

RAISING CONSCIOUSNESS THROUGH FEMINIST PEDAGOGY IN ANIMATION

Author:

ROSA MULRANEY

Affiliation:

FALMOUTH UNIVERSITY, UNITED KINGDOM

INTRODUCTION

Exploring collective practice and collaboration with external experts to develop a method of integrating feminist pedagogy into creative HE environments using animation as a feminist tool. This case study focuses on two student-made films, *Why Mums Don't Jump*¹ and *Sling the Mesh*.² These projects resulted from a collaboration between groups of mixed-gender, second-year Animation students at Falmouth University who were invested in the subject of female reproductive health and their live-brief clients, Helen Ledwick, podcaster, author and creator of *Why Mums Don't Jump*³ and Kath Sansom journalist and founder of the pro-bono campaign *Sling the Mesh*.⁴

This article embraces the opportunity to reflect on the methodology and success of learning outcomes based on interviews with participants and audiences. Initial feedback and testimonials indicate that the films were received as pioneering animated stories, granting visibility to a hidden condition known as “pelvic organ prolapse”, often experienced by women postpartum. Audiences' recognition of the film's attitude-changing potential testifies to Wells' view of animation as 'a radical tool in the re-invention... of social, cultural ... materials'.⁵ This case study demonstrates that when animation addresses the need for social change, student work can contribute to the visibility of hidden discrimination and social debates around female reproductive rights. The students' engagement with the process exemplifies their temporary entanglement with what Ahmed once called a “sweaty concept”⁶ to bring out hidden gender inequalities and generate new social understandings.

Although this is not a definitive recipe for educating socially aware animators, analysing this project stage-by-stage, there is an attempt to outline one potential teaching strategy for promoting gender awareness among HE students in creative disciplines.

Taboo

It would not be surprising if as you read the introduction to this article, you have had a visceral reaction to its subject matter. The topic of pelvic floor health is taboo and often associated negatively with disgust.⁷ However, if you continue to read you will discover a research project that challenges these expectations and see how the use of feminist pedagogy, applied through action research and standpoint theory, can help students engage with and experience the topic in new ways that adds beauty, empathy and action in contrast to the shame, isolation and feelings of disgust. Their creative practice has helped move the topic of pelvic health from individual stories shared in private spaces into art forms that have been shared in public spaces: moving from the private to the public; from

isolated shame to shared public joy. This process of intervention and bringing the topic into arenas it has not previously been, is an intentional feminist intervention by staff to push these conversations into the public domain and hopefully public consciousness.

Personal

This research prioritises personal experience and intentionally curates briefs that facilitate students, staff and professionals to work side by side on creative outputs with an ambition to create social change. The problem the research seeks to address is the lack of information and cultural silence relating to women's post-partum pelvic health. A mantra that often appears is 'Why did no-one tell me?'.⁸ How can animation as a feminist tool help to move the conversation of postpartum pelvic floor health from private despair to shared public joy for the purposes of social change? The responses to the research so far reveal how ground-breaking the work is, 'I've never seen anything kind of creative, filmic (before), about prolapse at all, which is extraordinary...just being able to say it out loud takes the shame away'.⁹

Private to public

Pelvic floor dysfunction is such a difficult topic to live with and to bring into the world. I definitely relate to Ahmed's "sweaty concept"; It is a hard life to live and a hard one to try and bring into public discourse. I was struggling in my own private life with my own negative experiences with postpartum pelvic organ prolapse and exasperated by the isolation, lack of information, lack of community and lack of medical care. In frustration I was venting to a pain nurse about the lack of informed care and she looked me dead in the eye and said 'Why don't you do something about it?'.¹⁰ I was shocked at this response as we think the medical professionals are there to help us, not the other way around, but over time it dawned on me that there are hierarchical powers structures around them that may be preventing meaningful change. It made me realise that perhaps it couldn't be an inside job and the medical profession needed intervention from the outside. I wracked my brains for how to help, and inspiration struck in the form of *Why Mums Don't Jump* creator Helen Ledwick. Here was someone who had already moved their private experience into public discourse with the release of their podcasts series.¹¹ Ledwick's own journey took her through a series of events that ultimately gave her the inspiration to go public¹² - It takes a while to realise that this is a topic worth talking about with others. I would use the term "confidence to go public" but that would be wrong. You don't feel confident, you are terrified, but you are motivated enough to take the risk. Her courage was rewarded with overwhelmingly positive reactions from the students, which ranged from recognition 'My mum has that',¹³ to determination 'I must work on this live brief, I don't care what it takes, I must work with Helen!'.¹⁴

TEACHING ANIMATION

Every year staff run three briefs for the students to work on that tackle important topics that may not otherwise have access to short, animated film production. The client briefings take the form of a traditional lecture with presentation slides and written briefs. The students can choose from three different live briefs that are presented that day and then have fifteen weeks to produce a short, animated film in a medium of their choosing. There are milestone screenings of work in progress at four intervals to allow reflection and client feedback and the students are allowed to contact clients directly to share work and feedback through emails. The students also meet staff once a week to discuss and reflect on their progress. Once the *Why Mums Don't Jump* and *Sling the Mesh* films were finished, they were entered into the film festival circuit and released on *YouTube*. These films create a vehicle that drives conversations around pelvic health via their conception, creation and distribution,

which seems to provide opportunities for the exchange of new knowledge and understanding: from the moment the students read the brief for the first time to when they go on stage to collect accolades for their work. See Figure 1.



Figure 1. Photo: Students receive 'highly commended' at the Royal Television Society Devon & Cornwall Student Television Awards for their Film *Why Mums Don't Jump*.

Why animation?

What is powerful about animation is its potential for the external representation of internal worlds, which makes it very valuable on projects that seek to make these very private experiences public, in a way that helps audiences relate or empathise with the stories being told. The recent book *Intimate Animation*¹⁵ by Ben Mitchell and Laura-Beth Cowley captures the zeitgeist of a recent surge in animated films that explore deeply personal experiences relating to body image, sexuality and sex. Their book was developed from their podcast of the same name which draws upon the increasing amount of films on these topics that they noticed had been appearing in the festival film circuit since the late 2000s/early 2010s. Historically, animation focused on titillation with the use of Mutoscopes depicting pornographic scenes¹⁶ and the sexualisation of characters, such as Betty Boop and Jessica Rabbit, but what Mitchell and Cowley note is that animation is increasingly being embraced to communicate internal experiences of sexual encounters, fantasies and sexual awakenings - not only what occurred but how it feels. Looking through the examples in their book, you can see how these filmmakers have used metaphor, textures, movement and sound as an emotional palette to convey their personal experiences.

Conversation starters

The light-hearted perception of animation has the potential to make taboo topics more palatable. Recent animated tv series like *Big Mouth*¹⁷ had an intentional ambition to normalise conversations around puberty and leans into the extremes of what animation can offer with the creation of their "Hormone Monster" characters which help externalise the "monstrous" feelings teenagers may encounter.¹⁸ This light-hearted approach is something Ledwick wrote into her brief for the students. Ledwick is aware that the topic of pelvic health can get quite depressing and negative and so her brief requested that the approach should 'Find a way to balance heart-wrenching stories with a hopeful, fun and humourous tone.'¹⁹ To do this successfully required diligent research by the students to fully understand the lived experience. What is valuable about clients like *Why Mums Don't Jump* and *Sling the Mesh* is that they both have large communities and a data set of interviews to draw quantitative and qualitative data from. *Why Mums Don't Jump* has fifty-two episodes across five series which the

students divided amongst their team. They listened to every episode, taking notes of the quotes that stood out to them. The students then wrote a film script using these quotes. As they immersed themselves in these experiences, they started to explore creative ways of representing them on screen. The students chose to have human characters but have them living through striking visual experiences that lean into surrealist and expressionist art forms. Their work successfully draws on metaphor to encapsulate complex problems in simpler forms: a woman drowning in bed as she talks about her struggles with incontinence; a women engulfed by a giant baby as she talks about how she's feeling overwhelmed by her suffering. The students' creativity invites the audience into this inner world and to understand what the protagonist is suffering. The beauty of their design work contrasts with the difficult subject matter and helps to move the conversation away from shame and disgust that is usually associated with this topic. See Figure 2.



Figure 2. Stills from the film and festival laurel, *Why Mums Don't Jump*.

CENSORSHIP

Initially women in their isolation assume they were stupid and their injuries are their own fault but eventually they realise that they are not alone and that they were not informed.²⁰ This shift in perception has largely been down to online communities where the sheer volume of shared experiences evidence there is something larger at play. Where feminism comes in is helping to explain the larger structures that influence women's censorship and self-censorship. Doctors explain why they withhold information because women will be, 'too scared to give birth',²¹ implying that women can't handle the truth. Men and women often seem to have internalised patriarchy, as I have had colleagues say to me that it is 'just something to get on with' and 'don't want to frighten the students', 'just what happens', 'what did you expect?'. But Hooks suggests we must be 'critically vigilant to both what is being told to use and how we respond to what is being told to us' and to "free ourselves" from these narratives - To have conviction in our own realities, our own lived experience.²² The sheer volume of powerful testimonies that Ledwick and Sansom have collated reveals there is something larger at work, in the words of Hooks, 'there is some system here that is hurting her'.²³ The first wound is the birth injury, but the second wound is the isolation, then the ongoing abuse is

denying there is a problem. The live brief creates a wonderful opportunity to “resist and create”.²⁴ There are a lot of barriers which creates the hard work of bringing this topic into public spaces. You censor yourself and others try to censor you: some colleagues reactions have been, ‘you don’t want to scare the students’, but something that this research bring to light, is that these students are living it anyway, as one student said ‘I have had my own experiences...my mum has ... I’ve seen how people can suffer’.²⁵



Figure 3. Still from the film, *Sling the Mesh*.

Women as experts on their own bodies

Standpoint theory invites acknowledgement that there may be power dynamics at play that influence accepted knowledge and understandings and that marginalised voices can have the potential to offer valuable insights.²⁶ Sansom, Ledwick and I are not medical experts but we are experts at the lived experience. Standpoint theory explains why those considered on the periphery or those who don’t have recognised expertise can still provide valuable insights which could improve knowledge.²⁷ It also explains why the students’ experiences and voices have value. What this research reveals is that some staff have assumed that they don’t want to scare the students by introducing this knowledge but don’t realise that the students are living this life anyway, either because the students have their own pelvic health dysfunction or a member of their family does.²⁸



Figure 4. Still from the film, *Why Mums Don't Jump*.

Commercial versus independent filmmaking

Students who choose to study animation are often inspired by commercial tv series or feature films and have ambitions to work on similar shows or have similar careers. What education provides is the opportunity to broaden their horizons about what animation can be. On the animation course at Falmouth University students are introduced to independent filmmaking, shown artists they have not encountered before and invited to explore the history of animation. Our live-brief module invites them to apply their creative skills to real world problems and in doing so experience what animation can be as an agent of change. The challenges they are given by their live-brief client may be problems they've heard of before like climate change or disaster relief. This case study focuses on the issues that are brought to the students, issues that are on the periphery, that aren't well-known and need help to bring them into public discourse. The students get to experience in real time their reactions to such briefs and surprise themselves. A student reflecting on their experience noted their shift in perception from, 'Wow that's a lot to come into...I'm not too sure' to 'We need to work on Sling the Mesh!'.²⁹ What seemed to transform the students understanding of the subject matter happened after seeing Sansom give a professional briefing explaining her campaign but also Sansom being visibly moved to tears by the end of her own presentation - her personal experience helping to make the data presented more meaningful. The students go from not knowing about the topic at all to knowing it at a deeper more emotional connection, from being an outsider to an insider. They see the struggle and they see they can act as a bridge between this not knowing to knowing. As a student explained 'it just really highlighted why it was important because these things don't get talked about'.³⁰

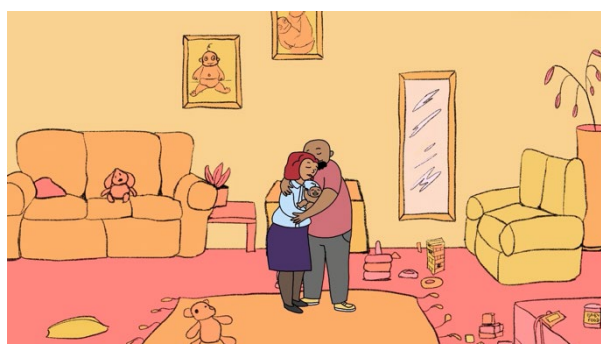


Figure 5. Still from the film, *Why Mums Don't Jump*.

Internal versus external

Animation has provided an opportunity to move verbal testimonies into visual art forms, from digital podcasts into physical art forms created for public display in exhibitions; stills from the film were painted on canvas to create an art exhibition that ran alongside workshops to design your own vulva cake³¹. The exhibition was part of the unfunded pathway on the Being Human 2024 festival entitled *Why Mums Don't Jump: Our Stories, Our Health*. Unfortunately, the exhibition didn't receive funding via Being Human because the exhibition idea was not deemed 'innovative' enough even though the film is potentially the first time the lived experience of prolapse has been seen in film. Data collected from the exhibition revealed how valuable participants had found it³² and there were some public epiphanies during workshops where participants acknowledged publicly for the first time that they had pelvic floor dysfunction but had just 'pushed it to the back of my mind' and 'just got on with things', revealing an internalised bias that this is "just what happens to women" and is not to be discussed openly. It brilliant to see these conversations starting to happen as the topic journeys through the classroom, staff room, Instagram, awards ceremonies, radio interviews, news articles,

exhibitions and workshops. What is seen in the students' work is the topic of pelvic floor dysfunction being made beautiful and joyful - a feminist ambition to imagine a better future: women run arm in arm as they run a marathon to raise awareness: a woman is comforted by her partner: a stranger reaches out to offer support to another woman struggling. See Figure 4, 5 and 6.

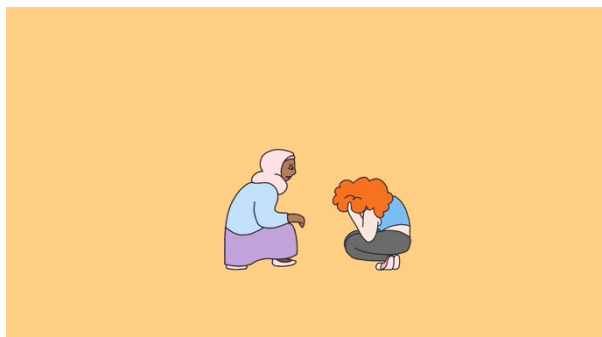


Figure 6. Still from the film, *Why Mums Don't Jump*.

CONCLUSION

The creation of these films and their distribution created not only professional experiences for the students, but they also got to experience living a feminist life. They learnt how to make a short, animated film and how to release it on the festival circuit but they also learnt about bias, what their own biases were and how important sharing personal stories is. They have seen firsthand how valuable creativity is for its potential to empower marginalised voices and to imagine a future that has joy instead of despair. As the students watched their film screen at the Royal Television Society the presenter gave a special mention, 'And who knew issues surrounding women's pelvic floor could be captured in such an engaging and sensitive manner in the beautifully handled *Why Mums Don't Jump*'.³³ The students were interviewed from the red carpet in Hollywood, and the interviewer acknowledged their own connection to the material, 'So I gotta ask why this subject, you know my mum has this, and I gotta say we need to talk about this!'.³⁴ However, despite the joy and glamour the reach seems to be limited by a lack of willingness to reshare the material online. Despite *Why Mums Don't Jump* and *Sling the Mesh* having large audiences of between nine thousand³⁵ and ten thousand,³⁶ the active social-media engagement of "likes" has been limited, potentially because people are still struggling to overcome the perceptions of shame and disgust and don't feel ready to publicly acknowledge their connection to the material. The struggle continues as Ahmed says, 'Sweaty concepts are also generated by the practical experience of coming up against a world, or the practical experience of trying to transform a world'.³⁷ However, there are glimmers of hope as the word spreads, so too does the confidence to go public, 'one of our members said it gave her the confidence and push she needed to share her own mesh art exhibition',³⁸ and one of the student animators acknowledged that they found the experience rewarding, 'I think it was it was a real privilege that our first real experience making films as learning animators got to be for something that was so important and impactful'.³⁹

Acknowledgements

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NOTES

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- ² *Sling the Mesh* directed by Alastair Booker (2023; Falmouth University). YouTube video, 1:36, "Sling the Mesh" November 21, 2025. <https://www.youtube.com/watch?v=mJKDXb1UHMk>.
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- ⁶ Sara Ahmed, *Living a Feminist Life* (Duke University Press, 2017), 6-7.
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- ⁹ Rosa Mulraney, "Women's Health on Film: A Conversation with Alison Ramsey." *MAI: Feminism & Visual Culture*, 19 (2024).
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- ¹⁵ Ben Mitchell and Laura-Beth Cowley, *Intimate Animation* (CRC Press, 2025).
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³¹ Rosa Mulraney, "Why Mums Don't Jump: Our Stories, Our Health," Event delivered as part of the Being Human Festival, November 12-16, accessed April 29, 2026.

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³⁴ La Femme International Film Festival, "LA Femme Film Festival 2023..," YouTube video, 1:04, October 8, 2023, <https://www.youtube.com/watch?v=nCuLkyW5eS8>.

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