The Good Hearts Model (GHM): an investigation into the extension of animation therapy; the GHM method with digital storytelling and jewellery

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Citation: HANI, M., BERNABEI, R. and LIGUORI, A., 2019. The Good Hearts Model (GHM): an investigation into the extension of animation therapy; the GHM method with digital storytelling and jewellery. Animation Studies, 14

Additional Information:

- This paper was published as Open Access.

Metadata Record: [https://dspace.lboro.ac.uk/2134/32938](https://dspace.lboro.ac.uk/2134/32938)

Version: Published version

Publisher: Society for Animation Studies

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Please cite the published version.
Made with Love: Mediating the use of Animation when tackling Bereavement

In 2006 at St Benedict’s hospice, Sunderland (UK), a pilot project was undertaken to investigate the effectiveness of using animation practice (creating films and working through the preproduction process; creating the necessary artwork leading to a film) to tackle issues surrounding and relating to loss and bereavement. The project was funded by the Community Fellowship Fund, in collaboration with the University of Sunderland, the NHS and St Benedict’s Hospice Sunderland. The outcome resulted in Made with Love, a collection of highly emotional work created by those who had lost loved ones. The work was produced in a series of animation workshops that allowed the flow of creativity to develop into expressive pieces of artwork, whilst tackling the emotional issues related to bereavement. The project was awarded the NHS Innovation Award in 2006 and a published catalogue documented the outcomes. This work was one of the many projects that has supported and informed the development of the Good Hearts Model (GHM) developed by Melanie Hani (2011).

Prior to embarking on the Made with Love project, an understanding of the subject, the participants and the ‘problem’ was required (see Figure 1, GHM level 1). Semi-structured interviews with relevant staff and participants were carried out. Participant observations were undertaken and training was provided by St Benedict’s Hospice, the NHS and Cruse Bereavement Care. Ethics committee approval was sought from the University of Sunderland and the National Health Service (NHS), and contracts and risk assessments were all put in place. Two palliative nurses, the hospice Chaplain and a doctor specializing in bereavement and palliative care were recruited and also interviewed.
From the initial assessments, the research was designed to mirror the “continuing bonds” perspective (Klass, Silverman, & Nickman 1996; Steffen & Coyle 2011, p.582), supporting the contemporary theory that ongoing relationships with the deceased are normal and often beneficial aspects of bereavement (Steffen & Coyle 2011, p.582). One common continuing bond expression, the experience of “sensing the presence of the deceased,” constitutes an interesting phenomenon in this context. Sense of presence experiences can involve clearly sensory impressions such as the visual, auditory, tactile, and olfactory perception of the deceased or the quasi-sensory subjective but (experienced as) veridical “feeling of presence” of the deceased (Bennett & Bennett 2000; Grimby 1998, in Steffen & Coyle 2011, p.582). It was clear that the participants reflected the traditional Western mode of being unable to ‘move on.’ More specifically, they were unable to move on from the experience of the dying and the death, a continuing bond to the latter and negative part of their life with their loved one, rather than the life they had ‘pre-illness.’ It was thus necessary to design a creative structure that allowed a visual, auditory, tactile perception of the deceased, that also allowed the presence of the deceased and a celebration of their life and experiences with the deceased prior to the illness. Animation with its visual, auditory, tactile complexities enabled and complimented this approach through the use of the GHM.

The Good Hearts Model (GHM)

The GHM has as its main focus the intentional use of aspects of animation production as parallel and integrated stages of the therapeutic process. The process is a complex procedure that has been developed into an adaptable model [...] is a theoretical and practical methodology that references use of Person-centered Therapy (Rogers 2007), service user-led experience’ and personally underpinned by Ignatius Spirituality (Hani 2014). Moreover, it “considers the principles of auto ethnography, and how one facilitates the therapeutic environment, the production process and technique,” acting as a “co-created continuous dialogue between the film process and the participant” (Hani 2014). Finally, the model

is designed as a therapeutic continuum, from the beginning of the preproduction process through the making of an animated film, and its viewing [...] The animated film can thus be viewed at any time during and after its production and serves to visualise each participant’s therapeutic journey. (Hani, 2014)

Viewing a film is – at times – inconvenient, as it requires access to technologies. The idea was thus formed to instead embed this therapeutic outcome within a piece of jewellery that
is accessible, tangible, wearable and embodied with the valuable feeling associated with the deceased, and combined with the feelings of the therapeutic animated journey facilitated by the GHM.

The GHM employs all stages of animation practice to generate therapeutic benefits when working with:

- Children, young people and adults from statutory and voluntary sector organisations such as Health, Education, or Social Care
- Other hard-to-reach groups
- People living with poor mental health
- People who have suffered loss, isolation, prejudice and stigma
- People who have experienced violence or abuse; physical, emotional, sexual, neglect
- People who believe education is out of their reach
- People who are in substitute care; hospitals, hospices, prisons
- People who are involved with criminal justice systems, have suffered negative responses due to ethnicity, gender, culture and sexuality

The GHM accordingly employs methods that collect specific data in the form of creative outcomes (e.g. character designs, background designs, scripts, letters, poems, completed animations, soundtracks, and storyboards) – all of which form a series of representations of the moment and the experience of the moving reality. The stages of pre-production of the GHM are all interconnected, which reflects the qualitative description as defined by Denzin and Lincoln, “Qualitative researchers deploy a wide range of interconnected interpretive practices hoping always to get a better understanding of the subject matter” (2005, p.4). Used in this way, animation provides a better understanding of the research ‘problem’ and outcomes, and additionally provides the opportunity for the participant to gain a better understanding of the self.

In this respect, it is becomes valuable to consider what defines animation as a medium. According to Bendazzi, “animation which has found numerous production techniques, presents itself as a ‘frame by frame’ method of creation of movement, no matter what technique has been used [...] but the high number of the possible applications of animation is precisely what makes its classification so difficult” (1994, p. xxi). These multiple applications (as we detail in our descriptions of animation embedded into jewellery), can also be employed across a wide range of uses as a therapeutic intervention. However, more philosophically, Wells, citing Holloway, suggests animation as a giving of “life and soul to a design, not through the copying but through the transformation of reality” (1998, p 10). Holloway’s concept has its roots in the etymology of the word animation (from the Latin ‘anima,’ meaning air, breath, life, soul, or spirit). The emphasis on giving life, breath and soul to an inanimate object seems fundamental to employing animation as a form of therapy and yet is rarely given the value it deserves within academic discourse.

This ‘giving,’ this ‘breathing’ of life is particularly important to Animation Therapy: it reflects the opportunity of giving new life, restoring old life, presenting current life and past life; lives which include humans, experiences, occurrences, and lives that have not had the experiences that can be lived through animation and its process (as in the example below).
Animation Therapy then affords the opportunity ‘to give life’ afresh, not merely through a technical application, but through psychological, emotional, and physical re-configuration.

One participant from *Made with Love: Mediating the use of Animation when tackling Bereavement* (Hani 2006) recounts that “since I was 16 I have been wanting to get married ... at least I got married on my animation. I don’t feel guilty ... I have got to the church and I did get married” (Hani 2006, p.43). The participant had been with her partner for many years and they had three children together. When her partner became terminally ill, she stayed by his side whilst he was at the hospice and only left on the day of their planned wedding to collect the paperwork from the registry office. Whilst she was absent, he passed away and the wedding never took place. Her film was based on creating, preparing and re-enacting that wedding day, and defeating the race against the Grim Reaper (which she referenced in her animated film). She continues, “I really had it on my brain why why why why did I walk away. I was really mad with myself leaving but this is my way of getting my emotions out and my dream come true out on a picture” (News Broadcast: Made with Love, 2006). Not only did the preproduction process allow her to prepare for her wedding, the final film acted as a historical documented event of a special day and actualized an experience that was previously lost.

Figure 2: Film frame from *Made with Love: Mediating the use of Animation when tackling Bereavement* (Hani, 2006).

Another participant from the same project was consumed by thoughts regarding her husband’s illness and the development of that illness leading to his passing. She would
discuss issues about the hospital care, unavailable support from the council and expressed she had forgotten the life she had previously lived with him prior to the illness. The participant created a film based on their life together rather than her husband’s death from motor neurons disease. When watching her film, she stated, “I feel as if I have got [Name] back the way he was and I can look back now and think, yes we did have happy memories and the illness is to the back of my mind now and I can think positively about moving forward” (News Broadcast: Made With Love 2006) The participant reports that she watches the film regularly as an extension of the therapeutic process. As she watches her film, it reminds her of her own personal animated therapeutic process, the life she had with her partner and her reframing of her loss. It is this form of extension that has prompted work into a new area of exploration.

At the time, members of HEART EM (Healing Education Animation Research Therapy East Midlands) included an animation therapist, a jewellery maker and a digital story facilitator. Discussions between the team and previous participants identified that access to a finished animation might be limited by the requirements for certain forms of technology and space. It was therefore conceived that participant-processed jewellery could provide a wearable, easily accessible form to the therapeutic animation that had previously been created by the participants. It was identified by the participants that the jewellery would be valued and would also act as an heirloom for future generations. According to Moore, “Heirloom jewelry pieces perform important functions in family networks. Jewelry’s durability allows the potential to frequently outlive its original owner, gain sentimental value over successive generations, and influence relationships” (2016, p. 3). Participants would be carrying an embodied wearable artefact that provides a consistent and easily accessible reminder of the life of their loved ones, as well as the animated therapeutic benefits, journey and intervention. The work on this project led to a new term, ‘Therapeutic Animated Jewellery.’

Digital Storytelling (DS)

Digital Storytelling (DS) is a self-reflective process and a participatory method to facilitate the co-production of short videos that has been developed and reshaped over time since the late 1990s. It has been acknowledged worldwide by DS practitioners and storytellers participating in community programmes as an effective tool for enhancing mutual trust and understanding, and “cultivating compassion” (Hardy & Sumner 2018) and unfolding “deep stories” (Nuñez-Janes, Thornburg, & Booker 2018). This methodology was developed in California, when a group of artists and media professionals started exploring the idea of using technologies to empower lay people to share their personal stories and to assist hidden voices that are generally not included into the public debate to emerge. Gravitating to the San Francisco Digital Media Center – founded in 1994 by Joe Lambert, Dana Atchley and Nina Mullen – they developed the basis for a community workshop called “digital storytelling.” DS spread to Europe in 2001, when the BBC in partnership with the University of Cardiff, launched the award-winning project, Capture Wales, and subsequently organized the first international conference on DS in Cardiff, in 2003. Since then its growth in popularity and worldwide usage has been significant, thanks to its ability to facilitate “multiple kind of border crossings” (Nuñez-Janes, Thornburg & Booker 2017, p. 1) in terms of convergence of disciplines that have been nourishing the process itself, and also of countless applications as “sustainable social practice” (p. 1). The hybrid nature of DS, which
combines narrative and creative processes with the use of technology to actualize the final output, making it a powerful and flexible participatory approach that demonstrates relevance in several fields.

There are a variety of ways in which the DS method has been put into practice worldwide, but generally speaking, the DS process is comprised of five steps:

1) **Briefing and Story-circle**
   In this phase, participants are introduced to the elements of a Digital Story and receive a clear explanation of the process and timescale involved. After the briefing, the actual storytelling process starts with a story-circle, during which participants come together (ideally in groups of 8-10 for each facilitator) to start sharing their first concept of a story.

2) **Writing**
   The transition from a story told during the story-circle to an actual script happens in this step. The duration of this session can vary depending on how prepared participants are prior to arriving at the workshop; for example, if they had or hadn’t already drafted a script (this might be asked in the preparation notes), or whether or not the sharing process is emotionally challenging (pauses are sometimes required to support the teller in the sharing process and to enable the listeners to fully empathise). The ultimate goal of this phase is to generate finalized scripts ready for voice recording.

3) **Recording**
   Recording is the point at which the technical elements of DS begin to appear. Participants are assisted by the facilitator to record their voice-over (while reading the script) and edit the audio file. Both the technical quality of the audio and the “feel” of the voice are crucial in the “making” process.

4) **Editing**
   During this phase, participants are guided in using video-editing software to combine the edited soundtrack with other sounds effects, personal photographs, other visual materials, titles, etc. Editing is predominantly a technical process, but the creative aspects and the collaboration among participants are fundamental.

5) **Sharing**
   Generally, each DS workshop ends with a screening session, during which participants present their videos and share reflections on the process, giving each other feedback.

As we are discussing a “digital object,” it is important to also reflect on the implications of sharing the story with a larger audience, if/when the video is published on the web. In particular, throughout the creative process, storytellers are invited to think about the potential of using multiple media platforms to create a narrative that could reach various audiences and if and how this could influence the content and the form of their story.

Previous and ongoing projects (such as “Digital Dialogue,” which is led by M. Wilson at Loughborough University and funded by AHRC through the Connected Communities Programme as part of a larger project called “Creative Practice as Mutual Recovery,” and
the long lasting UK-based “Patient Voices” project) have already explored the role and the value of storytelling to support mutual recovery. In these prior experiences, the Digital Storytelling process has been particularly effective in building a safe space, or emotional refuge, in which the act of sharing personal memories or imaginative projections of unaccepted realities can unfold unexpected narratives, reveal hidden memories and support the healing process.

What has not yet been explored, however, is how a Digital Storytelling approach could be combined with other creative and participatory practices to maximise its impact as therapeutic intervention and to develop a feasible and structured process that could be scaled up and applied as sustainable model. Among a huge variety of creative practices currently in use to improve mental health and wellbeing, Animation (via the GHM) and Jewellery constitute promising elements for a transformative experience and an innovative intervention to resolve traumatic grief, such as the potential of attributing emotional values to both tangible and intangible objects through creativity, alongside the opportunity to keep those values simultaneously private and shareable.

### Jewellery as a bridge between animation and Digital Storytelling techniques

Jewellery is a form of applied art where the person uses and wears a piece of jewellery in “as a means of self-expression and self-exploration” (Liebmann 1990, p. 13). Jewellery has decorated our bodies for millennia; to which various functions and meanings have been attributed. The jewel itself has an immediate connotation of preciousness, regardless of the economic worth of the actual materials. The perception of treasure inherent to the possession and display of a jewel is commonly accepted in most societies. As a personal choice, wearing jewellery is akin to a self-affirmation of identity, feeling empowered by the bodily presence of the object, as it is often an extra tool to strengthen our personalities or to communicate feelings to the outer world. Some typologies of jewellery manifest their social power – demonstrating, for example, both wealth and intimacy, in terms of the engagement ring or wedding band. The powerful relationship between the object and the wearer becomes more sophisticated according to the complexity of the communicative role one demands of the jewel. In this instance, the jewellery acts as agency. Traditionally, one could expect this relationship between the wearer and the jewellery to be completed by the maker. This triangular form of communication – Maker-Wearer-Viewer – places an equal emphasis of each component of the cycle (Cunningham 2005; Bernabei 2011). This has been reflected in the recent work by jewellery makers and researchers when exploring the possibilities of digital jewellery.

Jewellery maker and researcher Jayne Wallace (2015) has employed craft-centred approaches to create wearable digital communication devices. When working with her participants, Wallace’s intention is to explore their feelings about the pieces and their significance in their lives and relationships. Conversely, Trine Møller and Sarah Kettley propose a “humanistic accessory approach in that design approach which includes a wearer’s physical, psychological and social preferences” (2017, n.p.). This suggests that digital jewellery has started to diversify with the various research approaches and the combination of different techniques. Although animated images have been used in jewellery as practice-based art and design research by other jewellers such as Sandra Wilson (Wallace
2007), only Wallace employs the imagery as an aid for wellbeing for patients affected by dementia (Wallace 2013). Our pilot project thus proposes to merge DS and the GHM with jewellery-making as a therapeutic participatory process.

In our framework, the jewellery acts as a self-expressive tool and for self-healing, which can be emotionally-charged through the process of making. Accordingly, the somatic awareness of the participant will be considered. Potentially, body consciousness could play an important factor in investing personal emotions and create an intimate relationship with the animated jewellery.

Animated jewellery can potentially carry an animation created by the participant, which adds another level of readability and embodiment in the object for the wearer but also for the viewer if the wearer decides to reveal the content. The benefit of wearing animated jewellery is primarily to the wearer, but it can also act to promote different levels of non-verbal communication to viewers before the wearer shows the video embedded in the jewel.

Coming Together: Digital Storytelling, Animation and Jewellery

After speaking to participants from the Made with Love project, it was necessary to commence investigations into the possibility of extending therapy by placing the digital outcome (the animation) into a piece of jewellery, to explore what that would mean for the participant and their healing process. It was necessary to also explore the technologies needed and consider the design of the participatory process from animation practice, through digital storytelling to jewellery practice. One participant agreed, “yes I would like my film in a piece of jewellery...a bracelet...in gold” (2017). The participant then went on to say “it would have great emotional value ... I would like to be involved in the design.” Another participant noted that “it would be better if it was ... a keepsake” (2017) and expressed that three would be needed for her children, who had lost their father. It was the participant’s decision to request the article to be made with gold, and to be part of the design process. It is clear that the jewellery-making process should be participant-led and only facilitated by the researchers, the materials used should be precious, and that these factors will embed emotional value into the piece.

Our research in this area has commenced, and we have outlined a detailed process wherein participants requiring therapeutic intervention embark on a journey of personal storytelling, reimagining and recording. First, they create an animated film; second, they extend their creative process by making decorative wearable item to contain or accompany their emotional transformations. Currently we have a wait list of participants who wish to engage in the new “therapeutic animated jewellery” process. While further studies are required to evaluate the therapeutic value of a participant-led process from the beginning of the animated preproduction process to a finished piece of jewellery, it is clear that there is potential in this concept that would bring another form of understanding to animation studies.

References


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Edited by Amy Ratelle