauch et al., 1996).<sup>41</sup> For survivors who struggle with verbalising trauma, or experience symptoms

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<sup>41</sup> A positron emission tomography (PET) study of PTSD revealed that when exposed to trauma narratives, people with PTSD showed an increase in perfusion of their right brain hemisphere areas associated with emotional states and autonomic arousal, and simultaneously a decrease in oxygen use in Broca's area, a region in the left inferior frontal cortex responsible for translating internal experiences into language (van der Kolk, 2014, p. 43).

such as amnesia, dissociation, and trauma-related repetition-compulsion, van der Kolk recommends non-verbal approaches including movement and/or visual images, such as psychodrama and drawing (van der Kolk, 1996, pp. 193-195).<sup>42</sup>

Thinking that scriptwriting was similarly triggering my symptoms, I switched to using short poetic texts (Figure 28) to reflect on my emerging themes, and visual haiku-like structures to storyboard the film (Figure 29). This approach adheres to Ogden's understanding of how to work with trauma:

The challenge is to process the past without retraumatizing the client, to facilitate a steady integration of fragments and increase in the "transfer" of memory from situationally accessible memory to verbally accessible memory. The work must take place at the upper and lower edges of the window of tolerance, accessing enough of the traumatic material to work with, but not so much that the client becomes dysregulated, dissociated, and retraumatized (Ogden et al., 2006, p. 243).<sup>43</sup>

My poetic texts and visual haikus enabled me to work intensively enough with my documents to identify that *Expt. 2's* inciting incident was betrayal of trust, and then to structure the film around that concept without becoming overwhelmed by intrusions. In replacing my script with these poetic and visual methods, I was perhaps working at or within the edges of my own window of tolerance. This approach to constructing *Expt. 2* enabled me to incrementally and progressively reactivate limited amounts of memory and control my related arousal levels, whilst avoiding too-high arousal levels that might trigger traumatic re-experiencing, and too-low levels, that might not adequately evoke my nonverbal memories.

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<sup>42</sup> "The compulsion to repeat," or act out, traumatic events that are either repressed or not fully remembered, was first articulated by Freud in his essay *Remembering, repeating and working-through* (1914).

<sup>43</sup> The *window of tolerance* is an optimal arousal zone falling between the two extremes of hyper- and hypo-arousal, within which "various intensities of emotional and physiological arousal can be processed without disrupting the functioning of the system" (Siegal, 1999, p. 253).

**Figure 28**

*Short Poetic Text*

*pills from chemist*

*flash of pill*

*text: manipulative hierophant saviour drug dealer*

*prison of drugs*

*binary love/hate/kill/love*

*allowing the meaning of Expt. 2 to develop*

*i.e. haiku element*

*and way I'm shooting stuff*

*i.e. traumatised*

*the Claimant*

*trusted*

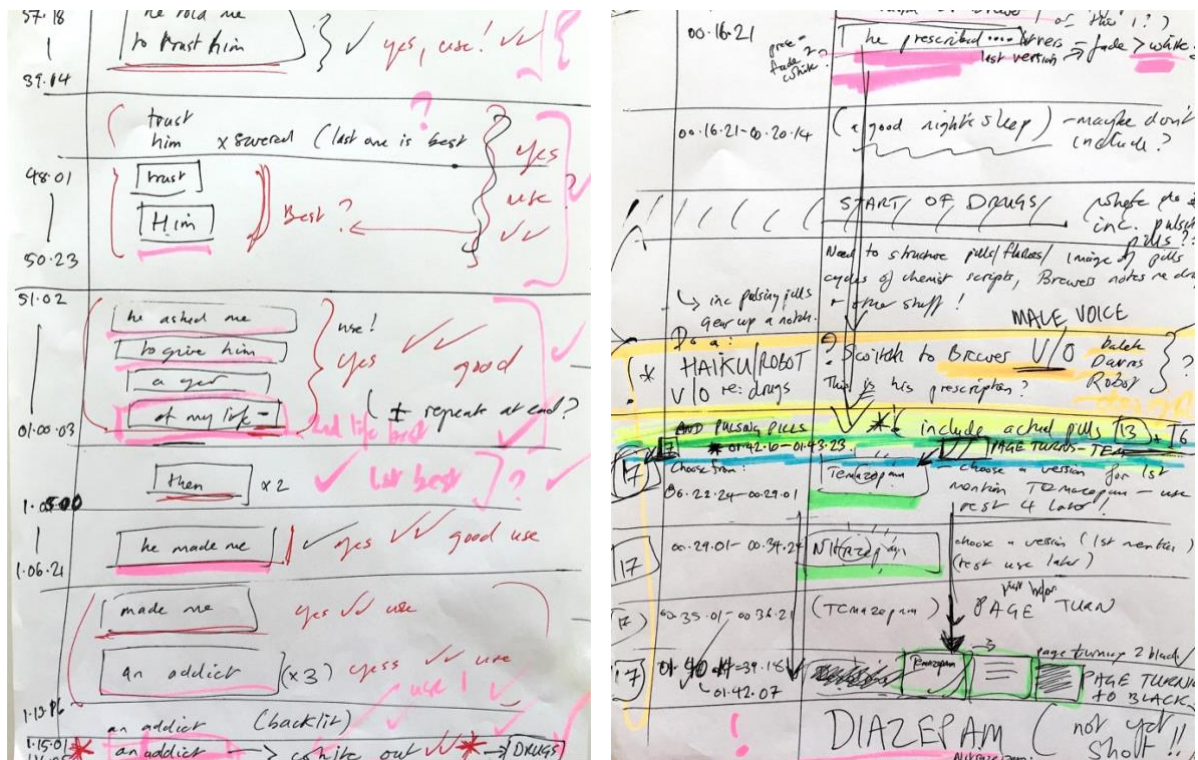
*Defendant*

*controlled*

*prescribed*

Figure 29

Visual Haikus



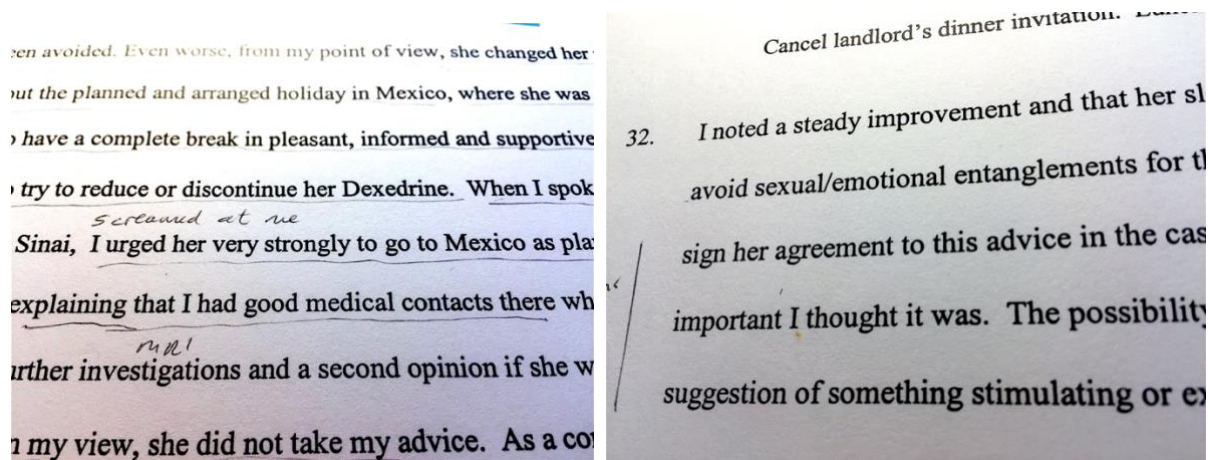
Repurposing Records and Voice Substitution

Some survivors, on experiencing a one-off trauma such as witnessing a traffic accident, will receive a PTSD diagnosis, which acknowledges their experience without making a judgement on their character. Others, particularly if female and with a complex trauma history, will receive a diagnosis of borderline personality disorder, or BPD (Herman, 1992, p. 123). Those so diagnosed are often depicted, as in the films *Play Misty for Me* (1971), and *Fatal Attraction* (1987), as unstable and dangerous, and viewed by clinicians as frustrating, manipulative, and difficult to care for (Sansone & Sansone, 2013). Some will be targeted for further abuse during treatment due to perceived vulnerability and/or lack of credibility (Gutheil, 1989; Herman, 1992; Jehu, 1994). Others will experience direct attacks on their credibility, as I did during my GMC testimony.

*Expt. 2* explores the relationship I had with the film’s antagonist by incorporating words from his own witness statement (such as: “I urged her very strongly,” and: “avoid sexual/emotional entanglements”), into the visuals (Figure 30). I also substitute my voice for his on the soundtrack. Both strategies resemble the role play used in dramatherapy to help a client make sense of experiences (Landy, 1992). I too am role playing, revoicing my abuser’s sworn testimony and transforming his words into my own in order to both reframe my trauma, and understand the dynamics permeating that relationship which contributed to the humiliation and disempowerment I experienced within it.

**Figure 30**

*Repurposing Records and Voice Substitution*



*Expt. 2* explores how a combination of my existing trauma, and emotional manipulation, coercive behaviour, and outright bullying by my psychiatrist, coupled with his increasing, almost lethal, daily prescription of addictive drugs, culminated in my near fatal suicide attempt. My aim in making the film was to explore the toxic, entangled relationship we had and metabolise the related trauma, through a montage of pulsing pills, drug prescriptions, and medicolegal records (Figures 31 & 32).



Figure 31

Stills, Young, S. (2015). Expt. 2

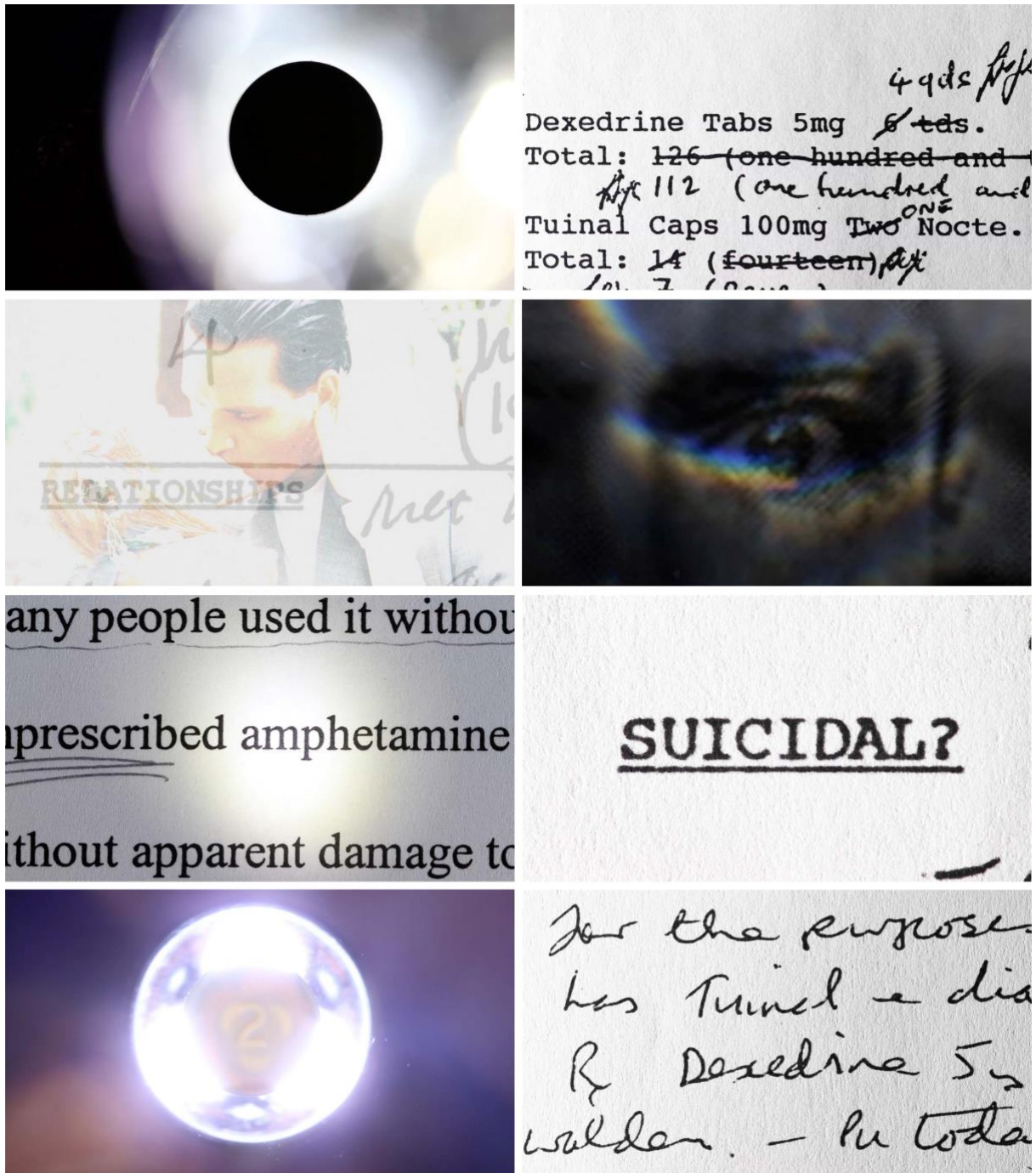
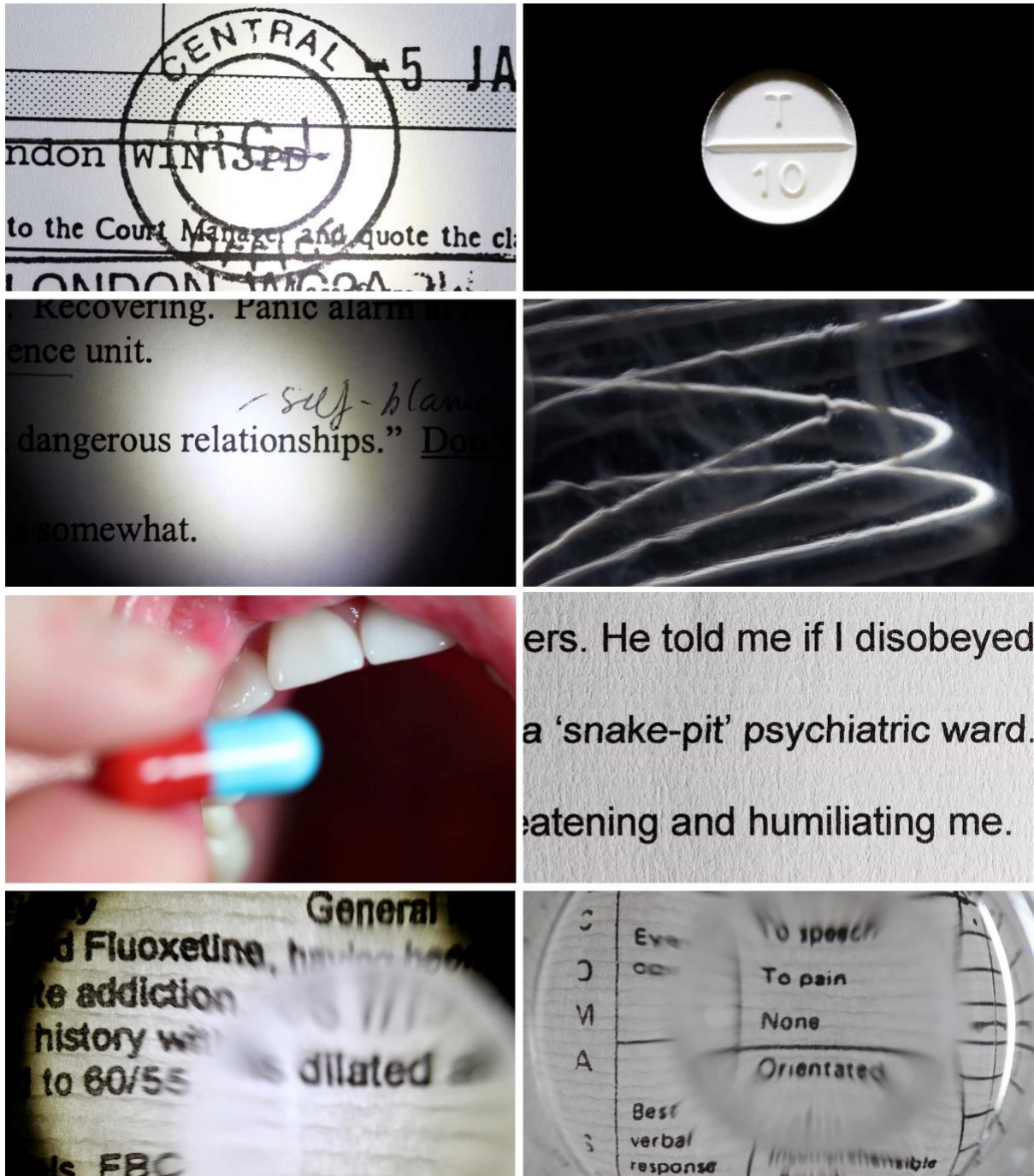


Figure 32

Stills, Young, S. (2015). Expt. 2



While making Expt. 2, I further explored my findings from *Expt. 1* regarding animation's capacity for symbolism and juxtaposition, visuospatial nature, capacity for empowerment through manipulating narrative, capacity for haptic and embodied communication, and capacity for bearing witness. On completing *Expt. 2* in March 2017, I wrote a further report. At over 19,000 words, it is too long to be incorporated into this inquiry, but I summarise the results below.

### ***How Might Animation's Complex Visuospatial Tasks Reduce Intrusions?***

While shooting *Expt. 2*, I noted that the visuospatial processes connecting with filming animation seemed to moderate my intrusions. This finding correlates with studies recording decreased intrusions when the trauma film paradigm is followed by Tetris game-playing (Holmes et al., 2004; James et al., 2015, 2016). Although these studies cannot determine precisely how tasks like Tetris reduce intrusions, some believe they interfere with image reconsolidation in the memory via competition for shared resources. Others postulate that intrusions may be moderated due to task demand on working memory resources (Andrade, Kavanagh & Baddeley, 1997), or intensity/attentional load, rather than modality (James et al, 2016; Pearson & Sawyer, 2011). People experience different levels of visuospatial working memory capacity, which may affect the type and load of task required to reduce intrusions (Wang et al., 2018),<sup>44</sup> and it may be that some animator-survivors have higher levels, thus requiring more demanding tasks when moderating intrusions. Whatever the processes involved, *Expt. 2's* findings suggest that animation, a complex visuospatial activity with a potentially high attentional load, may have a similar or greater capacity than Tetris to reduce intrusions.<sup>45</sup> I expand on this in Chapter Seven.

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<sup>44</sup> The visuospatial working memory temporarily stores and simultaneously processes the brain's two and three-dimensional representations of the world (Wang et al., 2018).

<sup>45</sup> This finding is made in a situated context involving one animator-survivor only. Further experiments would be required to determine if this result could be replicated in others.

## Can Animation Help Reframe Trauma Narratives by Facilitating Rescripting?

Restorying my trauma by repurposing my records through animation practice led to diminished intrusions and arousal. This finding appears to correlate with studies (Holmes & Matthews, 2005; Holmes, Mathews, Mackintosh, & Dalgleish, 2008; Arntz, 2012), where the emotionality and intrusiveness of PTSD-related memories were modified via imagery rescripting (ImRs). From the perspective of my research, it follows that autoethnographic animation may thus represent an innovative form of ImRs, as in *Expt. 2*, where I manipulate the trauma narrative of an abusive relationship in order to metabolise its related intrusions.

My strategy of reimagining events within *Expt. 2* also enabled me to engage in creative revenge. Revenge imagery is investigated in a study by psychologist Laura Seebauer and colleagues, where participants watched three trauma films depicting interpersonal violence, and then engaged with three different imagery rescripting strategies: one involving imagining violent revenge, one involving no violence, and one involving safe place imagery (Seebauer, Froß, Dubaschny, Schönberger & Jacob, 2014). Seebauer et al. (2014) found that although safe place imagery was most effective at reducing aggressive feelings and promoting positive emotions, revenge imagery was not inherently harmful. From the perspective of my research and lived experience, I suggest that visually reenacting revenge may be therapeutic, particularly for those who feel silenced by abusers. I found that in naming my abuser in *Expt. 2*, and rescripting material and narratives previously under his control, such as his clinical records and testimony, I was able to enact a form of non-violent, creative revenge that felt cathartic.

My practice is thus paradigmatically plural and intra-active in its reconceptualisation and reconstitution of my body, emotions, and memories, through its action on my medicolegal records. In relation to *Expt. 2*, the animation process facilitates a controlled exposure to my memories, and enables me to manipulate and reinterpret my records, by combining visuospatial processes and imagery rescripting (which both reduce intrusions), in order to reframe my trauma narratives and enable a creative form of revenge. This allows me to challenge the invalidating experiences

occasioned by my psychiatric treatment, and restory and reclaim my trauma narrative and psychiatric history through a process of bearing witness.

### **Does Bearing Witness Diminish Trauma Symptoms?**

To bear witness effectively, we must recognise that we are “more or less caught up in enacted structures of power emanating from their constant inscription within multiple and often contradictory cultural discourses, sometimes called ‘master narratives.’” (Grant, 2016a, p. 295). Although omnipresent, these power structures can be challenged, for example by survivors who resist “staying ‘narratively entrapped’ in pejorative narratives by ‘restorying’ themselves through the use of reflexive autoethnographic writing methods” (Grant, p. 295-6). To bear witness against epistemic injustice, survivors need psychological and political awareness, and “a performative *engagement* between consciousness and history, a struggling act of readjustment between the integrative scope of words and the unintegrated impact of events” (Felman & Laub, 1992, p 114).

Such engagement is not without risk. Survivors are often retraumatised by bearing witness, either within civil and criminal courts (Fulcher, 2004), or by articulating their experiences within non-trauma-informed psychiatric services (Sweeney et al., 2018).<sup>46</sup> To feel respectfully heard and heal from trauma usually requires expert psychotherapeutic intervention, (Herman, 1992), and trauma-focused treatments such as ImRs (Arntz, 2012; Chessell, 2016; Dibbets & Arntz, 2016).

All specialist interventions should focus on the body’s responses, rescripting trauma narratives, and some form of testimony. I suggest that autoethnographic animation practice may be a useful adjunct to current trauma-informed interventions, due to its potential for moderating intrusions through visuospatial processes, trauma rescripting, and bearing witness. A focus on these three areas makes *Expt. 2* an effective vehicle for metabolising trauma, as it relies:

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<sup>46</sup> Trauma survivors may experience further traumatic events in psychiatric in-patient settings, including ‘power-over’ relationships, such as coercion by staff, seclusion, restraint and physical assault. Trauma-informed approaches recognise this and address the retraumatisation that occurs through these relationships (Sweeney et al., 2018).

not upon a faith in the image's technological ability to furnish empirical evidence of the event, but upon a faith in the image's phenomenological capacity to bring the event into iconic presence and to mediate the intersubjective relations that ground the act of bearing witness." (Geurin & Hallas, 2007, p. 12).<sup>47</sup>

My film investigates not only *what* happened during my relationship with my psychiatrist and *why*, but *how* it felt, and thus facilitates a reworking of "the agential conditions of possibility" (Dolphijn & van der Tuin, 2012, p. 52). Its representations are not merely of events, but about intra- and inter-actions—between myself and my emotions and symptoms; between myself and my abusers; and also, crucially, between myself and my audiences— and it is through these last relationships in particular that I am most fully able to bear witness. They enable me to determine the ethical and political significance of agency in my research, to understand institutions such as psychiatry as a multiplicity of material-discursive apparatuses, and to promote the possibility of ethical and philosophical change within institutions and wider society, through screenings at various events.

### **Bearing Witness Through Screenings: *Expt. 2***

Since 2015, I have reframed, restored, and born witness to my psychiatric trauma by screening *Expt. 2* at community events, film festivals, conferences, and symposia.

In June 2015, I saw it screened in *Animation Off-Limits*, the experimental film category at Annecy International Animation Festival. During an interview with Marcel Jean, the festival's artistic director, I observed that this screening formed part of a significant cyclical journey, as I had won Annecy's Best Animation award for *Carnival* in 1985, and last attended the festival in 1997 as part of the Grand Jury, when the events portrayed in *Expt. 2* were occurring (Jean, 2015). Thus, being part of the Annecy screening had felt therapeutic, as it had facilitated bearing witness on multiple levels:

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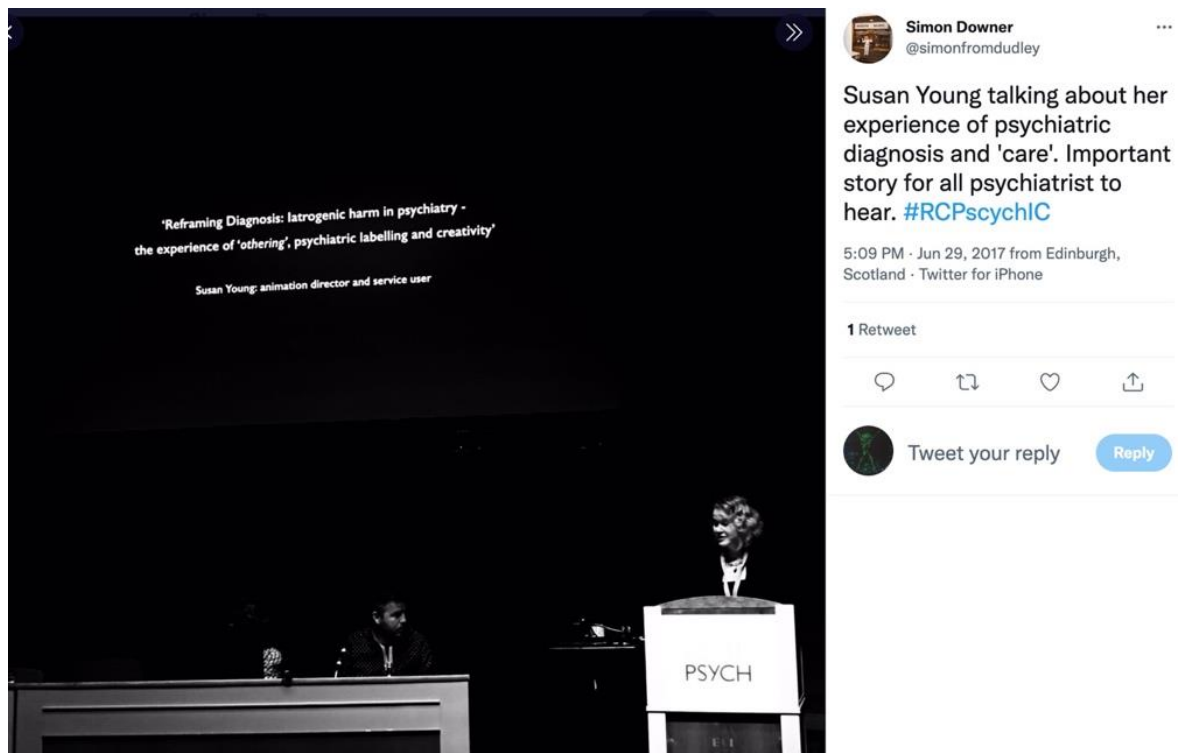
<sup>47</sup> The iconic presence of an image is defined as its presence in and as a picture. The image in this sense is understood as a threshold between the real (or tangible), and imaginary, worlds (Belting et al., 2019).

“the level of being a witness to oneself within the experience, the level of being a witness to the testimonies of others, and the level of being a witness to the process of witnessing itself” (Laub, 1995, p. 61).

I took the opportunity to promote ethical and philosophical change at the Royal College of Psychiatrists (RCPsych) International Congress in Edinburgh, June 2017, where I screened *Expt. 2*, and presented a paper which bore witness to my traumas of psychiatric othering, iatrogenic abuse, and addiction (Young, 2017). Psychiatrist Simon Downer responded by tweeting that my “experience of psychiatric diagnosis and ‘care’ [was an] important story for all psychiatrist[s] to hear.” (Downer, 2017) (Figure 33).

**Figure 33**

*Royal College of Psychiatrists International Congress: Edinburgh (2017)*



Note. Tweet: Downer, S [@simonfromdudley]. (2017, 29 June)

At the following year's RCPsych International Congress, in a Re:Create Psychiatry masterclass: *Redefine peer support: A future practice model for mental healthcare*, my colleagues and I encouraged a clinical audience to explore prejudices within their professions regarding mental health diagnoses.<sup>48</sup> This led to several clinicians bearing witness to personal experiences of feeling stigmatised or silenced after receiving a diagnosis (Figure 34).

**Figure 34**

*Royal College of Psychiatrists International Congress, Birmingham (2018)*



*Notes.* Re:Create Psychiatry masterclass panel (left to right): Khaldoon Ahmed, Susan Young, Elinor Hynes, Neil Armstrong and Seth Hunter.

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<sup>48</sup> Re:Create Psychiatry is a Mental Fight Club/Dragon Café project consisting of clinicians, artists, and people with lived experience of mental health services, who aim, through creativity and dialogic approaches, to improve relationships between clinicians and those using services (<https://recreatepsychiatry.com/>).



My experiences at RCPsych 2017 and 2018 highlight the importance of challenging the lack of awareness surrounding epistemic injustice within psychiatry. In November 2018, at a film study group convened by Neil Armstrong, Re:Create Psychiatry colleague and lecturer in Anthropology at Magdalen College, University of Oxford, I welcomed the opportunity to explore this injustice from an ethics perspective, particularly regarding my naming of my abusive psychiatrist within *Expt. 2*.<sup>49</sup> My position remains that survivors should not be required to get consent from abusers before publishing (Grant & Young, 2021). Naming abusers within autoethnographic animation practice serves to challenge epistemic and testimonial injustice (Fricker, 2007), and contributes to a common or greater good (Ellis, 2007; Hilppö et al., 2019), for example by encouraging others to speak about their abuse experiences.

Alongside its capacity to bear witness, *Expt. 2*, with its combination of personal archive material, poetic visual language, and expression of internal emotional states, also functions as an essay film. At the *Essay film form and animation: Intersectionality in motion* conference (2019), my presentation (Young, 2019) was deemed a “thoroughly enthralling personal account...highly autoethnographic [with] great visual and ethical depth that brought together aspects of both the essay film concept and social research” (Beth-Cowley, 2019). It is my entanglement of ethico-political perspectives, and focus on visuospatial and embodied movement, use of poetic imagery, and attention to levels of witnessing, that positions my inquiry at the interface between autoethnography and arts-based research, in the small but increasing field of artistic research in autoethnographic practice (Bartleet, 2022).

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<sup>49</sup> Armstrong’s research interests additionally include how shared creative activity may promote social connection. As academic lead for Re:Create Psychiatry, he works to facilitate dialogue between those who experience mental health problems, and the clinicians and researchers who treat and study them. <https://www.isca.ox.ac.uk/people/dr-neil-armstrong>

Auto(ethno)graphy, a symposium I convened in July 2019, further examined this positioning by debating related philosophical and ethical issues, and autoethnographic animation's potential as a politically engaged research methodology within artistic practice (Young, 2019a) (Figure 35).<sup>50</sup> Speakers discussed autoethnography's relation to posthumanism (Grant, 2019), epistemic injustice (Armstrong, 2019), animation within art therapy (Gammidge, 2019), and survivor voices in publishing (Shakespeare, 2019). Debated issues included how autoethnographic animation practice may be used intra-actively, for example to explore abuser-abused relationships, as in *Expt. 2*, where insights emerge through engagement with past memories, personal archives, and audiences.

I summarise my position on bearing witness in a co-authored paper (Grant & Young, 2021), which critiques both Tolich's (2010) recommendation that autoethnographers seek consent from abusers, and his position that writing about "stigmatized experience," such as mental illness or suicide, may shame like an "inked tattoo" (p. 1605). Grant and I argue that such positions promote epistemic violence and violate relational ethics by closing down the autoethnographer's voice. We instead encourage an approach to consent that draws on Barad's agential realist ontology, where these apparatuses of bodily production are intra-acting with and mutually constituting one another; that is, what is at issue is the primacy of relations over relata and the intra-active emergence of "cause" and "effect" as enacted by the agential practices that cut things together and apart" (Barad, 2007, p. 389).

As relations involving abuse and trauma are similarly entangled and mutually constituted, it follows that decisions regarding consent in autoethnographic animation practice must be made after

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<sup>50</sup> (2019, 2 July), Auto(ethno)graphy symposium, London. The symposium was recorded for future reference and discussion at: <https://vimeo.com/348452261>

considering all the issues, including the harm caused by overly proscriptive positions regarding the need for abuser consent, which may silence those wishing to write about their abuse.

**Figure 35**

*Auto(ethno)graphy Symposium, London (2019)*



## Auto(ethno)graphy

A one-day symposium exploring the philosophy, politics, ethics and creative potential of autoethnography as a research methodology within arts practice.

2 July 2019 | 10:30- 16:30

Huckletree West, Mediaworks,  
191 Wood Lane, London W12 7FP

## Evidencing the Metabolism of Trauma Within Personal Medical Records

As indicated in Chapter Five and my Informed Consent Form (Appendix A), procedural and situational ethics considerations prevented me from conducting fieldwork or workshops with vulnerable participants, or questioning them about their trauma experiences, due to my lack of training and inability to provide psychological support. My questionnaire (Appendix B), therefore restricts itself to exploring my participants' views on animation's visuospatialness and sensory, rescripting and bearing witness capacities, and their responses to *Expts. 1* and *2*. Although preventing me from directly exploring my participants' trauma experiences, principals of procedural and situational ethics indicate that no such constraints exist in relation to exploring my own experiences, or in examining my own medicolegal records.

Having observed how my intrusions decreased while making *Expts. 1* and *2*, I reviewed my medical history between 1997 and 2021, and noted the frequency of emergency psychiatric interventions for self-harm and/or psychological distress, whether these resulted in assessment only, medical treatment, or hospital admission.<sup>51</sup>

I noted a sustained decrease in such interventions, coinciding with the making of *Expts. 1* and *2*. This decrease commenced in January 2013, immediately after *Expt. 1*'s completion. Prior to that, innumerable emergency psychiatric interventions are recorded, beginning in 1997 with hospital admission after a suicide attempt, and continuing between 1997 and 2012 with in-patient hospital stays, and Section 136 and A&E interventions.<sup>52</sup>

Up to and including 2012, at least one monthly intervention of this type is recorded, and often, multiple interventions monthly. In 2013, one intervention is recorded in January, and none after I completed *Expt. 1*. In 2014, only two are recorded, in January and July. In 2015, one

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<sup>51</sup> These records were sourced from South London and Maudsley NHS Trust epj's (electronic patient journey) in March 2013, and subsequently via the NHS app in October 2021.

<sup>52</sup> Section 136 is a section of the Mental Health Act 1983, which is used by the police to detain persons they believe need 'care and control,' have a mental illness, and need a Mental Health Act assessment. This requires the police to transport the person to a 'place of safety' (in my experience either a police station, or a Section 136 suite attached to a psychiatric hospital).

intervention is recorded in February prior to completing *Expt. 2*, and one after its completion in July.<sup>53</sup> Since completing *Expt. 2*, no further mental health interventions, whether hospital admissions or Section 136 detentions, have been recorded. This represents a fall in interventions from the level recorded in 2012, consisting of over 91% in 2013, 83% in 2014/2015, and 100% in 2016. This strongly points to a significant improvement in my mental health during this period. Contributory factors may include the resolution of my clinical negligence cases in 2003 and 2010, however, given the time-frame and specific dates involved, I believe the principle factor underlying this improvement is my production and completion of *Expts. 1* and *2*.

### Summary

I suggest that these medicolegal records offer evidence of autoethnographic animation practice's capacity to function as an ethico-onto-epistemological vehicle for communicating and metabolising symptoms of trauma.<sup>54</sup> Through *Expts. 1* and *2*, I perform and embody trauma by incorporating my body within the animated frame; use dialogic and intra-active processes such as repurposing medicolegal records to restory my trauma narratives; and use animation's capacity to bear witness to these processes through screenings that additionally challenge related issues, such as the epistemic injustices driving psychiatric abuse.

The following chapter sets out my use of thematic analysis to interrogate participant responses to my research questions. This analysis allows me to read autoethnographic animation practice through cognitive science and autoethnography, resulting in an agential cut—a new way of looking at how animation processes may influence trauma symptoms.

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<sup>53</sup> January, February and July are months when an increase in my mental distress was historically expected, due to the occurrence of distressing or traumatic anniversaries such as my ex-husband's birthday (14 January), my murder attempt (13 February), and my birthday/marriage anniversary (7 July).

<sup>54</sup> In Baradian terms, an ethico-onto-epistemological vehicle is something that facilitates an intertwining of ethics, knowing, and being (2007, p. 185).

## Chapter Seven—Thematic Analysis

Dance, movement, and other creative therapies are often used to ameliorate trauma (Serlin, 2020). Many of these reflect van der Kolk’s thinking about trauma and utilise sensorimotor or body-oriented approaches (Ogden, 2006; Sigal, 2021), but little remains known “about how they work or about the specific aspects of traumatic stress they address” (van der Kolk, 2014, p. 242). In therapies involving animation, person-centered (Hani, 2017)<sup>55</sup> and restorying approaches (Gammidge, 2021) are often used, but their underlying cognitive mechanisms remain under-researched, as does the therapeutic significance of bearing witness to trauma in animator-survivors.

This chapter discusses my use of the qualitative research method of thematic analysis set out by psychologists Virginia Braun and Victoria Clarke (2013), which I employ to assist me in better understanding how autoethnographic animation practice might be utilised to metabolise and bear witness to trauma.

Braun and Clarke’s thematic analysis is a flexible method that identifies and interprets patterns of meaning across datasets. Its step-wise process incorporates data-driven (‘bottom up’), and theoretical (‘top down’), approaches (Braun & Clarke, 2013, p. 178), in stages that involve repeated cycling through the data, and revisiting/revision of coding as analysis progresses. This chapter sets out this process, which includes generating codes, writing memos, coding cycles, merging codes into sub-themes, and analysing final themes. My final themes, of embodied cognition, imagery rescripting, and bearing witness, are explored in relation to my initial research questions, participant responses, and my autoethnographic animation practice. Incorporating an analytic process into this inquiry has enabled me to test observations and insights from my practice on others, and to read observations and findings from cognitive science, clinical practice, art and animation therapy, and autoethnography, diffractively with and through each other.

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<sup>55</sup> Person-centered therapy focuses on a person’s potential for personal growth.

## Interviews

Between 2017 and 2018, in consultation with my second supervisor Martina Di Simplicio, I selected and interviewed fifteen participants based on their expertise in specific areas of practice relevant to this inquiry—cognitive science, art therapy/education, animation practice, and autoethnography—and between 2018 and 2020, analysed their responses. Responses were anonymised, with the scientists/clinicians identified as S1 to S5; therapists as T1 to T4; animators as A1 to A5; and the autoethnographer as AE1. These responses supplied me with information that, after analysis, helped me formulate what I propose is a theoretically and methodologically sound evidence base supporting my research into how autoethnographic animation practice might affect trauma symptoms in animator-survivors. This will add to existing knowledge about the mechanisms underlying imagery-based treatments, such as Tetris and imagery rescripting, and the animation practices used by survivors to explore their experiences. The three intersecting themes emerging from my completed analysis—of embodied cognition, imagery rescripting, and bearing witness—provide insights into, and help identify, those characteristics of autoethnographic animation practice that make it a potentially effective vehicle for ameliorating trauma.

## Coding

Coding is the process of tagging data with a code—a word or phrase that captures its essence—and situating these within themes, or central organising concepts. Codes are the building blocks of thematic analysis. They can be data-derived or semantic, thus reflecting the data's content, or researcher-derived or latent, thus invoking the “researcher's conceptual and theoretical frameworks in order to identify *implicit* meanings within the data” (Braun & Clarke, 2013, p. 207). This analysis uses both semantic and latent data. To assist in visually identifying my data, I colour-coded it in either red, blue, green, purple, pale blue, or pale orange. This identified data relating to: the senses and cognition; visuospatial processes; narrative and rescripting; bearing witness; autoethnography (and related philosophy and ethics); and animation practice, respectively.

During my first coding cycle, I semantically coded the entire dataset. This ensured an accurate initial interpretation of the data, as in Table 1, an extract of an interview with participant S5, where data relating to visuospatial (VS) and working memory (WM) processes associated with Tetris game play is coded in blue.

**Table 1**

*Cycle 1, Extract of Transcript S5, Coded 22 November 2018*

Para no.	Data	Codes
1.	S5: And it would be really interesting to see whether people for example who have a higher visuospatial working memory capacity in general, whether they benefit from something like <i>Tetris</i> even more so than someone who, let's say, is lower on that particular skill set. And it might be more beneficial with people who have that skill set so that we can exploit that skill set for therapeutic reasons. But another reason could be that they might not necessarily be better, but they might just prefer.	<p>Might people with higher VS WM benefit from, e.g. <i>Tetris</i> more than those + lower VS skill set?</p> <p>Might using <i>Tetris</i> be therapeutic re: those with higher VS?</p> <p>Or might those with higher VS simply prefer <i>Tetris</i>?</p> <p><u>Need to tailor VS intervention</u></p>

My second coding cycle consisted of memos: “analytic notes-to-self that can be more or less developed and may or may not include relevant data extracts” (Braun and Clark, 2013, p. 215). Functioning as a step between analysis and write-up, these enabled me to explore and develop various ideas, such as the politics of psychiatric labelling, and dismiss others (Table 2).



## Table 2

### *Cycle 2, Extract of Memo Written 17 Aug 2018, Interview with AE1*

Interview explores totality of my research re: assemblages, autoethnography, BW and IR re overcoming attempts to define via psych. labelling. Including IR re: rescripting experiences and identities, political, Foucault, othering, negating and fighting back against labels. There's a particular focus on master narratives that entrap within diagnostic pejorative narratives, and on understanding, from a new materialist POV, how I relate to my research, and am situated within it. Themes + code groups emerging:

[1 AE as a method of interrogating power, master narratives + lived experience](#)

[2 Creative restorying using AE](#)

[3 Ae and New Materialism, assemblages and Antiszygy](#)

[3 a: You have to live your research + believe in it](#)

[4 IR + BW- rescripting narratives; taking back the capacity to redefine ourselves](#)

[5 Multiple voices, agential cuts](#)

[6 Response to my films, and BW my animation as an embodied act, Everything is matter- new worlds, new assemblages](#)

[7 My ORIGINAL RESEARCH- new assemblages, + embodied act of ani, immersion, + everything is matter](#)

[8 New materialist interpretation of my research- methodololoy, everything is matter, mind impacting on matter](#)

[9. Bearing witness to power- thru research + assemblage method](#)

[10 Challenging master narratives + Old paradigms fight to protect their empires using assemblages to disrupt power, resist, restory, challenge othering and master narratives](#)

This memo summarises my interview on 22 August 2017 with AE1.<sup>56</sup> It illustrates my initial approach to framing my inquiry and exploring the relationship between the survivor-animator and their experiences, symptoms, practice, and audiences, which was prompted by an interest in new materialism and Deleuzian assemblages (Deleuze, 1986).

My later decision to focus on Barad's agential realist approach to knowledge production was based on her (more useful to me) articulation of a transdisciplinary engagement between arts and sciences, and perspectives regarding diffraction and entanglements (Barad, 2007). I similarly chose not to further code concepts such as "antiszygy" (duelling polarities within one entity), as, although interesting, it was not relevant to my inquiry.

In my third cycle, I colour-coded paragraphs across the dataset relating to emerging themes, as in S1 and T1's transcripts regarding visuospatial working memory, animation as an embodied

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<sup>56</sup> In this memo, acronym BW means bearing witness; IR: imagery rescripting; POV: point of view; AE: autoethnography, and ani: animation.

experience, and how screening autoethnographic animation might facilitate bearing witness (Table 3). This cycle enabled me to refine and determine emerging themes as I cycled through my dataset.

### Table 3

#### *Cycle 3, Extract of S1 and T2 Themes, Coded 5 March 2019*

S1

1 visuospatial working memory-how it interferes with imagery vividness and associated emotion 8-26

2. How new imagery re trauma interferes w flashbacks via blunting affect etc. 28-39

3 Can IR + concurrent VS processes help reframe, reinterpret, reformulate trauma imagery? 43-47

4 Is ani an embodied experience? EI-craving research, perception etc 51-63

5 can this approach (ie ani AE) make trauma worse and HOW? 65-69

6 DK- Response to Expt 1 and 2 83-98

T2

1 Animation as process- practitioner/filmmaker POV 26-40

2 Rescripting narratives 48-52

3 sensory and tactile qualities of materials 56-64

4 Bearing Witness AE, shame, screening, triggering 78-84

5 ethics- safety, triggering, narrative entrapment 86-92

6 film is fiction = a lie that tells truth-AE ani= meaning, memories, empathy, Norton Grim, 94-131

7 SY films response 131-137

8 Norton Grim-ani model, alter ego, in zone- 139-17

I used coding cycle four to combine data extracts, coding (both semantic and latent), and “SY comments” (analytic notes-to-self), to deepen my exploration and interpretation of the data in relation to both my theoretical frame, and other relevant knowledge frameworks such as psychoanalysis (Table 4). Thus, in extract A, A3’s references to animation’s “catatonic” nature and “uncanny” reconnection to trauma, are coded as representing trauma’s repetition compulsion (van der Kolk, 1989). My SY comments referencing van der Kolk’s theory of trauma’s encoding “in the viscera” (2014, p. 86), identify additional implicit meanings within the data. In extract B, A1’s Plasticine “little me” is coded as a cathexis object that enhances feelings of security in a manner similar to Winnicott’s transitional objects (1953).<sup>57</sup> In extract C, AE1’s “sticky” assemblages (of

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<sup>57</sup> For psychoanalyst Donald Winnicott, transitional objects include blankets or toys that represent the maternal love-object used by infants to help them form 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 (Winnicott, 1953).

psychiatric power) are coded as “master narratives” and “old paradigms that fight to protect their empires.”<sup>58</sup> Extract C’s SY comments additionally reflect on my use of bearing witness (BW), and imagery rescripting (IR) to challenge these narratives.

In a fifth cycle (Table 5), I collated and merged codes into sub-themes, where collated codes include: “performing trauma through animation” (Extract A), merged codes include: “animation as cathexis or transitional object” (Extract B), and sub-themes include: “autoethnography as a way of working through lived experience and critiquing master narratives and dominant discourses” (Extract C). I then clustered these into my final, overarching themes, each of which “captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (Braun & Clark, 2006, p. 82).

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<sup>58</sup> Throughout cycles one to four, I considered and later discarded numerous codes, such as Extract C’s code “sticky” assemblages. I later replaced the concept of assemblages with that of Barad’s apparatuses (Barad, 2007).

**Table 4**

*Cycle 4, Extracts A-C, Embodied Cognition, Imagery Rescripting, Bearing Witness*

Extract A: Embodied Cognition Cycle, Coded November 2019

Data	semantic	latent	SY comments
<p>36 A3 <b>That repetition thing is kind of really important...I'm doing a lot of scratching [on film] it's almost like the knitting thing that people talk about, this kind of repetition thing but it's very catatonic. And it almost puts me in the state of the trauma, it didn't help me understand it but it kind of reconnected me in uncanny ways that I didn't understand...</b></p>	<p><b>repetition is important</b> Scratching on film = symbolic of trauma state  representation of trauma repetition compulsion</p>	<p><b>Animated repetition: therapeutic nature of trance, rhythm, reflexion, reconnection</b></p>	<p>36: A3 <b>uncanny reconnection to body + experiences scratching on film-repetition='catatonic'</b>= representation of trauma repetition compulsion  Scratching on film = visceral reminder of trauma related- self-harm, repetitive, endogenous opioid response, = puts him in 'state of trauma'  Uncanny = repetition compulsion: unaware why acting out (chronically hyperaroused to trauma stimuli) <i>"the memory of trauma is encoded in the viscera ...mind/brain/visceral communication is the royal road to emotion regulation."</i> Kolk, p 86.</p>

Extract B: Imagery Rescripting Cycle, Coded September 2019

Data	semantic	latent	SY comments
<p>165: A1: <i>'Doing something as simple as that allowed me to think differently about the guilt and the shame and the culpability I felt for the crime, the trauma at the time. I was a child. Four foot nothing. Stringbean, you know. And he was six foot. And what the fuck could you have done about it? And I'd never thought about it in...and something as abrupt and obvious as that. It was very evident that being forced to make a little me over and over again and them remake them because they kept falling apart as I animated...helped me to forgive myself.'</i></p>	<p><b>making model again and again=cathartic</b></p>	<p><b>Animation as cathexis or transitional object</b></p>	<p>Ani A1 model facilitates IR <b>creating a Plasticine "little me"</b> <b>Ani little me model enabled A1 to inhabit animation and trauma assemblage</b> <b>little me functioned as a cathexis object that facilitated self-care and forgiveness:</b>  <b>Ani model= Winnicottian transitional attachment object,</b> Little me= 'transitional object' (TO) soothes re stress (TO= attachment) TO: from "me" (emotions, stress) to "not me" (external, intersubjectivity, - used when reporting CSA to police) TO-helps reorganize ego, facilitates psychological growth, providing security during challenging internal and external change (film process) Little me is TO/cathexis object for trauma in present <b>Little me=adaptive TO 4 symbol/play in animation + reporting abuse 2 police</b></p>

Extract C: Bearing Witness Cycle, Coded October 2019

Data	semantic	latent	SY comments
<p>402-408 AE1: <b>You see, and that's an example of the consequences of assemblages, and how they're put together, isn't it? Do you know what I mean?</b>  AE1: <b>Well, assemblages are sticky because they keep on reproducing themselves...Including the way they do things, you know. And the assumptions that inform the way they do things. They're just self-replicating. And that's why resistance, and telling a different story is important... to create some sort of disruption. And moving the new story along in a different way, new path</b></p>	<p>Assemblages have consequences  Sticky assemblages self-replicate and maintain status quo  Assemblages disrupt, resist, restory</p>	<p><b>Challenging master narratives: old paradigms fight to protect their empires</b></p>	<p>402-411 AE1 SY I am deliberately using my research assemblages to disrupt power, resist, restory, challenge othering and master narratives i.e. at the R Psych Conference, where 'tame' SU's testified to the life-saving power of psychiatry My assemblages can either challenge or support psychiatric power  409- 411 AE1 SY-: I am using BW and to IR disrupt, resist, and restory, forming new story pathways and attempting to re-create psychiatry, challenging othering and master narratives and creating new resistance assemblages to disrupt the old status quo, and challenging master narratives using my animation assemblages</p>

**Table 5**

*Cycle 5, Collated and Merged Codes and Sub-Themes, Coded October 2019*

**Extract A: Embodied Cognition**

Collated codes	Final merged codes	Sub-themes	Data source
<p>Performing trauma through animation: memories, emotions, embodiment, liminality</p> <p>Animation is calming and problem solving</p> <p>Animation is embodied and encourages collaboration</p>	<p>Performing trauma through animation: memories, emotions, embodiment, liminality</p>	<p>Performing trauma: autoethnographic animation as embodied practice</p>	<p>41, 243 A1; 25, 35 A2; 44, 70, 176, 178 A4; 103, 104 T1; 180 A4; 103-104 T1</p>

**Extract B: Imagery Rescripting**

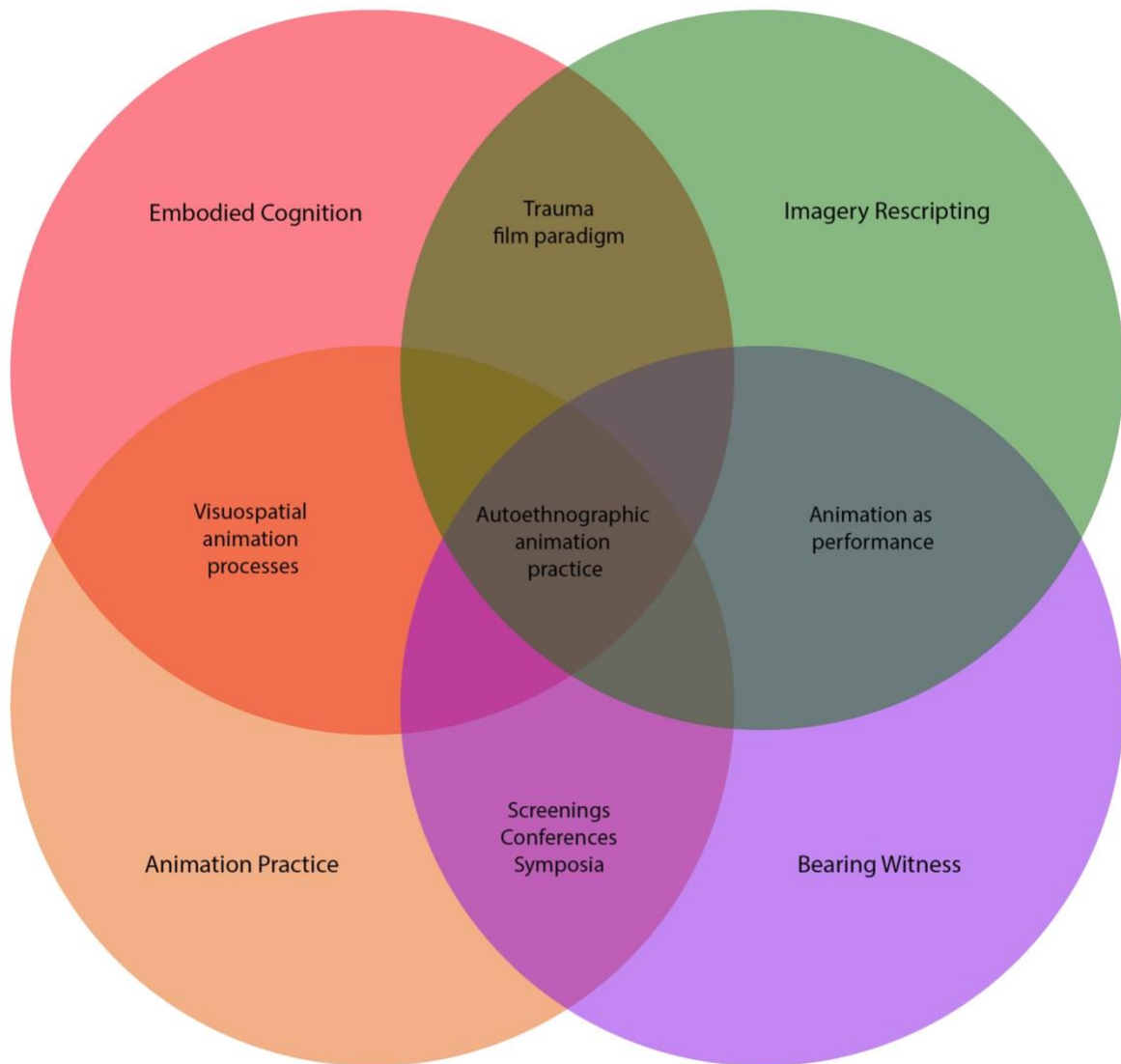
Collated codes	Final merged codes	Sub-themes	Data source
<p>Animated objects as avatar /proxy to self</p> <p>Animation as cathexis or transitional object: from 'me' to 'not-me'- helps with self-forgiveness</p> <p>caring for the animated model is caring for the self</p> <p>Giant me, little perpetrator- using animation to work through complicated feelings about abusers</p>	<p>Giant me, little perpetrator: animation as cathexis or transitional object: from 'me' to 'not-me'</p>	<p>Lived experience: how other trauma survivors have used imagery rescripting to work through trauma experiences</p>	<p>35, 37 A2; 165, 169, 177, 247, 269-285, 287-305 A1</p>

**Extract C: Bearing Witness**

Collated codes	Final merged codes	Sub-themes	Data source
<p>The material power of words: restorying through challenging master narratives</p>	<p>researcher as part of AE ani machine, deciding what to foreground, how to interact with material</p>	<p>AE as a way of working through lived experience and critiquing master narratives and dominant discourses</p>	<p>39, 45, 191, 192-194 AE1</p>
<p>Making and then screening autoethnographic animation either in public or in private: in what circumstances is it therapeutic?</p>		<p>Bearing witness: scientific and therapeutic perspectives on autoethnographic animation</p>	<p>133-135 S2; 229 S4; 12, 16, 18, 22, 24, 32, 47 T3; 175-176, 177-179, 181-183, 188-191 T1</p>

**Figure 36**

*Thematic Map Showing Overlapping Themes (Adapted from Figures 2 & 12)*



The final themes emerging from the interview data are identified as embodied cognition, imagery rescripting, and bearing witness, as represented by my thematic map (Figure 36, adapted from Figures 2 & 12). This map illustrates the transdisciplinary nature of my inquiry, its possibilities for reading my themes diffractively through animation practice, and the intra-relational possibilities of my sub-themes of: visuospatial animation processes; the trauma film paradigm; animation as performance; and screenings, conferences and symposia. Autoethnographic animation practice

intersects with each of these themes and sub-themes, its central positioning indicating its potential to function as a material-discursive, boundary-making, open-ended apparatus, capable of reconfiguring spatiality and temporality, and forming and reconstituting matter and meaning (Barad, 2007, p. 146).

The following analysis explores my themes of embodied cognition, imagery rescripting and bearing witness, and their relationship to autoethnographic animation practice.

## **Theme 1: Embodied Cognition**

### ***Visuospatial Processes***

This theme explores animation's potential as an artistic practice that embraces and facilitates embodied cognition. Embodied and extended cognition theories propose that cognition occurs both in the brain, and through the body's sensorimotor capacities—senses, movements, orientation, and interactions with the environment—which when combined, simulate the sensory and motor properties of past experiences and facilitate cognitive processing (Clark & Chalmers, 1998; Shapiro, 2014; Wilson & Foglia, 2021). I propose that experiences reported by myself and my animator-survivor participants, such as engagement with animation's sensorimotor and visuospatial processes, and intra-action with its apparatuses, can be understood through the lens of embodied (and extended) cognition.

### ***Clinical Perspectives***

The scientists interviewed proposed explanations for mechanisms behind clinical interventions intended to decrease intrusions, including the trauma film paradigm, Elaborated Intrusion Theory (EI), Rapid Eye Movement Desensitisation Therapy (EMDR), and Tetris game playing.<sup>59</sup> S2 suggested that such interventions may “decrease the emotionality or the vividness or

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<sup>59</sup> EI uses multisensory mental imagery alongside sensorimotor processes in order 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 trauma, and Tetris, a computer video game that requires the player to match

the arousal caused by the memory,” and S5, that they “selectively disrupt how intrusive the [trauma] memory is, but without actually erasing the memory.” Playing Tetris and modelling clay are considered effective interventions because they involve visuospatial movements that may compete with limited storage and processing resources within the visuospatial working memory.<sup>60</sup> Various metaphors and theoretical models were offered to explain the mechanisms involved, including trauma as a ‘swamping duvet’ of noxious imagery that may be ameliorated through visuospatial activities:

What you’re doing with the Tetris thing and indeed with EMDR, is you’re getting the memory into your head. And in a way, you’re distracting yourself while it’s in your head. So rather than staring at the duvet and it’s making you upset, you’re doing something else that uses the same bit of your brain that the memory does...So with resource competition, with Tetris or with animation I suspect, you’re distracting yourself from the duvet...you do something else visuospatial...change the pattern on the duvet basically, to one that’s less toxic (S4).

S1 suggested that interventions “interfere with the image, the actual information coming in...tapping a pattern on a keyboard...using plasticine, Tetris. Almost any visuospatial task will interfere with the visuospatial aspects of imagery.”<sup>61</sup> If such tasks distract from intrusive imagery, perhaps by competing with the limited storage and processing resources within the visuospatial working memory, it follows that animation practice’s visuospatial activities and processes may achieve similar results. S1 concurred: “We haven’t tried animation but of course that will involve visuospatial

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multiple lines of coloured blocks. In both Tetris and EMDR, the tasks involved are believed to interfere with trauma memory, and thus decrease emotional arousal and reduce PTSD symptoms.

<sup>60</sup> Decreased intrusions were reported in a number of studies after engaging in visuospatial hand movements (such as playing Tetris, modelling clay or tapping sequences on a keypad), as opposed to non-visuospatial tasks such as chewing gum, where no decrease in intrusions was reported (Holmes et al., 2010, James et al., 2015 & 2016, Iyadurai et al., 2019).

<sup>61</sup> Some cognitive researchers believe that the saccadic (rapid, simultaneous) eye-movements involved in EMDR reduce the vividness and emotiveness of traumatic images by disrupting the function of the visuospatial sketchpad (VSSP) of working memory (Andrade J., Kavanagh D. & Baddeley A., 1997).



working memory as well, so in principle I see no reason why it shouldn't interfere with both the vividness of the imagery and any associated emotion.”

### ***Might Animators Need to Animate in Order to Process Trauma?***

S2, S3, and S5 agreed that to be effective in reducing intrusions, visuospatial interventions need to include appropriate complexity and cognitive load levels.<sup>62</sup> As visuospatial and working memory capacity varies from person to person, the same task will produce different levels of cognitive load in each, and thus the effectiveness of specific interventions in diminishing intrusions will vary. S2 observed: “if the working memory is simply too high, if the entire working memory is occupied by an alternative task and not the memories...then the demand is simply too high, you only focus on the task.” S3 noted: “we found this with Tetris. If you have people that are very good at it and don't need to think, they can just kind of play it on autopilot but they're not really engaging with it, it doesn't work.” For S5, the “least explored question is the idea of individual difference. You know, how can we match the right intervention to the right people? So far most of the work has just been focused on, do these interventions work? But not who does it work better for?”

A4, one of my animator-survivor participants, believes it likely that animators have enhanced visuospatial capacity, and so, like good Tetris players, may require tasks with greater cognitive (or attentional) load in order to cognitively process trauma. Identified at school with a “mechanical understanding [that] was in the top 0.01 percent of the population,” and thus possessing a high visuospatial working memory, A4 remarked: “We're just saying that I've got a brain that needs something sophisticated to deal with trauma.”

This observation, that animators may require challenging visuospatial tasks to cognitively process trauma, corresponds to the conceptualisation, by philosophers of mind and cognitive

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<sup>62</sup> Cognitive load refers to the total amount of mental effort being used in the working memory at any one time. It varies depending on the individual, and the demands and circumstances of the mental task.

science Robert Wilson and Lucia Foglia, that individual differences will limit or constrain cognitive capacity (Wilson & Foglia, 2021). If the least explored question is individual difference, and if animation practice can be used by people with high levels of visuospatial working memory to successfully process trauma, then this has implications for trauma therapy, for animation as therapy, and for animators seeking to explore their trauma. No cognitive experiments have yet been conducted into visuospatial memory and cognitive or attentional load levels in animators, but S5 suggested that this might be ascertained by measuring animation aptitude alongside *Mr X*, a visuospatial test:

The really interesting thing would be to...measure one's I guess skills or inclinations for animation, and then see whether that corresponds with performance in *Mr X*, for instance. And see if the people who are better at that kind of task go to animation.<sup>63</sup>

Regarding animation practice as a tool for affecting the vividness and distress of intrusive imagery, S2 suggested that this “could be tested...if you can activate the memory and at the same time make an animation [but you would] want to know the working memory load of the person.”

It is possible that some individuals will prefer to explore trauma through animation, perhaps because they require complex visuospatial input due to high working memory and cognitive/attentional load levels, a position that appears to be supported by animator A4's observations. It is beyond the scope of this study to test these questions, and further empirical research is needed, but the possibility that the individual animator's cognitive or attentional load capacity affects the efficacy of animation practice in ameliorating trauma symptoms is an interesting one.

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<sup>63</sup> *Mr X* is a task designed to index visuospatial working memory by testing participant ability to recall the location of a ball, as displayed in the left or right hand of *Mr X*, a diagrammatic figure shown on a screen in 4 different axes. See: Lau-Zhu, Holmes, Butterfield & Holmes (2017).

### ***Using Animation to Regulate Interoception***

“Agency starts with what scientists call interoception, our awareness of our subtle sensory, body-based feelings...Knowing *what* we feel is the first step to knowing *why* we feel that way” (van der Kolk, 2014, pp. 95-6). From a Baradian perspective, the interoceptive shifts that regulate this awareness—of what we feel, and why, and where we are in space and place—demonstrate that we are not independently existing things, but are “of the world’s differential becoming,” in relation to the world, and affected by it (Barad, 2007, p. 91).

Because interoceptive awareness is disrupted by trauma, leading to survivors distrusting their bodily sensations and responses, therapies such as EMDR and sensorimotor psychotherapy incorporate somatic strategies such as mindful movement to remediate this (Ogden, 2006). Commenting on the possible parallels between EMDR and animation, S1 asked: “Is it the case that when an animator is trying to look at what's going wrong with [the] emotion that they're trying to create, say in a body, do they actually do things like moving their arm or something like that?” On hearing my confirmation that animators do physically act out emotions and transpose these into animation, S1 observed that “the movements that you're creating and the direction of those movements, is actually...activating those motor cortexes as well. And it's the total kind of experience that gives that imagery more vividness.” If, as S1 suggests, embodied cognition and retrieval of mental imagery is enhanced by engaging with both motor and visual imagery, as opposed to purely visual imagery (Marre et al. 2021), this suggests that animation, with its capacity to re-enact emotion through gesture (in puppet animation for example), may similarly moderate interoceptive awareness and intrusive imagery. Additionally, if, in acting out a character’s emotions, animators are using their bodies to activate the mechanisms involved in cognitive processes, this suggests that the animator’s body itself “does more than merely contribute causally to cognitive processes: it plays a constitutive role in cognition, literally as a part of a cognitive system” (Wilson & Foglia, 2021, 2.1)

### ***Practitioner Perspectives***

Discussing the use of stop-frame animation “to investigate self,” A2 noted

it's very apparent that I learn more about myself and I connect more to my past through using this medium specifically [than] all the other mediums that I've used [because] you're forced to really stop and react and reflect and reflex and recreate again and then do it all over again. I had my core research question...why has my relationship with my father changed over the years? I literally asked myself that question probably 2000 times. And I didn't have it written out so every time I pressed a button I read it [and] it just whittles down and down and down and you get to that core, core, core element of the answer. And maybe you never find the exact answer, but you got through this immense process, this labouring process.

For A2, insight thus emerges by combining their repeated asking of the same question while engaging in the physical work of animation, a process resembling movement-orientated meditative practices such as Mahasati Meditation, which focuses on observing the mind and strengthening awareness through rhythmic, repetitive movements. Other animator-survivor participants concurred with this aspect of animation's visuospatial processes. A4 viewed these as “therapeutic in the sense that [they are] 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.” A3, who had for years felt “completely dissociated,” from their trauma, body, and emotional connectedness to their films, described animation practice as “this catatonic thing that I'd do every day,” which enabled an embodied reconnection with both body and trauma:

That repetition thing is kind of really important I think. I'm doing a lot of scratching [on film] ...And it almost puts me in the state of the trauma, it didn't help me understand it, but it kind of reconnected me in uncanny ways that I didn't understand. I had this, not a revelation, but this pain in my body came back to me, you know? ...I just remember little flashes of insight about different parts of my body [which] gave me a way through, it gave me a way when these things started to happen to kind of make sense of them.

For A3, animation provides “strategies for remembering” embodied trauma, as it connects back into the visceral effect of the whole thing...there's different forms and fragments of remembering, there might be gestures, there might be bits of sound, there might be images. And in a sense, it's not only about combining the images, it's combining all those things into some kind of cohesive narrative whole of all these kind of fragments, different sensory kind of stuff isn't it?

These descriptions suggest that animation processes can facilitate trauma retrieval and reformulation through intra-actions between the body, cognitive processes, and animation practice. Variations in working memory, attentional load, and visuospatial skills may affect animation's capacity to interfere with intrusions, which may be relevant to those with high visuospatial abilities. The animation process distributes cognitive processing between brain, body, and environment, through visuospatial activities such as operating a camera or drawing on film, or through the animator physically enacting emotions. Viewed in terms of agential realism, the animator can be seen as part of an embodied cognition apparatus. They use their body to investigate, activate, translate, metabolise, and perform trauma by combining its “forms and fragments of remembering... into some kind of cohesive narrative,” which is then expressed through a multisensory vocabulary of repetition, movement, gesture, image, and sound (A3). From a sensorimotor perspective, I suggest that animation facilitates and frames a window of tolerance (the zone within which arousal can be processed without disrupting functioning), thus enabling the enactment of mindful engagement with, and somatic processing of, trauma-related experiences, sensations, and emotions. And as I found when making *Expts. 1* and *2*, the step-wise nature of animation practice enables progressive exploration of trauma-related emotions, increases awareness and inhibition of maladaptive behaviours, and facilitates an alternative action (animation) that better metabolises trauma.

### ***Therapeutic Applications***

Art therapists such as Sigal (2021) are beginning to incorporate emerging thinking about embodied cognition into their practice, with King (2016) suggesting modalities for trauma-focused interventions, Elbrecht and Antcliff (2013) taking a sensorimotor approach, and Koch and Fuchs (2011) exploring embodied approaches. The therapists interviewed made the following comments, emphasising how embodied aspects of animation practice, such as its hapticity, capacity for exerting control, and performativity, may be similarly employed to simulate and ameliorate trauma.

### ***The Winnicottian Dialectic***

T1's psychoanalytical background provided a perspective on how embodied and performative aspects of the animation process might enable survivors to reflexively engage with trauma. During one project, under a patient's direction, T1 recorded a voiceover that represented the patient's abuser, and in doing so, observed that the patient performed a "Winnicottian therapeutic...the kind of me, not-me thing. So that's the element of play. We're playing with things."<sup>64</sup> Alongside facilitating play, stop-frame autoethnographic animation additionally enables survivors to replace automatic, fight-flight-freeze reactions with more considered responses, and, observed T1, give "objective form to whatever kind of preoccupies their mind. They have an opportunity to experience something in a different way. And also, I guess that it's a distance, something at a distance. They can see the whole."

T2 described how another survivor used Claymation to caress and torture characters representing themselves and their abusive parents, thus utilising haptic and tactile processes associated with animation practice in order to express previously dissociated from or forbidden emotions, such as compassion towards self and anger towards abusers:

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<sup>64</sup> Psychoanalyst Donald Winnicott believed that that an infant's capacity to recognise 'transitional' objects such as soft toys as 'not-me,' is an important part of emotional development, and that 'play,' in both children, and in adults through art, sports, and other activities, is essential to the maintenance of psychological wellbeing (Winnicott, 1953).

[They were] able to begin to empathise with this character because it wasn't [them]. It represented [them]. So there's a distance. I think that's the important thing. And [they're] also able to stroke it and move it, or with the parent be more violent with it, so there is a kind of something about power in there as well (T2).

Animator A1 remarked that the hundreds of hours spent modelling Claymation characters representing themselves and their abuser deepened both their haptic connection to these characters, and insight into “the guilt and the shame and the culpability” 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.”

A Winnicottian perspective would suggest that for the animator-survivors interviewed, their characters thus function as transitional objects, representations of themselves and their abusers that they emotionally invest in whilst experiencing a degree of objectivity, control, and separation from them.<sup>65</sup> By engaging in creative role play with their characters and, at times, their therapists, and by using their hands to stroke and comfort, or punish and enact revenge, survivors experience feelings of reassurance, safety, empowerment, and control that previously may have been denied them.

### ***Performing Animation***

T1 additionally reflected on the effect of animation's performativity on patients.

...it's like they've got this stage in front of them, and so it pushes them to access the auxiliary ego, or the observer ego, so that they can look at things objectively from a distance...I guess the observer ego would be what a cognitive scientist would say comes from the pre-frontal cortex.

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<sup>65</sup> For Winnicott, transitional objects (blankets or soft toys) 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 (Winnicott, 1953).

The performative nature of the animation production process was also emphasised by A2:

No one sees this because it's not caught in the image but I'm like walking around, I'm doing all this stuff, I have this weird layout of all these weird objects in my bedroom and all that stuff is just not even ever documented but that is just as important, and it actually leads to this performance.

Both T1 and A2's descriptions hint at stop-frame animation's resemblance to theatrical stage-sets, however a 2D animator's relationship with their material can be equally embodied, immersive, and transformational, as A4 described:

I think being good at animation and it going well feels like being in the middle of some sort of jazz improvisation where it all flows and it's hitting and you're sitting at a desk in the dark, but you feel like you're on stage and there's something magical happening right now and you're really in the moment. But more than in the moment, it's something sort of powerful and performative almost and there's a genuine magic to it.

A3, who has expressed their trauma performatively during screenings, experienced this as an altered state, and "to get into this state I'd have to walk up and down about 30 or 40 times...screaming like a caged lion." This performative pacing is also highlighted by artist and animator William Kentridge, who describes it as:

the pre-history to a drawing...The studio as a brain. The 17m walk in the studio like the 4cm circle of synapses...a particle collision, the double figure of the metaphor, the orbits of the stars, the turn of the clock, the white chalk on paper (Kentridge, 2014, pp. 125-126).

These descriptions, of the animator's location within their practice, accessing of altered states and creative flow, and activities that facilitate visceral expression and discharge of emotion, emphasise animation practice's capacity to embody, process, and metabolise trauma. From an agential realist perspective, animation may thus promote and facilitate the regulation of embodied cognition—through intra-actions between brain, body, emotions, and experiences, and between these and the animator's characters, materials, audiences, and wider society. This proposal reflects the extended



mind thesis (Clark & Chalmers, 1998), that describes a cognitive system in which mind, brain, and body extend into and are coupled with the physical world, and where external objects function with the same purpose as internal processes, and thus aid cognition. *Expts. 1* and *2* are two such objects, which during their production enabled me to explore my trauma, and at screenings, mediate both my own and audience responses to the events portrayed.

In summary, this theme identifies those visuospatial and multisensory processes within autoethnographic animation practice used by animators to process their own trauma, which appear capable of interfering with intrusions by facilitating embodied cognition, either through moderating cognitive load, regulating interoception, functioning as transitional objects, or performing trauma. These attributes are also reflected in autoethnographic animation's use by art therapists as a "form of embodied narrative...a physical, hands-on process that involves making, building, manipulating and performing" (Gammidge, 2021, p. 230).

## **Theme 2: Imagery Rescripting**

This theme focuses on the therapeutic technique of Imagery Rescripting (ImRs), and its similarities to autoethnographic animation practice.

### ***Clinical Interventions***

Standard PTSD treatment aims to moderate intrusions by repeatedly narrating the trauma, thus reducing arousal levels through dint of repetition. This process may overwhelm some survivors, and for these individuals some therapists prefer using ImRs. ImRS targets and 'rescripts' trauma 'hotspots' (moments of peak distress), thus facilitating the creation of alternative, more empowering scenarios. This theme develops my position, arising partly from personal experience, that autoethnographic animation has the capacity to perform a facsimile of ImRs by similarly targeting hotspots and that this, combined with its visuospatial and embodied processes, makes it effective for metabolising trauma. 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."

### ***The Director of Your Movie? Animation and Control***

Emphasising the importance of controlling the timing and degree of triggered emotion in ImRs, S2 suggested that:

some kind of exposure is necessary [because arousal] needs to be activated. But not over-activated, because if you're completely blown away by your own memories you won't come up with a good script...if the fear memory is not active enough, the rescripting won't work, the emotional part. So [in our experiment] we tried to see whether it was possible to arouse the person, and if it was indeed the case, if late intervention would outperform the early intervention...so before or after the hot spot...And we're still wondering if it's indeed the timing that made this difference in this experiment.<sup>66</sup>

In S2's experiment, late ImRs (intervening nearer a hotspot's end) appeared more effective than earlier interventions, perhaps because extra hotspot detail provides sufficient imagery to activate and work with fear levels during rescripting. However, concerned that the complexity involved in making animation might interfere with this process, S2 commented:

I'm afraid that what will happen if you're distracted by so many details and so many sequences that you have to perform, that it is really hard to maintain that high arousal level. And I think if you're at a certain point where you only watch it as an observer to your own movie— "It's going too fast, it's going too slow, there's a lot of noise around"—at that point I don't think it will work anymore... You're more the director of your movie than that you're actually living your movie.

This reflects S2's concern that if working memory demands are too high, individuals may fail to moderate intrusions, however this does not account for variations in cognitive or attentional load,

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<sup>66</sup> In these experiments, rescripting was attempted after watching an aversive film as a trauma analogue, in this case consisting of edited sequences from the Pasolini film *Salò* (Dibbets & Arntz, 2016).

and the possibility that animators may require more complex tasks in order to work within their own window of tolerance. S2 did, however, support using animation to depict a survivor overpowering their abuser, as “if you make your movie in that way, for instance present the perpetrator with you feeling in control...in that case it might work, because you feel in control again.”

The importance of control is highlighted by a number of therapists. Gammidge, who uses animation when working with trauma survivors, suggests that because the entire animation process is

under the director’s focus and control...this seems to protect against triggering a traumatic flashback [perhaps because] the filmmaker is caught up in the technical and aesthetic process and not the event, so is firmly in the present moment operating from the prefrontal cortex. (Gammidge, 2021, p. 235).

Gammidge observes that it is the precise, incremental nature of animation practice that appears to enhance control:

Through the very gradual, methodical, frame-by-frame telling of a story allowed by stop-frame animation a way of ordering and organization becomes possible...the process slows it right down, breaks it down to one micro-movement at a time. It is in extreme slow motion, perhaps in contrast to the original event, which can often happen or be recalled in a blur of fragments. It offers a chance for reflective distance (Gammidge, p. 234).

These observations suggest that animation’s effectiveness relates to several attributes and processes. These may include its repetitiveness; ability to speed up/slow down perception of time passing; capacity to entangle the survivor within thoughts, emotions, ideas, images, materials, and technical and aesthetic demands (yet simultaneously separate them from these things); and ability to exert control over these things. For the animator-survivors involved in my research, who may have high visuospatial capacities, the processes involved are neither distracting, nor over- or under-arousing. Instead, they potentially facilitate an optimum window of tolerance within which the necessary space, tools, and time exist to metabolise trauma.

Drawing on both these observations and my own experience, I suggest that capacity for mediating arousal, alongside intra-activity and performativity, may be what makes animation practice an effective tool for rescripting trauma. Essentially, it allows the survivor control—over arousal, over choosing which hotspots to include and in what detail, and over which character or role best facilitates the rescript. Understanding how to work with hotspots and control arousal is particularly important when survivors have experienced complex trauma. Referencing work with refugees who have experienced “multiple traumatic events [and] periods of torture or rape or abuse, or all of those,” S4 observes that for these individuals:

...there’s not just one duvet, there’s thirty duvets, and each of them are so big, we don’t have time to sit and look at them, so what we do with imagery rescripting is we’re sort of homing in on the worst, most troublesome duvets, the ones that keep coming back to them the most.

For S4’s clients, narrating the entire event as per conventional PTSD treatment would be both overwhelming and impractical. ImRs, in contrast, focuses on altering hotspots, those interwoven combinations of sight, sound, taste, smell, and touch, that trigger reexperiencing. Therapist and survivor are thus together “changing the worst bit of the duvet so it doesn’t look so frightening any more...So you can sit and look at the duvet... and fold it up and put it away, which is what you need to do” (S4).

Commenting on their work with ‘I,’ a client who used a similar approach to explore childhood parental abuse through stop-frame Claymation animation, T2 noted: “in the first part of the story [‘I’] told the story and how it actually happened...And then in the second part [‘I’] rescripted it, it changed and it was how [‘I’] wanted it to be.” ‘I’s trauma had included the humiliation of testifying before an all-male jury, so ‘I’ focused on that hotspot, and rescripted the jury as all-female. ‘I’s rescripting therefore performs an agential cut, situating ‘I’ simultaneously both inside and outside the trauma, and rematerialising the intra-actions between both ‘I,’ and their abusers and the legal system, thus reinterrogating the related power dynamics.

### ***Rescripting Revenge***

S4 encourages the survivors they treat to create narratives where: “we’re allowing them to escape, we’re allowing them to machine-gun their abuser...I like a machine-gun myself. But it’s not me that chooses it, it’s the patients that choose.” For S4, choosing whether or not to include violence and revenge in a rescript should be determined by the survivor and therapist together. “Some people, you know, it wouldn’t help them to be violent towards somebody else. And some people it really does. And they choose. I just happen to like it when they’re violent towards abusers, [laughs] because I think “yeeaaaah!” S4 notes that other ImRs therapists (such as Arntz, 2012), prefer “using magical weapons” to control the abuser, by for example, making them disappear. Whatever intervention is preferred, its purpose is to make an agential cut in the fabric of the hotspot, an intra-action that transforms its properties into something less arousing. Extending S4’s duvet metaphor further, these processes facilitate a cutting through of trauma’s entangled intrusions and power relations, allowing an adaptive reconfiguration of its toxic patterns.

Encouraging revenge within rescripting remains a source of debate, with some clinicians wary of the possible consequences:

I think that a revengeful act-out, after therapy it might, if you’re on your own again, you might think “if I’m capable of murdering someone else that makes me a nasty person as well.” So I’m not sure if it’s going to help. Maybe if someone is imprisoned or something like that it’s okay but cutting someone to a thousand pieces won’t work I guess. But maybe it will. I’m not sure. (S2)

For some survivors, such ‘revengeful’ acting-out may feel hugely positive, and facilitate empowerment, perform a “meaningful relational function” and “be conducive for setting in motion [their] creative potential and generat[ing] developmental transformations” (Berger, 2010, p. 87-95). ‘I,’ who used animation as Winnicottian ‘play’ (Winnicott, 1975), successfully metabolised the aggressive energy inherent in their desire for revenge into healing creativity, as in one scene where they film themselves further punishing their parents by pressing their Claymation puppets into a literal bed of thorns. The motivation for doing this was, ‘I’ explained: “to give back the scars that

didn't belong to me. I wanted to give them back to the people that caused them'" (T2). For T1, this scene allowed 'I' to safely experience feeling more powerful than their abusers, and to comprehend what being in control feels like, 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.'" Significantly, after completing this film 'I,' who had self-harmed for 40 years, no longer did so. This finding corresponds to my own experience (discussed in Chapter Six), of self-harm diminishing after completing *Expts. 1* and 2.

### ***Animation as Cathexis***

Regarding their own trauma, T2 remarked that for years they felt emotionally frozen, and only able to access its disremembered aspects through their alter ego, a "stupid little stick character," that when animated, formed a bridge to T2's past that facilitated the disinterring and processing of dissociated memories.<sup>67</sup>

Reflecting on how past trauma wreaks havoc in the present, A1 observed: "it's not a memory, it's a legacy, and you live it every day." Prior to disclosing childhood sexual abuse, A1's "life was a blizzard of emotions and acting out," yet even after disclosure the abuse's effects resonated. On commencing animation, "this laborious process of being with these representations of my past" became, for A1, "an exciting way of working with my memories, [which slowed] the racing thoughts and uncontrolled feelings down so I could begin to identify where some of these feelings were coming from." Animation's slowness and repetitiveness thus facilitated insight, giving "shape to a patch of time that I'd never remembered in detail." It allowed A1 to "to fall in and out of time frames...to pay attention, rather than to step over and past" trauma, and to "relive it again,

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<sup>67</sup> Creative arts therapist Shaun McNiff (2004) believes that the therapeutic power of any form of video therapy derives from its ability to form a bridge between past and present, and to facilitate a reliving of life experiences. McNiff describes this as being similar to shamanic enactment, with the screening of any subsequent work revealing insights, and bringing past experiences alive for audiences.

again and again...not in a mad way but in a looped sort of way, [and thus] notice some of the things that had been part of the fabric of my life but never defined or understood before.”

From a cognitive perspective, both T2 and A1 are rescripting trauma by using animation to explore the emotional content and meaning of their memories, and selectively reduce intrusions by incorporating into them corrective emotional elements. From an agential realist perspective, this allows them to be both enfolded within, and external to, their memories, and able to cut through and intra-act with them, simultaneously, as fragmented victim, rescripting survivor, and reintegrating filmmaker.

Through a tactile intra-action with their stop-frame Claymation models, A1 developed additional empathy for their childhood self, and challenged abuse-related self-blame. They described how “creating a Plasticene little me...allowed me to think differently about the guilt and the shame and the culpability I felt for the crime.” The diminutive size of ‘little me’ was a visceral reminder that A1 had been “a child. Four foot nothing...And he was six foot. And what the fuck could you have done about it?” Because they kept falling apart, A1 was constantly recreating the models, a process that forced repeated confrontations with painful aspects of the trauma, such as the size differential between A1 and their abuser. I suggested that as this size difference was now reversed in A1’s adult, animated, relationship with the abuser model, this Claymation relationship may have subverted A1’s previous experience of childhood powerlessness, and that one of animation’s unique attributes might therefore be its embodied capacity to challenge historical power imbalances. A1 concurred, remarking: “I hadn’t thought of this giant me, little perpetrator thing at all. That’s brilliant.”

Over time, A1’s relationship with these models intensified. Describing taking ‘little me’ to a police station to report their historical abuse, A1 explained: “I held him so tight he got all squashed... it was a mixture of him caring for me and me caring for him.” The abuser model evoked a similarly powerful response:

I used to have to put him in the fridge overnight to get some structure back into this really warmed up, abused clay...on a bag of Mozzarella in my fridge door so it wouldn't topple over...you opened the door and there was his face peering up at me. That was strange.

SY: Yeah, in what way was it strange?

A1: I liked him...I only started not liking him when I got to the point in the narrative where he started assaulting me, and then I hated him.

A1's care for 'little me,' and like/hate for the abuser model, indicates an investment of emotion and energy into these Claymation characters, mediated by touch, which could be defined psychoanalytically as cathexis.<sup>68</sup> For A1, as for 'I,' their models function as transitional objects, symbolic 'not-me' possessions, imbued with powerful emotions, which are playfully and creatively cathected and decathected through the animation process. Both have combined cathexis with rescripting techniques, in order to re-enact their trauma, deactivate its repetition compulsion cycles, reduce the accompanying addictive behaviours, and thus metabolise it.<sup>69</sup> In this regard A1 comments: "it might be significant that I don't act out anymore, and I used to obsessively and quite often."

### ***Metaphor, Metamorphosis and Metabolism***

Because intrusive images are rarely linear, commonly fragmented, and always emotionally affecting, survivors often employ animation's metaphorical and metamorphic capabilities, constructed nature, aesthetics, materiality, and relationship with indexicality, in an attempt to both convey what trauma feels like, and to process their experience of it (Watson, 1987; Folman, 2008). A4 described how in one film they explored "being sectioned and injected and forcefully restrained" by repeating animated sequences, each time slightly altering them until no "tangible links to the

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<sup>68</sup> A concentration of mental energy onto one idea, object or person (Winnicott, 1953).

<sup>69</sup> Repetition compulsion is a psychological phenomenon that describes how an individual deliberately or unconsciously re-enacts past traumas through behaviours that pattern the trauma and may appear maladaptive.



primary experience of that nightmare” remain. They observed “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.” A1 explained how, in using a Plasticene model of themselves, they were able to “prize open my head in animated action...take that bit out and just fuck about with it [and] sick up in my head and then close my head up again.” A4 and A1 thus both articulated how their entanglement within their animation apparatuses facilitates a diffractive, situated, intra-active engagement with trauma’s patterns and memories, and a reconfiguring and conversion of trauma’s affective energy into new forms of material output. These metaphorical and metamorphic capacities of animation, along with its plasticity, technical challenges, the time and expertise it requires, and the control it facilitates, suggests that animator-survivors may mediate arousal through animation by performing rescripting while working within their own windows of tolerance.

In summary, this theme identifies aspects of autoethnographic animation practice that appear to function as a form of ImRs, in which trauma hotspots are identified and their imagery manipulated via animation to create more empowering narratives. In the interviews analysed, the animation apparatus seems to provide a liminal and reflexive space where survivors experience themselves simultaneously as fragmented victim, rescripting survivor, and reintegrating filmmaker, and are thus able to reflexively engage with and explore these identities.

By utilising animation’s constructed nature, performativity, and capacity for Winnicottian play, the animator-survivors participating in my research make agential cuts in their intrusive memories and the toxic patterns of trauma, and, by reweaving these into new forms of material output in the form of autoethnographic animation, successfully metabolise it. The entangled, reflexive, and intra-active nature of imagery rescripting within animation practice highlights the considerable areas of overlap with my previous theme of embodied cognition. As A3 notes, within this process:

You end up structuring a narrative that makes sense. And the word sense is used much more than the idea of sense, or visceral sense, that makes sense and has a kind of narrative. But it has

to have that visceral thing in it as part of it because that's the bit that you're really translating and giving some kind of sense to. And that relates back to your questions about the tactile and haptic and all those kind of things - it's kind of making sense of those things.

### **Theme 3: Bearing Witness**

The previous themes of embodied cognition and imagery rescripting explore how animation activities that involve particular visuospatial, sensory, and motor processes, and/or ImRs oriented approaches, can be utilised either separately or together within the autoethnographic animation practices described by the animator-survivors I interviewed. My third theme explores how such practices can be used to bear witness to personal and societal trauma.

The history of trauma is one of denial, whether by a society that wishes not to confront its reality, or by survivors attempting to block their pain from consciousness, or perpetrators who seek to discredit or gaslight their victims (Herman, 1992).

Survivors are additionally often labelled with reductionist diagnoses such as BPD, or they may receive treatment that takes little account of their histories. In this theme I focus on the ontological, epistemological, and ethical issues relating to these matters, and the use of autoethnographic animation practice as a method of bearing witness. AE1 describes this as “an embodied act,” that enables those of us who are survivors to challenge these injustices, and “restory ourselves in opposition to mainstream normativity.”

#### ***The Ethics of Bearing Witness***

Several participants referenced the ethical challenges involved in screening autoethnographic animation made in a therapeutic setting to family, friends, and wider audiences, such as the risk of this precipitating unexplored trauma. T4 commented “you have to be really careful about when it’s appropriate to make an actual film with somebody, and what happens to it afterwards. It’s a bit of a minefield.” T3 concurred, and of the complex dynamics involved observed:

“the person is in the work. It is embodied with the person [and] the art work [or animation] is the third person in the room.” Some survivors want nobody apart from their therapist to see their work, whereas others want it screened publicly. T4 underlined the risk that screenings may “trigger massive responses in other family members as well that you maybe wouldn’t be able to predict.” T1 commented “we also had to be sensitive as to who saw the films...where the films were screened. Who were the invited audience...So the bearing witness also has a context.” In relation to such screenings, A1 suggested that they need contextualisation: “something like a Q and A. Somebody other than me helping me or an audience to talk to each other.”

The risk that screenings trigger trauma, conflict, or misunderstanding must additionally be balanced with the opportunity they provide for survivors to both experience further healing and feel supported by others. A2 observed that at such events:

I could feel empathy, like vapours of empathy in the room because when you present and kind of do this confessional of sorts and you're presenting this to people, you have no idea how they're going to react to it, then they provide this amazing social context for you.

A1 agreed, commenting that audience responses “might just contain a handful of phrases from the right contributor, who will unlock...something for me in terms of understanding.” T1 noted that, particularly for those whose testimonies had previously been disbelieved, “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.” And for A4, such 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.”

Psychoanalyst Dori Laub proposes different levels of bearing witness to trauma—to one’s self within the experience, to the testimonies of others, and to the process of witnessing itself (Laub, 1995, pp. 61-62). From an agential realist perspective, these levels create additional onto-ethical entanglements and trauma-processing opportunities during the making and screening of autoethnographic animation. Survivors may bear witness to their own embodied trauma while

creating animation, and at public screenings, bear witness to their own and others' stories, and to their engagement with their audiences in the relational act of testimony. For animator-survivors such as myself, who often only recognise a need to speak publicly about trauma when our coping mechanisms fail, making and screening autoethnographic animation may offer opportunities for emotional healing. A1, another such survivor, described the difficulty they had in articulating their abuse, either in words, or through making a fictionalised film about it:

It felt like that was the breakdown, it was to stop using other ways of talking about this horrible thing that happened to [them], just to face the fucking thing. Like my brain got sick of finding sidelong ways of talking about something fictionally, rather than in fact. So that's the first thing about bearing witness. So I wasn't bearing witness truthfully.

It was autoethnographic animation's capacity for non-linearity, abstraction, and metaphor that enabled A1 to confront and express their abuse, and feel heard and believed:

I couldn't do it in a linear way and feel like I was telling the truth...so that was a reason for finding abstracted or metaphorical ways of expressing the injury he did to me...And it feels important to not have somebody doubt chunks of the narrative. I want to be able to say: "there's bits I don't remember there, these bits I think I do remember, and there are coherent chunks which are definitely mostly true." With a bit of artistic license, perhaps. But that balancing act of making art about real life and trauma...it feels so important to do it justice.

### ***Challenging Epistemic Injustice***

Pejorative narratives regarding credibility, such as abused children and people with a BPD diagnosis lie, are commonplace within society (Herman, 1992). These may be challenged through animation practice, which has "credibility because it's an object, because it's a film and because it's art" (A1). Audiences often respond positively to screenings of such practice, which T1 observes is "another validation...with people who have been abused there's a lot of it around about not being believed, so bearing witness is a really, really important aspect of it." Commenting on the wider

socio-political context of screenings, A3 remarks “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.”

Screenings of autoethnographic animation practice, such as my presentation of *Expt. 2* at RCPsych 2017, may facilitate engagement with pejorative and silencing victim narratives. AE1 observed that such screenings create “new worlds, new discourses” that destabilise old paradigms, enabling survivors to “seriously restory ourselves in opposition to mainstream normativity,” and critique “the master narratives and the dominant discourses in psychiatry.” For AE1, autoethnographic animation practice is thus an entanglement of personal experiences and narratives, animation processes, and testimony.

It's all these things, taken together. There's rescripting, there's a production of new realities, new worlds. New assemblages...And if you see your work as matter, and your films are matter and your experiences are matter. And the script you write for your film and then producing it, that's all matter. And then me watching the film. So, all the bits of matter coming together, including me as an audience, an audience of one to your film, creates a new assemblage...a research and knowledge assemblage.

I think your animation hunch or hypothesis or theory, whatever you want to call it, is a fundamental important part of the assemblage...in terms of all the voices you could occupy at any one time, you make a moral choice, don't you? Which one to foreground. So, you're doing an agential cut, as Barad calls it. You're putting brackets round that one to push forward. This is the important thing here.<sup>70</sup>

In summary, the voices foregrounded within this theme are of survivors, who have historically been othered and discredited by silencing and pejorative narratives. Autoethnographic

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<sup>70</sup> Assemblage refers to Deleuze and Guattari's description of complex systems in which social complexity is framed in relation to the fluidity, connectivity, and exchangeability of the component parts of the system. (Deleuze & Guattari, 1987). Rather than assemblages, this inquiry frames my autoethnographic animation practice through Barad's theoretical framework of agential realism (2007).

animation practice enables these survivors to reflexively engage, both with their bodies while making animation, and with the wider public through screenings, which provide them with a voice with which to challenge this othering and discrediting, and bear witness to their trauma. Such events offer opportunities for support, healing, and shame reduction, and enable survivors to testify viscerally and honestly about their experiences, and, through confronting epistemic injustice, to regain feelings of power and control, and effect both personal and socio-political change.

### **Participant Responses to *Expts. 1 and 2***

This final part of my analysis explores my participant's responses to *Expts. 1 and 2* in relation to the themes of embodied cognition, imagery rescripting, and bearing witness, as identified through this analysis.

Several participants highlighted how the films connected them somatically and emotionally both with the events depicted and the filmmaker, with A3 observing that what was most compelling was:

the 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... all these tablets and the mouth and this whole kind of thing about ingestion. It's kind of a repetitive thing, it's kind of anger and almost belching out in a kind of way. Its very visceral.

For S5, *Expt. 1's* disjointedness made it feel "more like a re-experiencing...very fragmented, these visual images popping up. I remember these images of sort of blood and scratches, and then words. So it felt very much like kind of a hot spot. Much more intrusive, somehow."

A1 considered both films:

disturbing to watch, viscerally disturbing...it's stressful...watching both back to back the first-time round, I felt my heart rate go up, I felt my breathing change...I thought "oh my God, poor Susan. That's the thought. Fuck, shit. Is that what her brain feels like sometimes? That's horrid." And the pulsing lights. Oh God, and the pulsing lights...that reminded me of EMDR...It's like I'm going to

have a fit from watching them...so it's almost traumatising in that sense and I don't know if that's what you were wanting to do. I think there's also something very beautiful about them as well, they're really stunning to look at. They're just very powerful, they're gut wrenching really.

Reminded of their own experiences recalling disremembered trauma, A3 observed that *Expts. 1* and *2* “are very much about the moments of recognition, those moments when I first discovered things and I'm remembering those little things that don't make sense to me.” They additionally highlighted how both films’ rhythmic but staccato sequences convey trauma’s “horrible, repetitive, mechanical kind of shift that doesn't have any moral side to it when it's happening, when you're inside it, that's it, it's not moral, it's nothing like that.”

These references, to the embodied and intrusive qualities of *Expts. 1* and *2*, and their capacity to alter the viewer’s heart-rate and breathing and almost trigger re-experiencing, suggests that, for several participants, the films evoked powerful empathetic and visceral responses. The fact that they don’t clearly resolve their trauma narratives initially made A1 “worry for you an awful lot as well, because there doesn’t seem to be healing in the artefacts.” On hearing that for me, my trauma’s metabolism occurred not simply through narrative resolution within the films or screenings, but throughout the entire production processes, A1 remarked:

I hadn’t thought about the extent to which you were handling pills as props, and manipulating them, and photographing them, and handling documents and focusing on particular words...I hadn’t thought of either of those films in terms of process...But as soon as you talked about [visual proprioception] I suddenly then began to think and I wanted to ask you immediately, so how was it to revisit these documents and look and choose. Was that good for you?<sup>71</sup>

I responded that prior to making *Expts. 1* and *2*, re-reading my medicolegal records had retraumatised me. However, the visuospatial, repetitive, tactile processes involved in animating them had seemingly had the effect of significantly reducing their capacity to trigger intrusions and

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<sup>71</sup> Visual proprioception refers to visual information about a person’s body movements in relation to the environment.

sensations that had previously functioned for me as “somatic reenactments of the undigested trauma” (Van der Kolk, 2014, p. 101).<sup>72</sup>

Alongside the healing gained from handling my trauma artefacts, *Expts. 1* and *2* have also enhanced my insight into my traumas, and increased feelings of empowerment and control previously absent from my memories of those experiences. For many survivors, insight, particularly into disremembered or dissociated trauma, tends not to arrive incrementally, but as “an abnormal form of memory, which breaks spontaneously into consciousness” (Herman, 1992, p. 37). For A3, my films epitomise this process, being “very much about the moments of kind of recognition... remembering those little things that don't make sense...there's a sort of level of repeating but it's not confusion... it comes through really well I think.” S5 commented that this breaking through into consciousness is viscerally expressed in *Expt. 1*, which “gives you experience but no clue.” In other words, *Expt. 1* visualises *affect without recollection*, psychologist Anke Ehlers’ term describing the shock of intrusions in the absence of concrete recall (Ehlers & Clark, 2000, p. 324).<sup>73</sup> *Expt. 2*, on the other hand,

somehow felt to me like interventions, imagery rescripting...it obviously had more coherent narrative, it had more verbal content, felt very much more linear sequence, beginning and end...And that doesn't mean it was less distressing. You can still feel there is a lot of pain, I think. But somehow, it felt more contained (S5).

S5's comments highlight how the films explore trauma differently. *Expt. 1* focuses on intrusions and embodied affect, and *Expt. 2* engages with narrative in a reflective and reflexive manner.

Conventional trauma treatment takes various forms, with prolonged exposure therapy seeking to activate fear structures and incorporate new information, and cognitive behavioural

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<sup>72</sup> As referenced in my practice chapter, my medical records chart a significant decrease in emergency psychiatric A&E attendances coinciding with the completion of *Expt. 1* and *2*.

<sup>73</sup> Ehlers, A. & Clark, D.M. Clark (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345, p. 324.



therapy aiming to correct guilt-associated appraisals of the trauma (Watkins et al., 2018). Most require survivors to recount most of their trauma narrative, in order to process its emotional content. S4 commented on the paucity of narrative content in *Expts. 1* and *2*:

I think what's interesting about your films from that point of view is that, we still sort of generally think you need to look at most of the duvet for it to work before you can fold it up. So you need to narrate most of the story. Whether you do that by distracting yourself or by changing the pattern or just by being with someone nice as you narrate it, which is the more standard treatment. What struck me about your films was there wasn't really a full narrative of what happened, it was just bits, wasn't it?<sup>74</sup>

In both films, these 'bits' represent my trauma hotspots of attempted murder and iatrogenic betrayal, addiction, and control, which I recreated by editing together a bricolage of flashing lights, medicolegal texts, pills, and close-up images of blood and skin, to form a visual shorthand of the trauma narrative that evokes the essence of each hotspot. Several participants remarked that the body imagery, which is abstracted, fleeting, and yet viscerally powerful, contributed to both films' visual integrity, authenticity, and testimonial impact. T2 observed:

There's a sense for me that it feels like there's kind of distance. The filmmaker, i.e. you, is quite obscured and yet it's also really self-revealing as well. It's a weird combination of things... what it seems like the film is doing is like, here's a glimpse, here's another glimpse... it sort of seeps through as well, it's really powerful the way that it does. But it's like you're tasering people really.

For A1, it felt important that I remind the audience that:

this isn't just made up. That there's a real person attached to this horror story. And 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. And that felt good. Do you know what I mean?

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<sup>74</sup> In S4's duvet analogy, the duvet represents the entirety of a person's trauma narrative, which includes both 'hotspots' (which trigger traumatic re-experiencing), and more neutral elements of the narrative.

A4 remarked: "I 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." For A5, this was enhanced by the inclusion of artefacts such as pills and records:

It was the use of objects that I found very striking. Because it made it very real. Literally real. It wasn't just some vague story. But actually something that I had access to, because of the reality of the objects. And I think that that brought it very close to home. And I'm sure many people felt that. The simple incorporation of the objects is something kind of almost like a daily encounter, almost like a banal encounter, but actually it was an extraordinary story.

These responses from my interviewees, describing weirdness, horror, obscuration, recognition, and revelation, emphasise the liminality of the performative space within which the viewer and filmmaker connect, and which grounds the act of bearing witness. *Expts. 1* and *2* invite the viewer to share a language of pain, respond emotionally, somatically, and viscerally to the events portrayed, and participate within the "frame" as an empathic questioner, in order to "embrace the discomfort of uncertainty for the sake of a visual intimacy initiated by the seen" (Ledbetter, 2012, p. 5). The films thus enable both viewer and filmmaker to join in a shared ethics of seeing, being, and witnessing, where images of pain such as bloodied flesh form a "fugue of human connectedness and prelude to community" (Ledbetter, p. 8). As Antonin Artaud observes, such performances must liberate the possible, and, if they are to be transformational, meaningful, and in the service of truth, justice, and compassion, must also disturb the senses, evoke anger and disgust, and produce images that "shake the organism to its foundations and leave an ineffaceable scar" (Artaud, 1994, p. 77).

That my own practice is capable of simultaneously horrifying *and* evoking compassion and a shared understanding, is incontrovertible. A5 observed of *Expt. 2*:

I was just in total shock, with that...I was just so, so emotional about it. I mean I kind of feel like that trauma you're describing is also very much my own trauma...it is 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."

For many trauma clinicians, the optimal treatment outcome is for survivors to regain control over their narratives, become appropriately angry with their abusers, and stop blaming themselves.

S4 remarked that for them, *Expt. 2* achieved this objective:

what...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. And how you talk about the people in it. So this Doctor B\*\*\*\*r, I thought “yeah, Doctor B\*\*\*\*r, there’s your name. There it is. And whatever you’ve done, there’s your name. And there it is on the film. And again and again, there it is on the film.” And I just thought: “so empowering, yeah.” I hope he watches it.

From S4’s perspective, naming my abuser in *Expt. 2* is not only ethically and epistemologically acceptable and in the interests of witnessing and social justice, but it is also empowering, due both to the experience of control it provides me, and in addition, to the film’s unabashed identification of its antagonist and exemplary portrayal of adaptive revenge. S4 continued:

...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”

...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 viewed *Expt. 2*’s cathartic power as arising not only from its unambiguous portrayal of iatrogenic harm and refusal to bow to conventions regarding abuser consent and anonymity (Grant & Young, 2021), but also from its original approach to wreaking revenge, which for S4, represents a therapeutic outcome that is seldom reached. In addition to both *Expts. 1* and *2*’s capacity to

creatively enact retribution, S4 observed them to have several other therapeutically effective attributes:

...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...of bearing witness or pointing the finger at the right person or, you know, putting it out there and calling somebody out.

For S4, the capacity to facilitate these actions simultaneously renders my practice “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.”

These responses highlight how *Expts. 1* and *2* were experienced by my interviewees as embodying, rescripting, bearing witness to, and thus metabolising, trauma. On viewing the films, A1, A3, and A4 described visceral feelings of shock and horror, yet also empathy. The inclusion of pills, medical records, and my own body were viewed as “legitimising” the body and enhancing both films' authenticity—a curative experience for those who, like myself, feel discredited and delegitimised by our diagnoses and trauma experiences. S4 suggested that my autoethnographic animation practice is a “genius” combination of three things known to metabolise trauma: resource competition due to visuospatial and sensorimotor animation activities; imagery rescripting processes associated with changing the trauma narrative; and bearing witness—the ‘calling out’ of my abusers through my practice. These are explored within the three themes of this analysis, which may be read diffractively through each other, and through my animation practice.

## **Summary**

In summary, thematic analysis of my interview data has enabled me to read insights from cognitive science, clinical practice, art and animation therapy, and autoethnography, through each other, and test insights from my autoethnographic animation practice on interview participants. The analysis supports my proposition that autoethnographic animation practice functions as a

multifunctional apparatus that may enable animator-survivors to metabolise their trauma. From an agential realist perspective, such practice can be understood as an apparatus that enables animator-survivors such as myself, and those I interviewed, to metamorphose our trauma memories, and, like Barad's earthworms ingesting and excreting soil, metabolise these into new phenomena and forms of expression.

Figure 36 indicates how within this apparatus my overarching themes of embodied cognition, imagery rescripting, and bearing witness, intersect with autoethnographic animation practice.

Within my first theme of embodied cognition, I engage with cognitive research in mental imagery such as Tetris and trauma film paradigm studies, clinical and practitioner perspectives on how these interventions function to ameliorate intrusive imagery, and therapist and animator-survivor perspectives on the embodied, performative nature of animation practice. A key insight emerging from this theme is my contention that autoethnographic animation's visuospatial and multisensory processes appear to be capable of interfering with intrusions by facilitating embodied cognition, either through moderating cognitive load, regulating interoceptive awareness, functioning as a transitional object, performing trauma, or a combination of these. In addition, my analysis suggests that animator-survivors may choose to explore their trauma through animation due to individual working memory load variations, which may affect their visuospatial skills, capabilities, and inclination to use it as a medium for exploring trauma.

Within my second theme of imagery rescripting (ImRs), I explore clinical interventions that use ImRs as a treatment method. Issues investigated include the importance survivors place on control and creatively enacting revenge on abusers, and autoethnographic animation's capacity to facilitate these experiences and acts. Autoethnographic animation's capacity to function as cathexis (by facilitating the projection of emotions onto stop-frame puppets, for example), enables it, when combined with ImRs techniques, to allow animator-survivors to safely reexperience emotions and reenact trauma. The slowness and repetitiveness of animation processes and cycles enables this to

occur in a controlled manner, expediting a progressive deactivation of trauma's cycles of reexperiencing, and reduction of acting out behaviours such as self-harm. Insights emerging from this theme include a framing of animated ImRs as a creative apparatus which, through encouraging cathexis with its characters, facilitates an intra-active engagement with trauma narratives and memories. Alongside the embodied cognition articulated in the previous theme, animated ImRs thus expediate a metabolic conversion of trauma's affective energy into new forms of material output. These metaphorical and metamorphic capacities, along with animation's plasticity, cognitive and technical challenges, and the feeling of control it engenders, suggests that survivors may mediate arousal through animation by performing rescripting while working within their own windows of tolerance.

Within my third theme of bearing witness, key insights focus on how animator-survivors testify to their trauma, whether while creating animation, at screenings when they witness their own and others' stories, or through engaging with audiences. These events enable survivors to confront epistemic injustice, regain feelings of agency and control, and effect both personal and socio-political change.

Insights from the final part of my analysis of participant responses to *Expts. 1* and *2* strongly suggest that autoethnographic animation, through its engagement with embodied cognition, imagery rescripting, and bearing witness, can be understood as a multifactorial form of trauma processing.

Participants highlighted how the films evoked powerful empathetic and visceral responses in the viewer, connecting them emotionally and empathically with the person behind the animation. The incorporation of medicolegal records, blood, and skin were viewed as contributing to the integrity, authenticity, and impact as testimony of both films, with the flashing lights and pills in particular considered simultaneously horrifying *and* evoking compassion, enabling viewer and filmmaker to join together in a shared ethics of seeing, being, and witnessing. Additionally, my

naming of my abuser in *Expt. 2* was seen as ethically acceptable, empowering, and an exemplar of adaptive revenge that represents a positive therapeutic outcome seldom reached.

As a whole, my autoethnographic animation practice was viewed as an effective and original multifactorial trauma processing apparatus that combines resource competition (through visuospatial and embodied cognitive processes) with imagery rescripting, and which, through bearing witness, calls out abusers.

My initial hypothesis was that trauma may be metabolised through autoethnographic animation practice. I achieved this by making agential cuts within the autoethnographic animation apparatus—so creating *Expts. 1* and *2*. These film experiments facilitated performative intra-actions between my trauma memories, personal archives, materials, equipment, and audiences. Through these intra-actions, I interrogated trauma's power dynamics, recrafted narratives, and ameliorated symptoms, such as heightened arousal and self-harm. From a diffractive perspective, my autoethnographic animation practice thus metamorphoses intrusive memories into creative practice through myriad forms of transformative processes similar to those Barad's earthworms enjoy (Barad, 2014, p. 168).

This thematic analysis has generated transdisciplinary knowledge about animation's capacity to metabolise trauma that will be of interest across cognitive science, trauma therapy, autoethnography, and animation practice and therapy. The analysis was applied to my interview data only, and not specifically to *Expts. 1* and *2*. Postdoctoral analysis of these films, their structure and contents, could have been conducted using Interpretative Phenomenological Analysis (IPA), a method suitable for case-study approaches. Following IPA, phenomenological description and psychological theory would have been applied to an analysis of both films' capacities to process trauma. However, for this transdisciplinary inquiry, which crosses the boundaries of cognitive science, trauma and animation therapy, autoethnography, and animation practice, thematic analysis was selected as the most suitable approach. Its flexibility has enabled me to analyse data and insights across these fields and read them through each other. The results have provided a greater

understanding of the cognitive mechanisms behind autoethnographic animation's capacity to metabolise trauma and outlined possible further studies to build on these findings, for example regarding visuospatial working memory, as set out in Chapter Eight.



## Chapter Eight—Conclusions

This final chapter summarises my key findings, and my inquiry's limitations, questions for future research, and theoretical and methodological contributions to animation practice. My principal research question examines autoethnographic animation practice's capacity to process psychological trauma in animator-survivors. My sub-questions focus on how cognitive research into mental imagery and rescripting trauma narratives, and autoethnographic perspectives on testifying to trauma-related epistemic injustice, can be explored through autoethnographic animation practice. This thesis generates the original argument that such practice facilitates the metabolism of trauma through processes connected to embodied cognition, imagery rescripting, and bearing witness to trauma through screenings and other forms of dissemination.

### **Research limitations and questions for further research**

Interview participants involved in experimental trauma research identified elements within my animation practice that may ameliorate intrusions and suggested potential areas of further study that might enhance understanding of these elements.

Firstly, from a cognitive perspective and in relation to visuospatial working memory, a little explored question in experimental trauma research is the idea of individual difference, and how the right intervention can be matched to the right person. The majority of existing research focuses on whether specific interventions work, but not who they work better for, or whether individual differences such as level of visuospatial working memory might affect intervention outcomes. A test resembling 'Mr X,' that measures the visuospatial working memory of individual animators against their performance in cognitive tests, could be devised to determine whether animators have a higher visuospatial working memory capacity than the general population. This could indicate whether people with a higher visuospatial working memory capacity in general might prefer or

require more imagery-based interventions, such as Tetris or animation, in comparison to those with a lower capacity.

Secondly, in relation to exploring and processing trauma-related intrusive imagery, autoethnographic animation practice and imagery rescripting can be viewed as closely mapping each other, particularly in relation to autoethnographic animation's potential for facilitating embodied interventions in animator-survivor trauma narratives. From a therapeutic perspective, autoethnographic animation can thus be framed both as a way to more readily access imagery rescripting, and to train rescripting skills so that individuals, including animator-survivors, have effective strategies to employ when processing traumatic experiences.

Thirdly, the degree of control animation facilitates may be significant. I was personally attracted to animation because it appeared to help ameliorate my trauma symptoms, possibly due to the almost 'god-like' control the animator has over their practice. Practitioners using imagery rescripting have debated the question of who is most effective in creating, controlling, or directing interventions in a rescript—whether that be the patient, an imagined character, or the therapist. This debate could be extended to include consideration of animation practice as a rescripting medium, with interventions being performed by animated avatars of the patient, or by other animated characters.

Fourthly, and in relation to bearing witness, and issues such as secondary trauma from watching traumatic imagery and levels of indexicality within animation, a study could be designed to test the degree to which animation with varying levels of traumatic content and indexicality either does, or does not, lead to intrusions or trauma symptoms in those witnessing it. This would have implications for both my own research and the trauma film paradigm generally, which currently relies mostly on live-action imagery montages in order to perform as a trauma analogue and effect intrusions in participants.

Finally, a key limitation in this inquiry was the difficulty in conducting research with survivors, due to ethics constraints that generally preclude working with vulnerable participants, and

issues relating to obtaining consent from abusers. As no limitations exist regarding using oneself as a research subject, I investigated my questions by exploring personal trauma through my autoethnographic animation practice. In relation to the ethics of researcher vulnerability and abuser consent, my position is that judgements regarding the portrayal of sensitive issues and the naming of abusers within autoethnographic animation must be made with due consideration of the greater good (Ellis, 2007; Hilppö et al., 2019; Grant & Young, 2021). Examples of the greater good include a researcher using autoethnographic animation to heal from personal trauma, or to explore epistemic injustice, or challenge wider societal issues such as the shame and stigma experienced by victims of abuse.

### **Theoretical and methodological contributions of the thesis**

The transdisciplinary nature of my inquiry and its diffractive methodologies have been shaped by lived experience of trauma, and perspectives on trauma aetiology and treatment across the fields of cognition and brain sciences, art therapy, autoethnography, and animation practice. The framework adopted has enabled me to investigate my main research question and sub-questions through thematic analysis of interviews with participants from the fields of cognitive science, critical autoethnography, and animation practice. In facilitating a reading of my questions through these fields, thematic analysis has enabled me to test my questions and support and evidence my findings from a variety of perspectives. My findings will be of interest to scientists, clinicians, animation theorists, animation practitioners, autoethnographers, those working between disciplines, and those interested in transdisciplinary approaches to treating trauma. The cognitive basis of much of this inquiry provides a foundation upon which further inquiries can build, such as my own postdoctoral analysis of my animation practice, or further transdisciplinary research alongside cognitive researchers working in mental imagery fields.

My autoethnographic animation practice facilitates the metabolism of trauma by performing and embodying it, restorying its narratives through the dialogic process of imagery rescripting, and

bearing witness to epistemic injustices such as the silencing of survivor voices within relationships, institutions, and wider society. The ethics considerations preventing me from testing my questions on vulnerable participants steered me towards using my own practice as an apparatus for both testing these questions, and exploring associated ethical and political issues. Using my practice in this way has enabled me to intra-act with and reintegrate trauma-fractured aspects of my identity such as abuse victim, survivor, and animator, with further intra-actions facilitated by my diffractive reading of my practice through cognitive science, critical autoethnography, and animation. This reading has resulted in an agential cut—a new way of looking at how autoethnographic animation practice may influence trauma symptoms.

The principle contribution of this inquiry is bringing the word metabolism into animation studies, as a way of understanding how animator-survivors might ‘re-turn’ past trauma

not by returning as in reflecting on or going back to a past that was, but re-turning as in turning it over and over again...as a multiplicity of processes, such as the kinds earthworms revel in...ingesting and excreting it...and breathing new life into it” (Barad, 2014, p. 168).

I have demonstrated how autoethnographic animation practice can function as a lively, diffractive apparatus for metabolising trauma by exploring and disrupting it, and iteratively reconfiguring its sensations, responses, narratives, and politics. This occurs through processes of embodied cognition that involve animation’s multisensory, sensorimotor, and visuospatial activities, through animated imagery rescripting in which trauma narratives are reimagined, and through bearing witness to trauma using autoethnography in contexts such as film screenings, conferences, and publications. Within autoethnographic animation practice, these processes in combination facilitate the metabolism of trauma’s affective energy into new forms of creative output.

## Appendix A—Consent Form

<p style="text-align: center;"><b>Informed Consent Form</b></p> <p style="text-align: center;"><b>Royal College of Art</b></p> <p style="text-align: center;"><b>Kensington Gore, London SW7 2EU</b></p>
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This informed consent form is for: clinicians, researchers, autoethnographers, animators, animation theorists, and those with lived experience of trauma, whom I am inviting to participate in PhD research: *“Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma.”*

Principle Investigator: Susan Young

PhD Supervisors:

Tom Simmons (School of Communication, Royal College of Art)

Dr Martina Di Simplicio (Imperial College, London, UK)

Organisation: Royal College of Art

Project name: *Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma*

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form.

## **Part I: Information sheet**

I am Susan Young, a PhD research student in the Animation Department at the Royal College of Art (RCA). As part of my studies, I am conducting a research project entitled: *Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma*. This research explores animation and its potential effect on symptoms related to psychological trauma.

I would like to invite you to be part of this research. You do not have to decide today whether or not to participate in the research. If you wish, you can talk to anyone you feel comfortable with about the research before you decide whether to participate.

This consent form provides information about the research. Please read carefully and/or ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can contact me to ask them at your convenience.

### **Purpose of the research project**

Psychologically traumatic experiences such as interpersonal violence, child abuse, rape, military combat, and road accidents can lead to the development of Post-Traumatic Stress Disorder and other disorders. Commonly reported trauma-related symptoms include intrusive memories, emotional difficulties, and difficulty in remembering aspects of the traumatic experiences.

Symptoms may persist for years and be difficult to treat.

I am looking at whether animation has attributes that make it a helpful medium for exploring or processing trauma symptoms. These attributes include animation's visuospatial characteristics, its ability to reframe or retell stories of past trauma through the visual and narrative process of rescripting mental images, animation's sensory attributes such as tactility and materiality, and animation's capacity to 'bear witness' to traumatic experiences through public screenings.

### **What participation in this research will entail**

This research will involve your participation in an interview that will take about one hour, and prior to this, the viewing of two short research-related animated films lasting approximately 2' 40" and 5' 50", either with me or via an online link that I will supply.

### **Participant selection**

You are being invited to take part in this research because I feel that your experience as a scientist, clinician, academic, researcher, animator, or individual with lived experience of trauma, can contribute to my understanding and knowledge of animation's potential utility in relation to exploring or processing symptoms of psychological trauma.

### **Voluntary participation**

Your participation in this research is entirely voluntary.

### **Procedures**

I am inviting you to help me learn more about animation and its potential effect on symptoms related to psychological trauma by taking part in this research project. If you accept, you will be asked to view two short films and to participate in an interview with me and/or complete a questionnaire (if we cannot meet in person).

### **Interview**

The interview can be conducted at any convenient location, such as at the RCA, your work, location of your choosing, or by Skype, if you prefer. If you do not wish to answer any of the questions during the interview, please let me know and I will move on to the next question. I will be the only person present at the interview, unless otherwise arranged, or if you would like someone else to be there. All the information you give me will be treated with the strictest confidence. I will digitally record and transcribe the interview, and the recording and transcription will be stored securely. No one else except my PhD supervisors will have access to this material.

### **Questionnaire Survey**

If we cannot conduct an interview, I would like you to complete a questionnaire, which will be sent to you by email or post, whichever you prefer. Please return to the email address provided, or in the stamped addressed envelope provided. If you do not wish to answer any of the questions included, please skip them and move on to the next question. The information you supply within the questionnaire will be treated with the strictest confidence and stored securely.

**Duration**

The research will take place over the following 12 months (May 2017- May 2018) During that time I will meet with you for an interview, which I anticipate will last for about 60 minutes.

**Risks**

I have a primary duty to protect participants from physical and mental harm during this research. However, my research explores animation and its potential effect on symptoms related to psychological trauma, and therefore, in order to conduct this research, I may need to ask you to share with me information about traumatic experiences. These may be your own experiences, experiences of clients, or experiences of people that you have made films about. Bearing in mind my duty to protect participants from harm, I appreciate that this may mean that you change your mind and do not feel able to take part in the research, and if this happens, that is fine and you do not have to give me any reason for your decision. If you take part, but at any time decide not to continue, or complete the interview or questionnaire, or to answer specific questions, that is also fine, and again, you do not have to give me any reason for this. In relation to ensuring the safety of participants with lived experience of trauma, I will be interviewing only those participants who have appropriate support systems in place, or who have already created animation about historical traumatic experiences as part of a therapeutic treatment plan. If necessary, participants may be supported by family members or appropriate others.

I will ask you to consent to the fact that I have no means to provide psychological support (either immediately or at a later stage), should this be necessary as a result of the interview or completing the questionnaire. I will provide contact details for medical and other services should these be required in an emergency.

**Benefits**

There will be no direct benefit to you if you decide to participate in my research via interview or questionnaire, but your participation is likely to help me find out more about how animation might affect symptoms related to psychological trauma. I hope this research will help me identify whether



animation might be of benefit to individuals suffering from psychological trauma, to the community in which those individuals reside, and to society as a whole.

### **Confidentiality**

The information that I collect from this project and about you will be confidential and kept private. It will not be shared with anyone except my supervisors, Tom Simmons and Dr Martina Di Simplicio.

The information will be stored at a secure location where it will be kept under lock and key and/or only accessed via secure electronic drives. My use of the information will comply with the Data Protection Act 1998.

This research is concerned with how animation might affect symptoms related to psychological trauma. As a result, some information provided during interviews and/or questionnaires may be sensitive and relate to personal traumatic events, or the experiences of individuals whom you have made films about or treated in a professional capacity. I will be taking precautions to ensure the anonymity of all participants unless anonymity is specifically waived. These precautions will include the security measures already described in relation to the storage of information.

### **Sharing the results**

Nothing that you tell me during the interview will be shared with anybody apart from my PhD supervisors and myself, and nothing will be attributed to you by name, unless you give me your permission to do this. The knowledge I accumulate from this research will be disseminated after thesis publication so that other interested people may learn from the research.

### **Right to refuse or withdraw**

You do not have to take part in this research if you do not wish to do so. You may stop participating in the interview at any time, up to December 2020. I will give you an opportunity at the end of the interview to review your remarks either by reviewing my notes or the recordings. You can ask to modify or remove portions of these notes or recordings if you wish to rephrase something, or do not agree with how I have noted down your comments. *(Please note that this will extend the time the interview takes if we review the notes or recordings).*

### **Further information and who to contact**

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Susan Young (principal researcher)

Animation Department, Royal College of Art, London W12 7FN

Tel: 0747 869 7746 Email: [susan.young@network.rca.ac.uk](mailto:susan.young@network.rca.ac.uk)

Tom Simmons: (primary supervisor, RCA)

School of Communication, Royal College of Art, London W12 7FN

Email: [tom.simmons@rca.ac.uk](mailto:tom.simmons@rca.ac.uk)

Dr Martina Di Simplicio: (second supervisor)

Imperial College, London, UK

Email: [m.di-simplicio@imperial.ac.uk](mailto:m.di-simplicio@imperial.ac.uk)

### **Complaints**

This project follows the guidelines laid out by the Research Ethics Code of the Royal College of Art and has been reviewed and approved by the Research Ethics Committee, Royal College of Art, Kensington Gore, London SW7 2EU.

This is a committee whose task it is to make sure that research participants are protected from harm. If you should have any concerns about your rights as a participant in this research, or you have a complaint about the manner in which this research is conducted, it may be given to the researcher or, if an independent person is preferred, addressed to the Research Ethics Committee of the Royal College of Art at the above address.

If you wish to find about more about this committee, please contact Research Office, Royal College of Art, London W12 7FN. Tel: 020 7590 4444

## **Part II: Certificate of Consent**

### **Statement by the participant**

I have been invited to participate in: *Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma*, a research project to be conducted by Susan Young, PhD Animation, School of Communication, Royal College of Art, London W12 7FN.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions have been answered to my satisfaction.

I agree to voluntarily participate in this research and give my consent freely. I understand that the project will be conducted in accordance with the Information Sheet, a copy of which I have retained.

I understand that I can withdraw from the project at any time, without penalty, and do not have to give any reason for withdrawing. I understand that all information gathered from the survey will be stored securely and any stored data may be developed in relation to this research.

I understand that my opinions will be accurately represented and that any images in which I can be clearly identified will be used in the public domain only with my consent.

I agree for the anonymised quotes from my interview / questionnaire to be used in publications.

I am aware that no psychological support can be offered to me by the research team should the interview / questionnaire process cause any immediate or delayed distress.

I consent to:

- Viewing two short films, (of approximately 2'40" and 5'40" duration) and completing a related interview or questionnaire, which will take approximately one hour.
- Returning this material to: [susan.young@network.rca.ac.uk](mailto:susan.young@network.rca.ac.uk)

Print Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. I will accurately record (via interview tape or questionnaire) what the participant tells me.
2. This record (interview tape or questionnaire) will be stored securely following RCA guidelines.
3. Any images in which the participant can be clearly identified will be used in the public domain only with their consent.
4. The participant may ask me to modify or delete parts of (interview tape or questionnaire)
5. The participant can at any time refuse or withdraw consent.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this Informed Consent Form has been provided to the participant.

This project will be conducted in compliance with the Research Ethics Code of the Royal College of Art.

Print Name of Researcher/person taking the consent \_\_\_\_\_

Signature of Researcher /person taking the consent \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

## Appendix B—Questionnaire

Susan Young: Practice-based PhD research

*Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma*

**When completed please email to:**

susan.young@network.rca.ac.uk

**or post to:**

Susan Young, Animation Dept., School of Communication

Royal College of Art, Kensington Gore, London SW7 2EU

### **Aim of research:**

This practice-based PhD research *Bearing Witness: Autoethnographic Animation and the Metabolism of Trauma* explores whether symptoms of psychological trauma can be affected by creative, cognitive, and other processes involved in the making and screening of animation, and if so, how this might occur.

### **Background:**

My interest in this subject arises from both my previous career as an animator and personal experience of psychological trauma. Over many years I noticed that I coped better with my trauma-related symptoms when engaged in animation processes. I then sustained a hand injury, was unable to animate as a consequence and my mental health deteriorated. I suspected that this deterioration partly related to my sudden inability to use animation to help ameliorate symptoms and began investigating the medium's potential as a vehicle for creatively working with trauma.

**Questionnaire objectives:**

Some therapists working with clients diagnosed with trauma-related conditions use animation as part of their practice, and animators often use the medium to explore traumatic personal or societal issues.

There is some evidence in experimental cognitive science literature that image-based and/or visuospatial activities may help to reduce trauma symptoms such as intrusive memories. Being both an image-based and visuospatial activity, animation may affect these symptoms in a similar manner, but to date there has been little published research into why animation might be effective either as a therapeutic tool or as a method of creatively investigating psychological trauma.

I will address this gap in animation research knowledge by asking questions to an interdisciplinary audience in order to understand the shared characteristics of various image-based and visuospatial processes including animation, and how these might affect trauma symptoms.

The responses I receive will build on what has already been established, inform my PhD research and suggest future areas of study.

.....

**Questions**

*NB: Please note, in relation to all the following questions, when I ask: "In your experience", please respond re: your experience as a scientist, clinician, academic, animator, or as someone with lived experience of trauma. If you have experience in more than one of the categories I have listed, please answer as fully as you wish.*

*Thank you.*

***Q1: Visuospatial activities, memory, attentional load: relationship to trauma symptoms and animation***

**Visuospatial activities (such as playing Tetris/computer games, animation, knitting) typically require hand/eye coordination, the use of working memory, and skills such as the ability to perceive differences between objects, sequences and patterns. Differing degrees of attentional/cognitive load (demand on perception, attention, and memory) may be required to carry out these activities.**

**Animation is a visuospatial activity with a potentially high attentional load that requires the use of memory and visuospatial skills over extended periods of time. Animation skills include the perception of object differences, the ability to visualise and manipulate objects in three dimensions, and the utilisation of complex sequences of information, repetitive patterns, etc.**

**Q1a:** In your experience, can visuospatial activities affect symptoms of psychological trauma?

If so, which activities have this effect, which trauma symptoms are affected, and why/how are they affected?

**Q1b:** In your experience, might the specific visuospatial aspects of animation (such as manipulating objects in three dimensions or working with sequences and repetitive patterns), affect symptoms of psychological trauma?

If so, which animation activities have this effect, which trauma symptoms are affected, and why/how are they affected?

**Q1c:** In your experience, why and how might visuospatial activities such as animation affect memory systems, such as short/long term memory, declarative (semantic/episodic memory), and procedural



memory systems, and/or memory consolidation, reconsolidation and retrieval systems, particularly in relation to trauma-related memories?

**Q1d:** In your experience, if visuospatial aspects of animation affect trauma-related symptoms and memories, might animation be utilised as a therapeutic activity in relation to trauma?

If so, why and how?

**Q1e:** In your experience, might engaging in activities (such as animation) with a high cognitive /attentional load affect trauma symptoms?

If so, which activities affect symptoms, and why/how?

***Q2: Narratives and meaning, imagery rescripting, relationship to trauma symptoms and animation***

**Imagery rescripting is an experiential therapeutic technique through which traumatic memories are transformed using imagery to change their emotional meaning and thus help the client/patient overcome psychological trauma.**

**Animation is an image-based medium through which the animator is able to exert control over how the characters, storylines, materials, and media interrelate or are employed. Animation is very often used to explore narratives involving emotions, memories, and perceptions of meaning.**

**Q2a:** In your experience, can imagery rescripting help reframe narratives about trauma experiences?

If so, which imagery rescripting processes do this, what trauma symptoms do they affect, and why/how?

**Q2b:** In your experience, might animation processes enable the animator to control and/or reframe narratives about trauma experiences in a manner similar to imagery rescripting, leading to possible changes in emotions, memories, and meaning?

If so, which animation processes might achieve, or have you experienced as achieving, the reframing/rescripting of narratives?

**Q2c:** In your experience, if narratives have been reframed/rescripted via animation, which trauma symptoms, if any, were affected (i.e. intrusive memories, hyperarousal, dissociation)?

Why and how were these trauma symptoms affected?

### ***Q3. Sensory processing activities; relationship to trauma symptoms and animation***

**Activities involving sensory processing such as visuo-proprioceptive, sensorimotor, kinaesthetic, and haptic activities relate to visual and body awareness and tactile engagement with the world, and may affect emotions, bodily sensations, and perceptions.**

**Animation is a medium that engages with various visuo-proprioceptive, sensorimotor, kinaesthetic, and haptic activities, such as the process of drawing in two-dimensional animation in order to represent three-dimensional objects, or the tactility involved in manipulating clay.**

**Q3a:** In your experience, do any sensory processing activities affect trauma symptoms?

If so, which symptoms do they effect, why and how?

**Q3b:** In your experience, do any animation activities, such as the process of drawing in two-dimensional animation in order to represent three-dimensional objects, or the tactility involved in manipulating clay, affect trauma symptoms?

If so, which symptoms do they effect, why and how?

**Q4: Bearing witness, relationship to trauma symptoms and animation**

**Bearing witness implies having close knowledge of events to which one bears a moral weight to testify, with the intention of healing, for individuals and/or communities.**

**A trauma survivor may experience psychological and emotional changes when testifying and/or bearing witness about their experiences through various media such as words, images, or film.**

**Autobiographical animation made by a trauma survivor about their experiences involves bearing witness through making and screening their material.**

**Q4a:** In your experience, does testifying/bearing witness lead to a change in trauma symptoms?

If so, why and how?

**Q4b:** In your experience, might making animation affect a trauma survivor's symptoms through bearing witness?

If so, why and how?

**Q4c:** As a trauma survivor/filmmaker, why and how might watching one's work in an audience have an impact?

As the audience, why and how might watching the film as an audience member together with the trauma survivor/filmmaker have an impact?

**Q5: Responses to my accompanying films, Expt. 1 and Expt. 2**

**My films Expt. 1 and Expt. 2 are autoethnographic (reflexively investigating personal traumatic experiences through animation) and explore questions 1-4 above, i.e.**

**1) visuospatial aspects of animation, 2) narrative/imagery rescripting, 3) sensory animation processes, 4) bearing witness.**

**Given this:**

**Q5a:** Do you have any comment about the **visuospatial** aspects of the films, generally and specifically in relation to the autoethnographic content of the film and potential effect on trauma symptoms?

- a) Expt. 1
- b) Expt.2

**Q5b:** Do you have any comment about the **narrative/imagery rescripting** aspects of the films, generally and specifically in relation to the autoethnographic content of the film and potential effect on trauma symptoms?

- a) Expt. 1
- b) Expt.2

**Q5c:** Do you have any comment about the **sensory processing (visuo-proprioceptive, sensorimotor, kinaesthetic, and haptic)** aspects of the films, generally and specifically in relation to the autoethnographic content of the film and potential effect on trauma symptoms?

- a) Expt. 1
- b) Expt.2

**Q5d:** Do you have any comment about the **bearing witness** aspects of the films, generally and specifically in relation to the autoethnographic content of the film and potential effect on trauma symptoms?

- a) Expt. 1

b) Expt.2

**Q5e:** Do you have any comment about other aspects of these films, such as any emotions or memories elicited/triggered by watching them, the soundtrack, visuals, editing, whether the films might be traumatising in themselves, or any thoughts about the meaning or impact of the films?

a) Expt. 1

b) Expt.2

***Q6: Similarities between animation and other activities***

**In my research, I am exploring how animation processes can be employed to affect trauma symptoms.**

Do you have any further comments to make about the similarities between animation and other activities not previously mentioned in this questionnaire, including or in addition to: visuospatial activities i.e. those with a high cognitive and/or attentional load, activities involving narrative manipulation or imagery rescripting, sensory processing activities, or activities relating to bearing witness to trauma?

***Q7: Invitation for further respondent comments***

**Please use the space below to add any further comments or suggestions about this research.**

**Thank you for your participation.**

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