USING BLOB TOOLS TO EXPRESS FEELINGS AND EMOTIONS IN OCCUPATIONAL THERAPY

Experiences from five Finnish Occupational Therapists

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Abstract

The aim of this Bachelor's Thesis was to find out whether and how the Blob Tools by Pip Wilson and Ian Long could be implemented into occupational therapy as a means of expressing feelings and emotions. The study included user experiences from five Finnish occupational therapists working in different occupational rehabilitation units. The Blob Tools' prospects were evaluated in both individual and group therapy settings and in various age groups with children, adolescents and adults.

The Psychosocial Frame of Reference together with the Model of Social Participation was used as the theoretical foundation for the study, since all of the participating occupational therapists had clients with various psychosocial problems that prevented them from leading satisfactory lives. The detection, naming and regulating of feelings and emotions were seen as important factors to look at considering emotional expression. The research results are mirrored to the data collection themes and the research questions based on the psychosocial groundwork.

It was discovered that the Blobs serve as a functional method in psychosocial occupational therapy. With the Blobs, expressing feelings and emotions becomes not only non-threatening but also fun. The characters were found to be very relatable and the illustrations insightful. Additional research is needed to further examine the Blob Tools' assets for occupational therapy in different client groups and therapeutic settings.

Keywords
Occupational therapy, psychosocial occupational therapy, social participation, expressing feelings and emotions, detecting, naming and regulating feelings and emotions, effortful control, Blob Tools
Miscellaneous

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BLOB-MENETELMÄN KÄYTTÖ TOIMINTATERAPIASSA TUNNEILMAISUN VÄLINEENÄ: Kokemuksia viideltä suomalaiselta toimintaterapeutilta

Koulutusohjelma
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Tiivistelmä

Tässä opinnäytetyössä pyrittiin selvittämään, kuinka Pip Wilsonin ja Ian Longin kehittelemä Blob-menetelmä voitaisiin implementoida toimintaterapiaan tunneilmaisun välineeksi. Tutkimuksen aineistona oli viiden suomalaisen toimintaterapeutin käyttökokemukset Blob -menetelmästä. Toimintaterapeutit työskentelivät erilaisissa toimintaterapian kuntoutusyksiköissä ja tutkimuksen aikana he käyttivät Blob menetelmää eri ikäisten lasten, nuorten ja aikuisten kanssa sekä yksilö- että ryhmäterapian konteksteissa.

Tutkimuksen teoreettisena pohjana käytettiin psykososiaalista viitekehystä ja sosiaalisen osallistumisen mallia, koska kaikilla tutkimukseen osallistuvilla terapeuteilla oli psykososiaalisesti oireilevia asiakkaita, joiden ongelmat estivät heitä elämästä täysinäistä elämää. Tunteiden tunnistaminen, nimeäminen ja säätely nähtiin keskeisiksi tarkastelun kohteiksi tunneilmaisussa. Tutkimuksen tuloksia peilattiin psykososiaalisen mallin pohjalta luotuihin tutkimuskysymyksiin, sekä tiedonkeruun teemoihin.

Tutkimus toi ilmi, että Blobit tarjoavat käytännöllisen menetelmän psykososiaaliseen toimintaterapiaan. Blobbien avulla tunneilmaisua ei koeta uhkaavana, vaan jopa hauskana. Blob-hahmoihin oli ollut helppo samaistua, ja kuvitukset oli koettu hyvin oivaltaviksi. Blob-menetelmän mahdollisuuksia toimintaterapiassa täytyisi tutkia lisää, että saataisiin tietoa niiden käytöstä erilaisissa asiakasryhmissä ja terapiakonteksteissa.

Avainsanat (asiasanat)

Toimintaterapia, psykososiaalinen toimintaterapia, sosiaalinen osallistuminen, tunneilmaisu,

tunteiden tunnistaminen, nimeäminen ja säätely, tunteiden hallinta, Blob-menetelmä

Muut tiedot

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1 INTRODUCTION

In society both locally and globally, there is an ever-increasing need to efficiently address and meet the emotional needs of people. This Bachelor's Thesis aims to explore whether and how the Blob Tools by Pip Wilson and Ian Long (1988) could be used in Occupational Therapy as a means of expressing feelings and emotions. The material consists of experiences gathered from five Finnish occupational therapists working with children, adolescents and adults in individual and group therapy settings.

Cara & MacRae (2005, 266; 300 - 337) present worrying facts about what goes on in different age groups psychosocially. They state that psychosocial problems in childhood prevent children from leading satisfactory lives at home, school and in society. Psychosocial problems in adolescence derive from changes in the adolescent's emotional and physical being. The time of change can be problematic and various emotional and behavioural conflicts occur that can have major consequences to the society as a whole. Adults and older adults can be faced with different psychiatric symptoms such as depression, mania, psychosis and substance abuse; none of which contribute to one's emotional well-being.

As Krupa, Fossey, Anthony, Brown & Pitts (2009, 160) state, occupational therapists are able to strongly enrich the world of psychiatric rehabilitation with some of their exceptional practices. The authors seek to raise awareness of the importance of pioneering cross-disciplinary collaboration in facilitating recovery. Occupational therapy is one of the key professions in psychiatric treatment, and therefore any evidence for promising new interventions contributes to the advancement of the field.

This paper first discusses some of the emotional challenges that children, adolescents and adults are faced with that influence their emotional well-being and social participation. After this the Psychosocial Frame of Reference is introduced together

with the Model of Social Participation. Thirdly, it is proposed that a particular psychosocial method, the Blob Tools, could be implemented into occupational therapy as a means of expressing feelings and emotions. The research process is then described, after which the research findings are presented and evaluated. Ethical reflections and suggestions for further research are discussed under conclusions.

2 MENTAL HEALTH ACROSS THE LIFE SPAN

2.1 Feelings and emotions

The terms; *"feelings"* and *"emotions" are sometimes* misunderstood and misused. As this study discusses topics closely attached to these terms, it is important to correctly understand their differences and similarities*.* Looking into standardized sources for accurate definitions, the Merriam-Webster Dictionary (2011a) offered a comprehensible answer. The dictionary defines *feelings* as emotional states or reactions that stem from experiences. *Emotions* on the other hand are feelings that are conscious mental responses that commonly come with physiological and behavioural changes. (Op. cit. 2011b.) The fact that the terms can be used as synonyms while they still contain somewhat profound differences in meaning makes many people puzzled. For clarity, in this study feelings are referred to as emotional states or reactions, and emotions are referred to as feelings that cause the reactions.

Page (2008, 24) emphasizes the essence of feelings as person's reactions to his or her life incidents. According to her, it is possible to be in touch with one's feelings only when a level of sensitivity is reached to the underlying emotions. Thoughts then again come through the attempt to interpret the reactions and experiences. In a way, emotions, feelings and thoughts form an infinite cycle where different variables take turns in influencing the person's mind.

Schell & Schell (2008, 17) further support this vision by stating that a person normally strives to achieve inner balance and well-being, but sometimes due to overwhelming life problems or illnesses, the person loses the ability to operate functionally. As life problems usually root in conflicts between suppositions and experiences, professional assistance is often needed in working through the clash between the person's inner and outer worlds. The occupational therapist helps the client to resist suffering by enhancing the person's well-being and enabling occupations meaningful to the client. As this research project aims to introduce a new psychosocial tool to the work of occupational therapists, it is first important to delineate how psychosocial challenges most commonly surface in people across the life span, and how they are addressed in occupational therapy.

2.2 Emotional well-being in childhood

Children willingly welcome any outlet for their unexpressed feelings and thoughts. For children, and also for adults at times, it is easier to be mad than sad. But especially with children who have yet to learn how to control their inner impulses, it is hard to express feelings and emotions in a socially acceptable way. External psychosocial stress factors pressure the already poor impulse control. Parents' divorce, emotional, verbal, physical and/or sexual abuse, traumatic life events such as a death in the family, poor socioeconomic conditions, somatic illness, or a dysfunctional family situation all contribute to the person's psychosocial condition. Children's emotional distress becomes more visible when they become involved with day care, preschool, or the school system. Possible symptoms of mental disorders might include withdrawal, regression to a younger child's level, and/or aggression. (Cara & MacRae 2005, 269 - 270.)

To competently evaluate and attend to children's psychosocial problems, occupational therapists need essential background knowledge about the various disorders that impact the child's social competence. Universally the common childhood mental

health challenges addressed in occupational therapy are mood disorders, attention deficit disorders, anxiety disorders, disruptive behavior disorders, and autism spectrum disorders. (Case-Smith & O'Brien 2010, 411 - 415.)

Adding to that, different levels of mental retardation, learning disorders, motor skills disorders, attachment disorders, and childhood eating disorders come into view. Often the affected children have more than one disorder: for example a child may have attention deficit disorder, obsessive compulsive disorder (OCD) and depression. With depression may come an anxiety disorder, and sensory motor problems follow many of the mentioned predicaments. (Cara & MacRae 2005, 268 - 269.)

As stated by Case-Smith & O'Brien (2010, 412), childhood mood disorders such as depression are sometimes misdiagnosed as an oppositional defiant disorder or attention deficit disorder. The role of an occupational therapist is to help the child to learn stress management strategies, effective communication skills, and autonomy in performing activities of daily life.

Children with attention deficit disorders have problems maintaining attention on tasks. Commonly diagnosed as the attention deficit hyperactivity disorder (ADHD), the child is easily stirred up by external stimuli. Decline in brain activity in the frontal parietal lobes that restrain impulsiveness and direct attention have been identified, but the explanation behind the lowered brain activity is uncertain. The condition causes children to act before thinking. This leads to difficulties at school and in social relationships. The child spends a great deal of energy trying to redirect his or her attention back to the task, and so the attention span furthermore lessens in duration and any effort becomes unproductive. Currently standard interventions for attention deficit disorders include a combination of medication, behavioural therapy and environmental adaptation. The occupational therapist should address the personal, environmental and occupational problems that affect the child's ability to regulate sleeping, eating, work and play. In individual or group therapy the child can learn helpful

ways to respond to his or her sensory and emotional states. (Case-Smith & O'Brien 2010, 413.)

As opposed to hyperactivity, an attention deficit disorder (ADD) causes inattentiveness where the child recurrently declines to his or her own thought processes. Focusing on tasks is difficult, and reciprocated social connection is often seemingly lost or requires constant facilitation from another person. (Cara & MacRae 2005, 268.)

Oppositional defiant disorders (ODD) illustrate a series of symptoms such as persistent disobedience, hostility, temper tantrums, irritability, and intentional rebellion towards authority figures. Conduct disorders share a great deal of the same symptoms, but even more persistently and chronically. Frequently occurring physical aggression is besieged towards objects, animals or people, which naturally leads to rejection and elimination from already scarce social groups and environments. (Case-Smith & O'Brien 2010, 414.)

Closely related to oppositional defiant disorder, the disruptive behavior disorders also have a very negative impact on the child's participation at home, in school and in community. Occupational therapists help the child to engage in purposeful activities that motivate the child to strive towards socially acceptable behavior. Teaching anger management and stress reducing strategies is also important in occupational therapy alongside with teaching social interaction skills and creative problem solving. (Case-Smith & O'Brien 2010, 414.)

Case-Smith & O'Brien (2010, 170 - 171) also classify Autism spectrum disorders (ASD) as psychosocial deficits. Characterized by disturbances in social interaction, communication, behaviour, and sensory and perceptual processing, the autism spectrum symptoms have a vast impact on the child's social life. Restricted areas of interest and activities are a typical feature. Autistic children are provided with broad interventions that include special education, sensory integration, social skills training, speech-language therapy, medications, and family support.

Cole (2005, 91 - 95) promotes occupational therapy groups as very beneficial settings to practice social participation. She especially emphasizes the value of emotional support in social situations. All of these complex childhood mental health disorders frequently addressed in occupational therapy require the incorporation of proper methods. To find maximum stability in the midst of hardship, occupational therapists help the clients to tackle their problem areas more efficiently through psychosocial interventions.

2.3 Emotional well-being in adolescence

Adolescents are living a phase in their life where they begin to assume the independent role of an adult, but are still dependent on adults themselves. The time of physical, emotional and social transition is confusing and challenging enough when the adolescent has adequate life skills, support from family and friends, and a favorable living environment. However, when considering that this kind of optimism is not reality to far too many, it could be concluded that even the highest amount of compassion available is rarely enough. Adolescents are faced with problems regarding gender identity, substance abuse and violence. It can also be seen that the time of adolescence has extended from previous; children become adolescents much earlier than before, and enter into adulthood noticeably later. Autonomous self-sustainment is a problem for many, and that creates a range of psychosocial problems for the youth and people closest to them (Cara & MacRae 2005, 300.)

Cara & MacRae (2005, 303) also note that mostly the same disorders are present in adolescence as in childhood, given that mental disorders are likely to last for a lifetime. Nevertheless, some of the disorders are displayed in a slightly different way in adolescence. For example, mood disorders such as major depression include as an age-specific symptom, high irritability in adolescents. Furthermore, linked with mood disorders, eating disorders are more common and severe in adolescence than in childhood. The most rigorous disturbances in eating habits are Anorexia Nervosa and

Bulimia. These are closely linked to popular culture, as the affected persons attempt to become as their romanticized images of thinness and athleticism.

DeCarlo & Mann (1985) have studied that active participation in a practical therapeutic group offers remarkable benefits for enhancing one's emotional and social well-being. The detection, naming and regulation of feelings and emotions becomes easier when modeled and above all, when applied to practice through exercises on feelings. When compared to plain conversational interventions, activities bore much more consequence in occupational therapy, as the authors' controlled trial had shown. Beyond emotion regulation, other practice areas might include social skills training, behavioural management, detecting occupational roles and considering life values. DeCarlo & Mann also draw attention to the fact that supporting clients' adequate self-concept, free and truthful self-disclosure and the ability to cope with difficult emotions leads to better interpersonal skills.

McDougall (2011) more specifically highlights the significance of applying tools that are age-appropriate and developmentally relevant to the client. Any novel intervention bears little outcome if the client does not understand it or is not able to reflect at a personal level. McDougall suggests for example non-verbal techniques and creative therapeutic interaction.

2.4 Emotional well-being in adulthood and later life

Mental health is an alarming public health concern across the world. Approximately one in four people worldwide will experience a mental health condition during their lifetime. (WHO: World Health Organization Media Center, 2011.) In addition to depression, anxiety, mania, psychosis and other already mentioned complex symptoms, extensive substance abuse is also common and can be identified as a psychiatric condition in adulthood (Cara & MacRae 2005, 341).

Occupational therapists evaluate and treat adults who for various reasons have difficulty in their daily life activities and participation in society. As one's physical condition begins to worsen all the time more towards adulthood, physiological symptoms are considered side by side with psychiatric ones, as mind and body are invariably interconnected. There is certainly an increasing emphasis on physical illnesses' influence on adults' psychosocial well-being in the world of rehabilitation today, because it is currently recognized as a very important part of comprehensive treatment. (Op. cit. p. 361.)

Naturally the same psychosocial disorders described to affect children and adolescents continue to influence adults because of hereditary or environmental tendencies. Adding to that especially work-related stress and other life stressors can disturb the emotional wellness of an adult. Statt (1994, 91) lists that for example the death of a spouse, divorce, marital separation, jail term, death of a close family member, personal injury or illness, and retirement are some of the dramatic factors impacting an adult's emotional state.

Mickus & Owen (2009, 144; 157 - 160) confirm Statt's ideas and furthermore embrace the importance of adaptation to the suddenly or gradually changed life circumstances of an adult person. According to them, the adult requires a coping strategy that works for him or her personally. Coping skills and motivation can be most effectively enforced in a collective way. Peer support groups, therapeutic groups and other communal milieus are seen to benefit especially older adults who otherwise spend much of their lives in solitude. When planning psychosocial interventions for older adults, a crucial factor to consider is the person's dignity and right to be respected.

3 PSYCHOSOCIAL OCCUPATIONAL THERAPY

3.1 Literature search

The theoretical research for this study was done through online database and- book and article literature searches. The research theory mainly relied on the psychosocial frame of reference detailed by the frame of reference to enhance social participation, as presented by Laurette Joan Olson in "Frames of Reference for Pediatric Occupational Therapy" (Kramer & Hinojosa 2010, 314). The detection, naming and regulation of feelings and emotions were identified as the essential facets to look at.

Electronic databases such as Ebsco Academic Search Elite, Cinahl, Journals@Ovid, Cochrane Library and CIRRIE (Center for International Rehabilitation Research Information & Exchange) were used in searching for relevant research studies on the subject. No previous studies could be found on the Blob Tools. Moreover, it turned out rather challenging to come across and track down articles on expressing feelings and emotions in occupational therapy. The most explored database Cinahl was surveyed through by using search terms like "expressing feelings and emotions in occupational therapy", "emotional disclosure in mental health", "practicing emotional expression in occupational therapy", "occupational therapy and mental health", "psychosocial occupational therapy", "social participation", "mental health and well-being", "emotional well-being", "feelings and emotions", "emotion regulation", "regulating feelings and emotions", "communicating therapeutically", "communication in occupational therapy", "psychosocial methods", "emotional control", "creative emotional disclosure", and "emotional expression in psychosocial occupational therapy".

The few related articles supported the study's objectives firmly. The articles presented studies conducted on emotion regulation and the impact of social participation. The findings in them suggested that it is very important to support constructive

emotional expression in occupational therapy. (See pages 9-10 for DeCarlo & Mann 1985, and McDougall 2011).

3.2 Psychosocial Frame of Reference

The psychosocial frame of reference was chosen to be the theoretical model behind the study, because all of the participating therapists regularly saw clients with diverse psychosocial problems and because the Blob Tools is a psychosocial instrument. Psychodynamic frame alongside with the Cognitive Behavioural Therapy framework were essentially considered first. They present feasible views on human emotion: the former focusing on the motivating passions, and the latter one focusing on modifications of personal experience. (Cole & Tufano 2008, 225.) Nevertheless, the psychosocial framework presents to this particular study a viable model for reflecting on the *practicality* of feeling.

For the occupational therapist, it is beneficial to address the emotional challenges of all age groups through the psychosocial frame of reference. Bruce & Borg (2002, 2 - 3) explain that the psychosocial frame of reference presents a holistic approach based on humanitarian and humanistic ideals. The authors state that term '*humanitarian'* refers to a concern about the human condition and filling the societal responsibility of caring for the disabled. Behind the term '*humanism'*, two fundamental values are highlighted: believing in the self-worth and dignity of any person, and believing that all individuals are able to take responsibility for their lives to their own extent. The field's humanitarian attitudes were formed during the late 1800s and early 1900s. It was noted in two American hospitals that when people were treated compassionately and were given authentic opportunities to participate in various everyday tasks and activities, they would be more able to carry on with their lives and help themselves after an episode of illness. Occupational therapy as a field is still based on the knowledge that engaging in occupations and activities helps people to construct competence, life skills and beliefs about one's efficacy. Furthermore, forming con-

structive habits and routines helps to facilitate enjoyable living that in turn enhances both one's physical and mental health.

Bruce & Borg (2002, 8) go on by saying that the psychosocial frame of reference was strongly influenced by the Activities Therapy program. In the program occupational therapists worked alongside with dance-, music-, recreational- and horticultural therapists using therapeutic activities as a means for bettering their clients' emotional and overall well-being. The therapists created opportunities for the people to be involved in various experiences such as leisure activities, activities of daily living, creative-expressive media, and work-oriented activities and interpersonal communication exercises. Since the psychosocial frame of reference has been strongly built on over the past decades, it now offers to occupational therapists a very competent structure with which to tackle clients' psychosocial problems. The framework equips the therapist with tools to detect central situational challenges and to find purposeful models and techniques for practice in various clinical settings. After all, due to the occupational therapists' uniquely broad territory of expertise, the supporting frameworks and models need to be similarly extensive. Background theoretical competency in every field of specialization helps to meet the needs of people in a meaningful way.

3.3 A Frame of Reference to Enhance Social Participation

Different neurological and psychiatric disorders hinder the successful social conduct of a person, as discussed in Chapter 2. The foundation for positive social development is created in the interaction between a child and his or her primary caregivers. The interconnectedness of human emotion and behavior is definitely best seen in babies' intuitional actions as they attempt to associate their being with that of others. Soliciting comfort and care, emotional cues and messages are been sent mutually between the child and his or her mother. When the mother responds to and sends cues consistently, the child learns to associate emotional signals and behaviour. The

patterns form into routines and habits that help the child in structuring events into understandable shapes. This is the beginning of relational competency that, if not developed sufficiently, can cause social illiteracy. (Olson 2010, 307.)

According to the American Occupational Therapy Association AOTA, social participation is "organized patterns of behavior that are characteristic and expected of an individual in a given position with a social system" (Olson 2010, 306). People with disabilities experience difficulties in emotional and social literacy, which inevitably causes problems in their relationships. Occupational therapists assist people to manage their significant relational contexts in a satisfactory manner.

The frame of reference to enhance social participation outlines how the contexts and tasks can be modified to better suit the person's skills to successfully participate in social situations. The therapist evaluates whether the problems stem from the demands of the occupation in relation to the person's abilities, social environments, or perhaps some specific disorders that hinder the person's social contribution in the desired activities. Putting effort into practicing social skills is a definite pay-off in the future, as good social skills correlate with better academic success and higher quality family relationships. (Op. cit. p. 306 - 307.)

3.4 Theories behind social participation

As can be seen, the ability to control one's emotional state and expression is fundamental in social well-being. The occupational therapy interventions are rooted in three major theories: the behavioural, social learning, and cognitive theories that have powerfully influenced psychosocial occupational therapy (Olson 2010, 315).

To bring about change in a person's social participation, the behavioural theory principally formed by B.F. Skinner (1904 – 1990), suggests the therapist look into the environmental aspects affecting social performance. The therapist considers how posi-

tive behaviours are supported in the person's environment and how negative beha-
viours are dealt with. In order to reinforce new social behaviours, the therapist facili-
tates various change-provoking situations that provide avenues for learning. This is
continued through various age-appropriate and purposeful methods until the person
shows evidence of progress and is able to move on to practice other skills. (Op. cit. p.
315.)

In the social learning theory by Albert Bandura (1925-), role models and modelling
other people's behaviour is considered an effective way to learn the desired skills.
Successful conduct is determined by careful observation, and the ability to apply the
learned features in one's own performance. Naturally this can happen for example in
a classroom where children with and without disabilities are being taught side by
side and encouraged to interact habitually in all feasible school curricula- and extra-
curricular activities. (Op. cit. p. 315 - 317.)

According to the cognitive theory by Lev Vygotsky (1896-1934), children learn social
competencies through interactive problem-solving experiences with more skilled
peers. Their cognitive development takes place in the process of thinking and analyz-
ing problems and tasks, consequently resulting in learning general and specific terms
of conduct. The cognitive theory highlights the therapist's role in mediating informa-
tion, skills and mastery to the caregivers about how to effectively teach the child. The
child is guided to discover how to organize, comprehend and make use of social in-
formation in order to develop habits and routines for successful social performance.
(Op. cit. p. 317.)

3.5 Detecting, naming and regulating feelings and emotions

Psychosocial occupational therapy centrally includes developing self-regulation for
more positive social interactions. The basic requisites of any successful social partici-
pation are the ability to detect, name and regulate feelings. (Olson 2010, 314.) With-

out identifying and labeling the feeling, it is impossible for a person to refrain from acting out their inner impulses that are formed in a given situation. Instead a far too familiar pattern of acting before thinking takes place. In addition to this, it is not enough to master the identification and naming of the feeling. A person needs to understand the connection between emotional influence, the generated feeling, and the behaviour in order to be on his/her way to greater emotional balance.

Olson (2010, 308 - 309) says in plain words that a person unable to allocate effortful control presents many more challenges in social problem solving. Accessing and calculating many potential responses before acting is necessary, since deciding on one's actions on the first initial reaction is rarely constructive. Nevertheless, when led by uncontrolled impulses, the person has no time to consider the decision. Learning self-regulation clearly correlates with lower levels of disturbing behaviour. Through this understanding, a person is able to modify his or her behaviour to more appropriate dimensions.

3.6 Supporting social participation in Occupational Therapy

Individual and group occupational therapy is provided in different health care settings to help clients with their social problem-solving skills. Some clients have pre-identified mental health disorders, and some clients attend the services because of other developmental, social or educational difficulties. Occupational therapists have the expertise and the opportunities to provide psychosocial intervention in settings where emotionally disturbed people are treated. (Case-Smith & O'Brien 2005, 415.)

As brought to attention by Case-Smith & O'Brien (2005, 438), children who lack effective communication skills prefer to use behaviour to send a message. To prevent inappropriate behaviour, the occupational therapist first of all works with the child to establish reciprocal communication. The therapist facilitates the expressing of both positive and negative emotions in a safe way. It is recommended that the emotional

expression is practiced with functional methods like gestures, signs, pictures or symbols that can be understood mutually and be built on. The used methods should correlate with the person's cognitive and affective abilities. In addition, supplementing verbal communication with visual information is likely to increase the possibility that the child is able to overcome anxiety and react appropriately, since he or she has then better understood the problem.

4 IMPLEMENTING A NEW PSYCHOSOCIAL TOOL

Bruce & Borg (2002, 17) openly acknowledge the importance of applying occupational therapy knowledge and expertise into practice. They admit that occupational therapy and other specialized areas of rehabilitation have extensive theoretical foundations, but in turn surprisingly little proof of the validity of specific interventions and policies. Therefore they suggest that the next key dispute for the profession is to demonstrate more evidence behind the interventions. This study aims to implement a new psychosocial tool to occupational therapy by finding out its specific psychosocial qualities. The evidence for implementation is derived from clinical practice user experiences supported by theoretical models.

4.1 Background of the Blob Tools

The first draft of a character now called the *Blob* was initially designed over 20 years ago. The British developers Pip Wilson and Ian Long (2010, 2) first aimed to create a no-words method for communication especially with young people whose verbal expression was restricted. The first Blob image was published in 1988 in a book "Games without Frontiers" by Wilson. The Blob image seemed to provoke great interest in professionals from different fields, and numerous copies were requested

over the years. The range of the Blob images gradually grew as the tool was discovered.

The *feelosophy,* as the authors call the idea behind the Blobs, is this: "The Blobs are simple. They deal with deep issues using the primary languages we learn from infancy – feelings and body language". (Wilson & Long 2010, 7.) The Blobs are not labeled by gender, age, race, or culture, and that opens up avenues for cross-cultural and cross-linguistic usage. It is up to the viewer's interpretation how the picture is seen and what meanings it might contain. The Blobs guide the viewer into personal and interpersonal reflection by presenting an assortment of feelings and emotions to ponder upon.

4.2 The Blob Tools material

The Blob Tools present a collection of Blob images designed by Wilson and Long to help discuss difficult topics, feelings and emotions. The four books; The Big Book of Blobs (2008a), The Big Book of Blob Feelings (2008b), The Big Bok of Blob Trees (2009), and The Blobs Training Manual (2010) contain situational images, questions, guidelines and suggestions for use.

The Big Book of Blobs (Wilson & Long 2008a, 13) is divided into four main sections: Places, Issues, Occasions and Personal Development. The places include settings and environments that are common to many, for example the beach, the cinema, the playground and the staffroom. The images are designed to expose some of the crucial dilemmas and experiences that people might be faced with in different surroundings. The issues then again display illustrations of different subjects such as bullying, death, disasters, money, romance and fame (Wilson & Long 2008a, 41). The subjects cover a variety of essential phenomena that sometimes become prevailing in people's lives. The third category in the book, occasions, mainly presents special events that can stir up emotions. For example, Christmas and Easter are demonstrat-

ed. (Wilson & Long 2008a, 85 - 87.) The last section in the book offers to the reader a chance for personal development. For example, the Blob Shadows (Appendix 1.) can be used to explore what really lies behind the public scenes. (Wilson & Long 2008a, 120-121.)

The Big Book of Blob Feelings (Wilson & Long 2008b, 39) offers a selection of Blob images that portray different emotions. Topics like anger, calmness, depression, disappointment, hate, jealousy, loneliness, numbness, rejection, happiness, sadness, trauma, worry, and many more are displayed. The picture pages show numerous Blob characters, each uniquely expressing the feeling and emotion of the appointed topic. The Blobs' emotional states are made apparent through dramatic illustrations in the artistic design. (Appendix 2.)

In the Big Book of Blob Trees (Wilson & Long 2009, 2), the majority of the pictures portray Blob characters situated in a tree (Appendix 3.) The authors suggest that the tree can represent a group, an organization, a family, or any assembly of people. Each Tree displays a scenario that a group might experience, and sets the stage for exploration and reflection. As in all of the books, specific questions are provided to help the beginning of the reflective process.

The Blobs Training Manual (Wilson & Long 2010, 40 - 41) then again contains information, suggestions and training tips for using the Blobs. It also retouches some of the topics explained in the previous books and adds a few more. The Blob Activity Sheets deal for example with topics like goodbyes (Appendix 4.)

The six card sets are categorized by different topics. The Feelings Blob Cards, Emotions Blob Cards, Family Blob Cards, Teenage Life Blob Cards, Anger Blob Cards, and Behaviour Blob Cards are sets of A6 -sized card images that portray Blob characters dealing with different feelings and emotions. Depending on the set, the images show either single, - pair, - or group situations. The card images differ from the book images so that they do not portray surroundings, but focus solely on the emotional ex-

pression of the Blob person. Commonly the expressions are observed in facial expressions and body language, but also the character's size, position and external bodily condition in the picture highlight its emotional meaning.

Other Blob materials include the Blobtastic sticker book, the Blob Feelings ball, and an assortment of small and large posters (Wilson & Long 2010, 120 - 121). The materials can be used unconnectedly or by combining different tools for different occasions. The selected instrument depends on the goal of the intervention. In this study, only the books and the card sets were used.

4.3 Possible prospects for Occupational Therapy

The preliminary research hypothesis was that the Blob Tools could possibly be implemented into the work of occupational therapists, because they present a system that can in all probability be therapeutically exploited. The researcher theorized that the Blobs could benefit various fields of occupational therapy.

In psychiatry the tool could, perhaps, offer an instrument for practicing psychosocial skills. In somatic rehabilitation beyond psychosocial exercises, it might also be useful in practicing communication and motor modeling. In different units from preschools to palliative care, the Blobs could possibly help expressing feelings and emotions: a process that, when profitably done, plays an enormous part in people's mental and overall well-being. Therefore it was tentatively assumed that this kind of tool can add to the toolkit of occupational therapists who closely work to enrich and enable people's occupations. Furthermore, the international world of rehabilitation is flourishing with therapeutic tools and techniques that are only waiting to be used. Starting with one instrument, occupational therapists could begin to adopt a working model of steadily obtaining more of the latest professional cross-disciplinary developments.

5 RESEARCH PROCESS

5.1 Background and aims of the study

The researcher initially found out about the Blobs when studying counselling and psychotherapy in England a few years prior to the study. As a psychotherapeutic tool it seemed suitable for clinical work, and so the researcher wanted to bring some of the Blob Tools back to Finland to see if it could also benefit other professionals. One occupational therapist became especially interested in the Blobs after seeing them, and wanted to examine whether the tool could be used in her work with occupational therapy clients. The idea for the research project was generated in collaboration with the researcher and the occupational therapist that runs her own company and regularly works with many emotionally disturbed clients. It was hypothesized that the new technique could possibly benefit occupational therapists in Finland and elsewhere, and so the study was launched to find out about the use value of the Blobs in occupational therapy. The contact person played a role in sponsoring the Blob materials needed to run the study's functional trial.

5.2 Research questions

The research questions were formulated in a way that the actual use value of the Blob Tools in occupational therapy regarding various age groups and settings could be discovered.

- Can the Blob Tools be used in Occupational Therapy as a means of expressing feelings and emotions?
- In what ways is the method applicable? In what ways is it not?
- How do the user experiences differ between children's, adolescents' and adults' Occupational Therapy in terms of expressing feelings and emotions?

- How do the user experiences differ between individual and group settings in terms of expressing feelings and emotions?
- What are the overall user experiences from the therapists' point of view?

It was the researcher's aim to conduct open research by formulating mostly open questions, because the subject in question was the first of its kind. Therefore any presupposed ideas in the question setting could have crucially hindered the reliability of the research.

5.3 Research methodology

Qualitative research

As defined by Creswell (1998, 15), qualitative research serves as a method for investigating social tribulations and problems common to humans, in order to understand different phenomena holistically. Denzin & Lincoln (2005, 5 - 6) reinforce Creswell's views and add comprehension to the practical methods of qualitative research. According to them, qualitative research can include empirical collection of data through various methods like interviews, personal narratives, case studies and observations.

Carpenter & Suto (2008, 3) ponder that all qualitative researchers are philosophers in a way that they attempt to understand the intangible facets of the human nature that lie at the core of all knowledge. The abstract is made concrete through a process of clarification that can involve numerous sources of information and theoretical assumptions. Qualitative research is not bound to any one philosophical underpinning, but has been influenced by paradigms such as constructivism and interpretivism. Using many sources of information such as this makes qualitative research methodology quite inherent and open for change, as can also be seen in the history of qualitative research. –The methodology has been used to inquire after important movements and trends in all health care and social sciences as well as many other

professional fields throughout time. In occupational rehabilitation research it has proved its place as a dynamic method of comprehensive investigation.

Carpenter & Suto (2008, 4 - 6) continue by explaining that qualitative research aims to make the world of ideas visible to the society, and this is considered one of the most important facets of the qualitative research methodology. In nature of this study's research questions, the qualitative approach was chosen. Qualitative research strives to answer questions *what* and *how:* for example, what people experience and how they perceive their experience to be meaningful considering a certain subject. The natural attributes of the Blob Tools had to be investigated by inquiring *how* the method is or is not applicable, and *what* were the overall user experiences of occupational therapists.

Implementation

Given that this research project aims to suggest and introduce a certain branded method to the field of occupational rehabilitation for the first time, a practical implementation of the instrument was advantageous. The Bachelor's thesis was suitably linked to another assignment in the JAMK University of Applied Sciences Occupational Therapy Degree Program, and through that the implementation became sufficient. A project on a Working Life Development –course was combined with the Bachelor's Thesis, because in this way the attributes of the Blob Tools could be called to attention to a purposeful extent with more time and resources put in. The Working Life Development Project was to generate an introductory package of the Blob Tools for educational and consultative purposes. The project incorporated a package that would be presented in an advisory meeting with the cooperative parties. The orientation was seen as a crucial starting point to the study, because none of the therapists had used the Blobs previously.

5.4 Research design

The research process is outlined in the following figure by its different phases (FIG-URE 1. The research process.). The different phases are elaborated on below the figure.
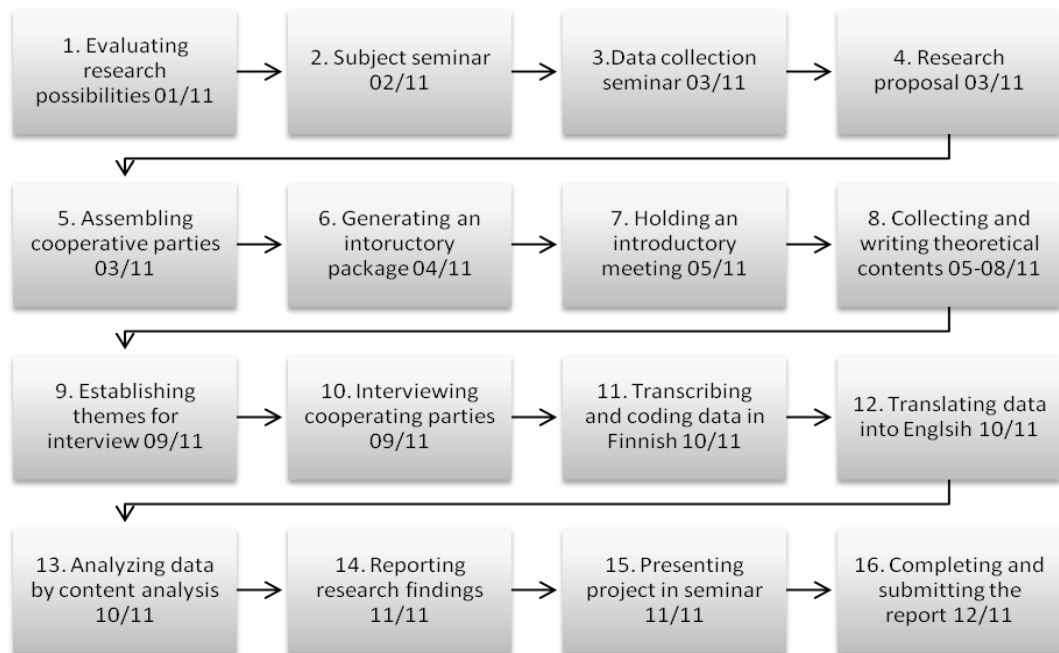
1. Evaluating research possibilities 01/11	→	2. Subject seminar 02/11	→	3.Data collection seminar 03/11	→	4. Research proposal 03/11
5. Assembling cooperative parties 03/11	→	6. Generating an intoructory package 04/11	→	7. Holding an introductory meeting 05/11	→	8. Collecting and writing theoretical contents 05-08/11
9. Establishing themes for interview 09/11	→	10. Interviewing cooperating parties 09/11	→	11. Transcribing and coding data in Finnish 10/11	→	12. Translating data into Englsih 10/11
13. Analyzing data by content analysis 10/11	→	14. Reporting research findings 11/11	→	15. Presenting project in seminar 11/11	→	16. Completing and submitting the report 12/11

Figure 1. The research process.

The research possibilities were first evaluated by searching for previous studies and references about the Blob Tools. Since the method is relatively new and unique in nature, it has not been extensively studied thus far. This furthermore accentuated the need for the study. Initially it was thought that the research sampling should be limited to either children or adults, and only to either individual or group therapy settings. However, when contemplating on the matter, the researcher concluded that it would be most beneficial to select a far-reaching target group, since it would allow for a more comprehensive exploration of the subject. It was decided that the

study consist of participants from children's, adolescents' and adults' occupational therapy, and from both individual and group therapy settings. It was hypothesized that the tool might offer prospects for various different age groups and settings. Therefore there was no reason to exclude any major sample groups from the research.

The research proposal was then designed to its proper form. The study's intention was to find out whether and how the Blob Tools could be used in occupational therapy as a means of expressing feelings and emotions. This dimension seemed central in the Blob Tools while it is one of the key factors in psychosocial occupational therapy. A psychosocial frame of reference was chosen due to its nature as a comprehensive background theory for enabling social participation. Through that, the Blob Tools' assets in regards to enhancing people's emotional well-being could be examined accurately.

Functional trial

The functional trial was conducted by first assembling five occupational therapists from the region. Practicing occupational therapists were asked to take part in the study in order to conduct a practical trial. It was decided that the cooperating parties would be assembled from the local federation of health care and social services regionally closest to the researcher. This way any essential meetings and interviews could be done conveniently and in accordance with the project's aims. The therapists would use the Blob Tools in their respective therapy units over a four months period of time. This time period was decided on because the summer holidays were approaching and many units would expect fewer clients during the summer. Therefore by extending the time until autumn, the tool could be employed in client work more comprehensively.

Assembling cooperative parties

An email (Appendix 5) was sent to all the practicing occupational therapists in the region. This was done through the Regional Association of Occupational Therapists'

email list. In the email, the researcher invited occupational therapists from various fields and units to take part in the research project. As no replies were received by the end of the appointed time of deadline, the researcher was invited to present a second request in person at an Occupational Therapists' Regional meeting that was held soon after. There the researcher managed to make one therapist involved and received further suggestions of contacts. The researcher sent personal invites via email to five therapists who were thought likely to play a productive part in the study. A personal approach was chosen, because the public appeal had not delivered its purpose. Within a few days, all of the personally invited therapists had replied and they all wished to participate.

Orientation to the Blob Tools

The therapists' introductory meeting was held at the local University of Applied Sciences on a date everyone was able to attend. The aim of the meeting was to familiarize the therapists with the method so that they could integrate it to therapy effectively. It was important that the introduction was given to each participant at the same time, so that the therapists collecting the user data would all have equal, precise directions to work by.

In the meeting the researcher gave a presentation on the Blob Tools. Then the group did some dyadic exercises on selected Blob pictures and discussed the emerged topics in light of learning how to use the tool. The group also shared the Blob Tool materials amongst each other matching topics with units: for example, materials focusing on family problems were distributed to a unit that was most likely to interact with families.

The researcher had prepared material folders for the participants so that everyone would have concrete resources to work with. Each one received a basic package of Blob pictures and information sheets concerning general exploration of feelings and emotions. In addition to that, it was agreed that the therapists would rotate the original book- and card sets, because everyone could not be provided with a full set of

materials. The therapists evaluated among themselves their clienteles' particular needs, and divided the materials accordingly. The rotating was planned to be done via personal deliveries, or by using the region's health care institute's internal mail system that staff members normally use to swap over supplies. In the end it was agreed that the card sets would be allocated in the meeting, but the books would be sent to go around the units. It was made sure that everyone had each others' contact details in case they needed some particular tool borrowed at a certain time. It was furthermore encouraged that the participants contact the researcher if any problems regarding the materials were to occur.

The aims of the study were presented and explained to the cooperating parties clearly to ensure that the study started off in the right direction. A Question & Answer session at the end of the presentation was held in order to re-ensure that everyone had understood their role in the project. The therapists were invited to make notes about their observations and any significant findings that would come up. They were especially encouraged to record any significant events in regards to expressing feelings and emotions. Any documentation by the therapists was for their personal note-taking. None of the notes were used in reporting the findings.

Confidentiality

A Conscious Agreement –form (Appendix 6) was signed in the initial meeting by all the participants. In the form the participants gave the researcher a permission to use the emerging research findings in the report. The conscious agreement was also signed by the researcher to establish a contract on mutual confidentiality. All the issues regarding meetings, interviews and reporting would be dealt with care and conscience to secure the confidentiality and anonymity of the clients, cooperating parties and their units. It was also agreed that the research report would not reveal the therapists' units explicitly, because in a relatively small regional area that could have threatened the anonymity of the therapists and through that, their clients.

5.5 Theme interview

With the data collection interview approaching, the researcher prepared themes for the functional trial group. The themes were derived from the psychosocial frame of reference to evaluate the key characteristics of the Blobs. The interview was executed in group form after 4.5 months of the clinical trial. With all five therapists present at the same time the researcher was able to collect the data efficiently.

In a group setting, professionals can easily provide the researcher with a range of thoughts concerning the subject, and shed light on the emerging issues from different perspectives. While individual interviews provide separate tones and qualities, a group is better able to reflect and build upon other contributors' input. In this way, the generated data is a direct result of natural interaction between people. In group interviews, the role of the facilitator is to create an environment in which it is safe for the interviewees to express themselves freely. He or she also moderates the discussion by providing the themes, opening the floor for statements, and asking additional questions. The facilitator should be able to make people feel at ease, especially if the participants are not familiar with each other previously and delicate subjects are under examination. A recommended length for an interview the size of approximately 6 people is 1-2 hours. (Rabiee 2004, 655 - 656.)

The interview was first announced at the time of the introductory meeting and then the call was repeated three weeks into the data collection. The therapists had been taking notes about their user experiences with the Blob Tools while using the method. Thus they were able to rely on their accurate recorded experiences during the interview. This added to the trustworthiness of the data collection. Relying on their notes the therapists were not likely to be swayed away from the subject matter when being influenced by their colleagues, but instead were able to remain objective. Any documentation, however, remained with the therapists and was not used as research material.

Data collection

The interview was double-recorded to ensure that all data was captured. The primary device for data collection was an audio recorder Olympus500 that was set on the discussion table within fair distance to everyone in the group. The secondary data collection device was a JVC Digital Video Camera that was set at the back of the class room where the interview took place. The researcher was able to transcribe the data referring to the recorded materials. After transcribing the data, the material was stored safely to abide by the agreement of confidentiality.

Themes

The researcher had prepared four major themes beforehand, and provided the therapists with the themes on paper before the interview. The themes were designed to reflect the theoretical underpinnings as well as their association to the research questions, thus bringing together the aims of the study. As planned, the interview followed through the themes outlined below. The participants could refer to them during the interview. The researcher also made additional questions, remarks and clarifications as the interview proceeded.

- Experiences from using the Blob Tools in occupational therapy
- The functionality of the Blob Tools in practicing psychosocial skills (Detecting, naming and regulating feelings and emotions)
- The functionality of the Blob Tools in enhancing social participation (Social problem-solving, communicating in therapeutic interaction)
- The Blob Tools as a means of expressing feelings and emotions

5.6 Content analysis

Content analysis was used to analyze the data. As said by Stemler (2001), content analysis allows the researcher to efficiently identify, categorize and evaluate data for example by themes. The subjects of potential meaning and interest were collected and used to derive research results. The method of data analysis was seen fit to the occasion, because it offers the researcher a way to process the data dependably and methodically. The purposeful and most meaningful subjects were assessed and reported as the main findings.

Flick (2007, 102) informs all academic writers to constantly compare the collected materials in order to achieve more general statements as opposed to singular case-by-case points. Conclusions and findings have more value to the reader, if they are presented with clean arguments. Nevertheless, Flick also states as a reminder that over-generalizations should be avoided. In order to do do that, the study's boundaries must be reflected on repeatedly. The prospective audience of the report must be kept in mind while writing the data analysis, but still in a way that does not influence the findings.

The following figure (FIGURE 2. Content analysis) demonstrates the different phases of the conducted data analysis. The six main phases are elaborated on next to the sub-headings.
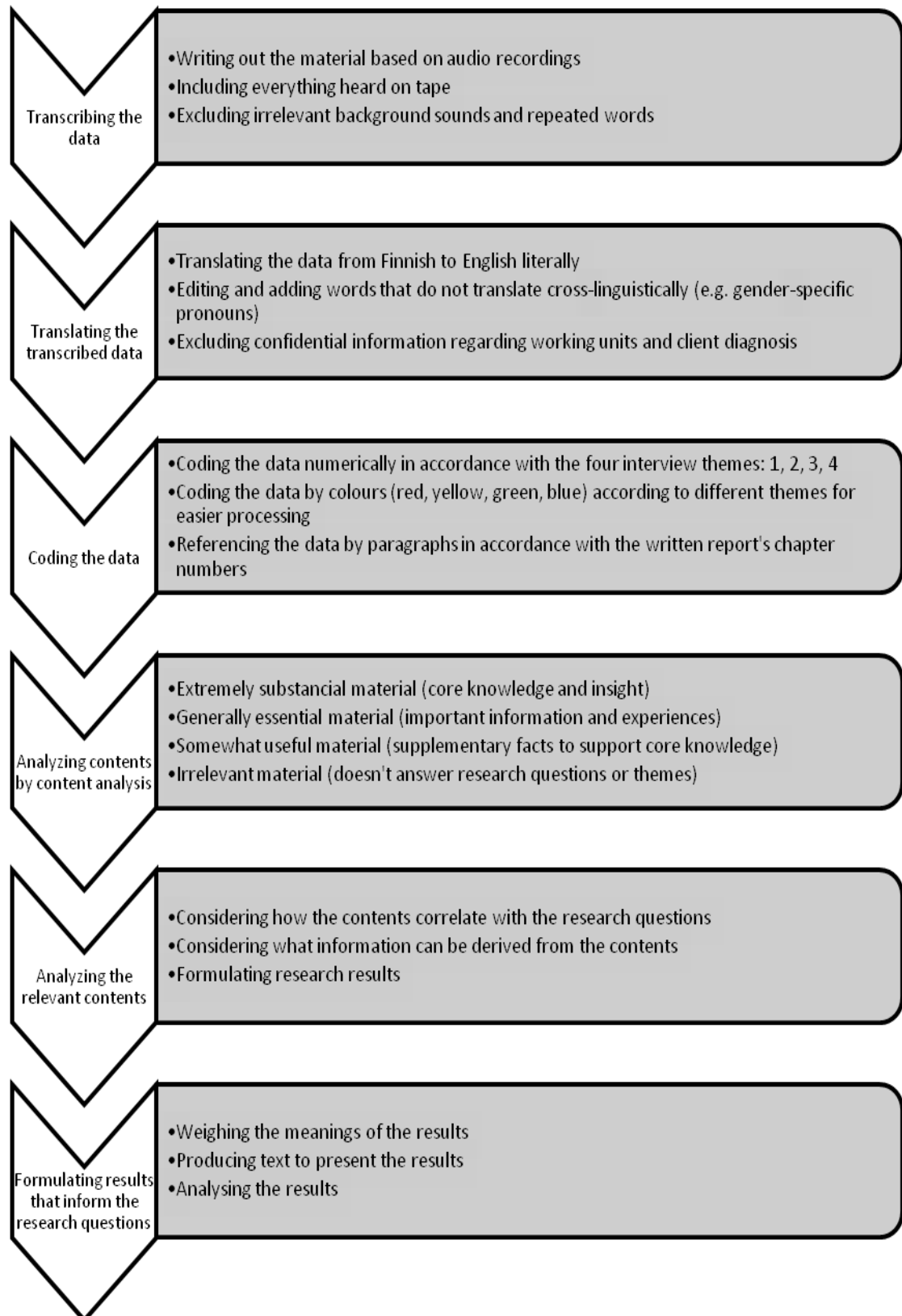
Transcribing the data
- Writing out the material based on audio recordings
- Including everything heard on tape
- Excluding irrelevant background sounds and repeated words

Translating the transcribed data
- Translating the data from Finnish to English literally
- Editing and adding words that do not translate cross-linguistically (e.g. gender-specific pronouns)
- Excluding confidential information regarding working units and client diagnosis

Coding the data
- Coding the data numerically in accordance with the four interview themes: 1, 2, 3, 4
- Coding the data by colours (red, yellow, green, blue) according to different themes for easier processing
- Referencing the data by paragraphs in accordance with the written report's chapter numbers

Analyzing contents by content analysis
- Extremely substancial material (core knowledge and insight)
- Generally essential material (important information and experiences)
- Somewhat useful material (supplementary facts to support core knowledge)
- Irrelevant material (doesn't answer research questions or themes)

Analyzing the relevant contents
- Considering how the contents correlate with the research questions
- Considering what information can be derived from the contents
- Formulating research results

Formulating results that inform the research questions
- Weighing the meanings of the results
- Producing text to present the results
- Analysing the results

Figure 2. Content analysis.

6 RESEARCH FINDINGS

6.1 Presenting the findings

The research findings involve the experiences of five Finnish occupational therapists who took part in the study. The findings are based on the interview that was conducted at the end of the practical trial. All five therapists taking part in the study came from different units, though from within the same geographical district. They all had their own clients and used the tool as they perceived best in their specific service arenas. This study was limited to finding out whether and how the Blobs could be used in occupational therapy. Statistical records of frequency and quantity of use have consequently been excluded, and the functionality of the method is evaluated relying on the therapists' open reports of qualitative user experiences.

The quotes are precise Finnish to English translations from the participants' comments with the exception of some repeated and irrelevant words excluded to ensure clarity. Some parts of the comments have also been excluded to protect the confidentiality of the therapists' units. This was particularly important since the research took place in a relatively small area where the anonymity of the participants and through that, their clients, could have been compromised, had the therapists' workplaces been pronounced openly. For example all mentions of each participant's specialized fields of profession in their units have been eliminated. Also, none of the explicit patient diagnoses are revealed. The findings refer only to the general use value of the Blob Tools as a means of expressing feelings and emotions in occupational therapy.

The statements reflect the therapists' personal experiences with the Blobs. Because the Finnish language does not differentiate male and female pronouns, the gender-neutral terms are translated to the report as gender-specific *he* or *she* where more clarity is needed. The user experiences are outlined topically based on the theme

interview. The findings are discussed with regards to the research questions in chapter 7: Discussion.

6.2 The functionality of the Blob Tools in practicing psychosocial skills

The user experiences were mainly positive and revealed that the Blob Tools could be used in occupational therapy as a means for expressing feelings and emotions with children, young people and adults. The tool had delivered its purpose in both individual- and group therapy settings. The Blobs' psychosocial dimensions were emphasized, since the majority of the involved clients had problems in that area.

It was discovered that the Blobs serve as a functional method in tackling the clients' various psychosocial problems. The Blob characters' expressions and emotional states can be explored, imitated and rehearsed through conversation, facial exercises, or by involving the whole body to model the different gestures.

6.2.1 Detecting, naming and regulating feelings and emotions

The Blobs were discovered to support clients' psychosocial skills in a very versatile way, depending on the chosen intervention in accordance with the therapy goals. The detection, naming and regulation of feelings and emotions were practiced through different therapeutic exercises. The Blobs were used in modeling facial expressions and postures, describing a social situation from an image, acknowledging specific expressions, postures and situation variables, identifying and verbally recognizing different feelings, and finding multiple words to the same feeling. The Blobs had been most effective in discussing the connection between a feeling and behaviour, practicing constructive interaction through social drama, and in applying the learned psychosocial skills into practice outside the therapy context.

> *In individual settings the tool worked so that it provoked very fruitful conversations on feelings, social relationships and on oneself.*

I've used the cards so that the child has taken a card, and I've made questions about it if the child wasn't ready or able to talk about it. In a way I've voiced the message for them and then sought for corrections if I didn't get it right. This worked well with small children and with some older ones too, who were emotionally at a bit younger child's level.

When it comes to detecting and naming feelings, this was a brilliant tool. It's good that the child can say for himself what feelings he sees in the pictures. As a therapist you receive a lot of information about the child's emotional language.

Most of the clients not only detect and name the feelings, but also begin to elaborate on their stories from their personal point of view.

6.2.2 Low-threshold talks

The therapists had not experienced great differences in the tool's usefulness between emotionally articulate and inarticulate clients. Instead, the reports showed that the tool helps to create fertile soil for productive work on emotions even if the threshold for talking "soft" was high for some.

I experienced that it was as beneficial to those who were verbally talented as to those who were verbally challenged. You can still get valuable information from the person even if he or she wasn't very talkative. It doesn't have to be a 5 minutes long story about this and that, but just a few remarks for example like I'm that one over there, I'm all alone, but I like swimming. If I had friends, we could be swimming and floating over there instead of me being here alone. This would be a lot already, coming from a person whose typical answer would otherwise be 'I don't know', or 'yeah'.

This exactly offers the chance to the less talkative person to express themselves. They can begin from the basics, knowing that no one is expecting any lengthy explanations.

It can be thought of as a learning experience for clients who are not as free in their expression. They can model the other group members and see how they do it. Participating doesn't need to be active as such, they can still discover a lot by observing.

It could be that the verbally challenged ones might benefit from it in other ways, like if the therapist was to articulate words to the pictures the client chose for him or herself.

We can never know how much the silent person gets out of the exercise. It can be that they are able to reflect at an even deeper level than the ones doing the talking.

6.3 The functionality of the Blob Tools in enhancing social participation

6.3.1 Social problem-solving

The interviewed therapists had found the Blobs as a viable resource for practicing social competences. It was discovered that the emotional stimulus derived from seeing the pictures had enabled the clients to trust the site, and so an opportunity for exploring their inner self was opened. The Blobs were experienced as having the capacity for facilitating social problem-solving exercises. The clients would in a way automatically start to process their relational problems through them. The characters had come alive right away with names and personalities.

Surely it helps the client's occupational performance and participation when they're able to approach their own problems in this way. You can even use the whole session on Blobs and work on the arising themes.

I noticed that the pictures really work… One client pulled up all the cards with hearts on them and categorized them into groups. His controllability had been very weak earlier, but after our moment with the cards I was able to manage him so well. I suppose the cards really open up some locks inside.

6.3.2 Communicating in therapeutic interaction

"There is no occupational therapy without interaction", one of the therapists said when asked what would be the most essential facet of the tool regarding occupational therapy. Dynamic interaction, functionality and fluent communication were

listed as being some of the key traits of the Blobs. Strengthening therapeutic connection with a tool like the Blobs had felt liberating.

The therapists reported that presenting the Blobs in the beginning of the session had worked well. Using the method to build rapport had felt purposeful since many of the clients were in therapy due to difficult, profound problems, and they needed a warm-up exercise to tune into the therapeutic atmosphere.

> *The Blobs can assist in creating therapeutic rapport. The interaction is valuable for example when attuning to the session, or when ending it.*

6.4 The Blob Tools as a means for expressing feelings and emotions

6.4.1 An assistive device

The therapists had found that the tool had become quite important to their clients over time as a system that helped them to sort out and express their feelings.

> *I observed that the tool was most meaningful to those clients who had trouble expressing their feelings. The pictures functioned as an aid for discussion and helped the person to find words and to recognize how they are feeling. They would simply consider which character they'd be in different situations.*
>
> *I've noticed that the tool is great for expressing feelings, because it elicits the feelings out very tenderly.*
>
> *In my experience this is a great tool for expressing feelings. Many of my clients also processed their journey in therapy through these pictures.*
>
> *Through these cards the kids were able to express their experiences and feelings. Like what they thought of the pictures. They would say for example that that big Blob there is my Dad, and that little one on his back is me. And then a story would follow. Sometimes we would look at cause and effect -relations with the help of the images, and I definitely thought it was crucially important to some of my clients.*

The Anger-cards had some really good emotional expressions in them. I used them for example with one client who had frequent temper tantrums and outbursts of rage. We were able to look at the intensity of the feelings quite well, examining how it was when she was this angry, how it was when Dad was that angry and so forth. The depth of the feelings was easy to evaluate that way.

Once we were in the process of setting therapy goals with my client, and I lay the cards to the table at the end of the session. The client immediately chooses the Blob holding the megaphone and says: I want my voice to be heard and I feel like now my voice has been heard. Then he also chose a Blob that was celebrating and said it described his mood very well. He was able to use the pictures very diversely and distinguish his role, status and feelings in an unusually reflective way.

In our group we had people who for whatever reason didn't want to express themselves in a group situation. But we always kept the opportunity open and didn't pressure anyone to say more than they were comfortable with. This kind of atmosphere helped them to share the little that they could. Sometimes they would just show a card and say I feel like this right now and that was enough.

6.4.2 Eliciting change

The method had been experienced as an essential stimulant for examining strengths and weaknesses: a procedure that elicits change. Change being the central facet of any therapy, this point was referred to as one of the most valuable traits in the Blob Tools.

One of my clients went in quite deeply with the Blobs. We were sketching out his past in order to touch upon some difficult issues, and he structured the Blob images to overlap with each other like there was him, his Mum and his Dad, and he cried hysterically while saying the things. I asked if he wanted to stop, if we were getting too far in the subject, but he said definitely no, and insisted on continuing. I absolutely believe him when he said that it was good that his eyes finally opened to see all the radical things that had been going on and that some of the 'grey matter' in his mind started to clear up piece by piece at last. The avalanche of feelings had been very powerful to him, but he experienced it as a good thing. The client knows for himself at what level he is safe. He has the power to choose the cards.

6.4.3 Ways of use

Mostly the tool had been used in the beginning of the session as a starting point, in the end to close the session, in between for a specific therapeutic exercise, or as a method in goal-setting or evaluation.

In closing the session the Blobs had served as mediators between what had been done that time, and what would come next. In closing of the session the Blobs had also provided the clients with the opportunity to recap and reflect on their journey in therapy. Giving mutual feedback had been effortless through a third-party-device.

Therapeutic interventions had been easy to administer with the help of the Blobs. Examining topics like impulse control, serious illnesses, or relational difficulties had been productive. The images had supplemented the intervention in an emotive way.

Evaluation in this context means either gathering information from or of the client by observing their reactions to the method and interviewing them, or actually using the method as an assessment tool to consider specific points and outcomes of the process.

Different materials had been used variedly. The books and the card sets had worked as discussion aids when the situation had required a tool for communication.

6.5 General user experiences

"Impressive" was the most common word used by the therapists to describe the general usability of the Blobs. Other single phrases often heard were "boundless", "worth exploring more", "extremely useful", "very creative.", and "easy to understand". According to the participants, the Blob Tools is a viable method for occupational rehabilitation in different contexts. The exercises could be modified and accus-

tomed according to the situation. This was considered particularly important, because therapy sessions can be unpredictable and plans often change in accordance with the client's momentary capacities of concentration and mood.

When asked if there were any considerable differences observed between boys/men's and girls/women's reaction to the Blobs, the therapists conjointly concluded that the tool had worked equally well among the genders. Even though some verbally talented girls and women had sometimes seemed to have benefitted from the exercise a tad more than verbally scantier males, no definite conclusions about the proportional use value for either gender could be identified. After all, verbal expression is just one form of communication, and the Blobs precisely represent a somewhat alternative approach.

Similarly, there had not been any age-related intolerance against the method, although at first it had been presupposed by some participants that the cartoon-like characters could have become an issue for some more established adults. The therapists mainly thought that it is up to the facilitator how he or she promotes the method.

Moreover, the therapists reported that no difficulties had occurred in applying the tool into the Finnish culture despite its British origins. As a no-words method it had provided the therapists with an instrument that could initiate contact despite linguistic skills or various levels of reluctance to verbal expression. Likewise the situational images had been relevant and useful to the Finnish culture. For example, in the Blob Playground picture (Wilson & Long, 2008a, 35) similar school yard equipments can be seen to those that the Finnish school yards have. The therapists considered the character's simple appearance as a positive thing, because it gave room for multiple subcultures, trends, and ways of thought. This had helped the clients to identify themselves with the Blobs.

At first I thought that the characters were awfully neutral, kind of white and plain, perhaps looking a bit like Moomins. But then I came to think that maybe that's the point. That they're neutral.

7 DISCUSSION

7.1 Blob Tools as a means of expressing feelings and emotions

Regardless of the versatile settings where the functional trial took place, there was a certain correlation between the therapists' experiences. The Blobs present a practical tool for expressing feelings and emotions. With the help of the images the client is able to tell their story and describe events, situations and their reactions to them. The stories can be broken down to smaller pieces and different characters placed into their positions.

In fact, one of the most significant strengths of the tool according to the feedback received, turned out to be its versatility. The books and the card sets portray single Blobs, Blob pairs, Blob families or random groups of Blobs categorized by themes like places, issues, occasions, or purely feelings and emotions. This sets the stage for exploring the client's innermost personal state of being or his or her relations to other people and environments in an abundant way.

Altogether the exercises done on the Blobs had benefitted the clients in defragmenting their emotional states through improved emotional recognition and control. The Blobs are evidently a beneficial resource with which to work on emotions. Detecting, naming and regulating feelings and emotions can be made not only non-threatening but also fun. Social problem-solving was experienced to be productive with the Blobs since the illustrations portray vastly diverse social situations for personal or interpersonal reflection.

7.2 Applicable and inapplicable facets of the Blob Tools

In terms of all the different facets of the Blobs, the method is applicable for occupational therapy mainly in psychosocial use, but also evidently in somatic training via modeling the different postures that the characters display. The tool's functional assets allow the therapist to be creative and innovative. This can be considered a great strength in occupational rehabilitation that boasts of its insightful view on human life.

As the tool had also helped in building therapeutic rapport as a method for creative communication, it evidently further supports an atmosphere of trust and healing that in turn enable growth. Whether it is growth in the sense of affective and cognitive maturity, attaining of specific therapeutic goals physical or psychological, or simply getting older by the year, the Blobs seemingly have the gift of being there for the process.

Considering that in occupational therapy, environment plays significant role in looking at the person's occupational being, the tool can be singled out from many other therapeutic resources in the detailed background milieus that it provides. The settings where the Blob characters are displayed (for example homes, schools, work places, cafeterias, leisure time activity centers, public places like beaches, cinemas, churches, football fields, playgrounds, villages, city centers, different relaxation scenes, etc) had created exceptional opportunities for looking at feelings and emotions therapeutically. Beyond the surroundings, the characters themselves had received appreciation in having been designed so that they illustrated the exact human emotions that lie inside of each person just waiting to be personally voiced. Despite the many positive facets of the Blobs, some difficulties were also identified. It was discovered that it is vital to be aware of the hindrances before applying the tool into clinical occupational therapy. First of all it was discussed whether the Blob Tools are too psychotherapeutic in nature, and therefore not suitable to the toolkit of an occupational therapist. It was called to attention that the Blobs can in certain

circumstances bring about in the viewer a rather strong psychological stimulus. These instances might be for example cases of severe bipolar disorders, major depression and extremely suicidal persons who can be pushed over the edge of last remaining emotional stability by an unexpectedly stirred emotion. Therefore it could be hastily assumed that the tool is inapplicable for occupational therapy, if the occupational therapist does not possess valid training in addressing such problems. It is however not likely to be the case, since all occupational therapists have the capacity by their profound training to assess and treat clients with psychosocial problems. All occupational therapists are also trained to recognize when to refer the client to other specialists in the field of psychiatry. Moreover, occupational therapists rarely work with severe psychiatric disorders without the support of a psychiatric team.

It is advisable to use clinical reasoning when deciding which Blob materials to use with a particular client. The scariest Blob Anger-Cards –pictures can for example easily be removed from the pack when interacting with a client recovering from severe traumas. On the other hand it could be disputed that the person is in therapy for a reason. Facing his or her fears could be exactly what the client hopes to achieve, only the therapist is holding back due to his or her own founded or unfounded worries. Consequently like it was revealed in the study, it is crucial to allow the client to choose the level where he or she is comfortable at. Everything else falls into place when the client; expert of his or her own life, is able to lead the way. After all, the therapist's role is only to facilitate healing, not to heal as such.

Secondly, some worries were raised about some older clients' ability to see all the finer black-and-white pictures clearly. A suggestion was made to create stronger lines with a black marker, or use only the coloured card images with older adults or people with visual perception deficits. The cards could suit these clients better, because white Blob characters on a bright coloured background create a clearer contrast.

Thirdly, some concerns were raised for possible language barriers the therapist might be faced with since no Finnish translations of the Blob materials are available at the

moment. Some basic guidelines of how to implement the method would have been useful when starting out with the new tool. Still it was also stated that health care professionals usually have the language skills needed to manage a foreign technique. Even most of the assessment tools that occupational therapists commonly use are in English, and therefore a no-words method like the Blob Tools ought to not be any more challenging, especially when the pictures are designed to deliver cross-linguistically.

All in all, the Blob Tools can be seen to provide occupational therapists with a user-friendly and comprehensible device that is easily accessible, approachable and applicable. The tool opens up possibilities for creative and innovative therapy work that can be both client- and facilitator –led; a quality that is highly valued in client-centered therapy work. Any concerns that a therapist might have can be figured out or left up to clinical consideration when the situation is at hand, since none of the presented inapplicable facets of the Blobs were so severe as to deny the method's use in occupational therapy altogether.

7.3 User experiences from various age groups and settings

The fact that the tool was received well by all ages, genders and cultures within the study's boundaries, undoubtedly correlates with the tool's original objectives. It was unerringly the authors' aim to develop a tool that wasn't dependent on age, gender, ethnicity or linguistic competence.

Despite some therapists' preconceptions, the tool had worked as well with adolescents and adults as it had with children. This however requires further research to be considered as an entirely steadfast truth, since the majority of the clients in this study were under-aged children. Still various accounts for successful emotional work were recorded with young people and adults as well, and therefore it can be stated that the Blobs have the ability to reach across age groups.

The therapists had used the Blobs in a client-centered way either systematically or occasionally, depending on each client's condition and therapy goals. The units' shifting intake of clients was a factor for many therapists in how they were able to implement the method. For example, not all the therapists had had the opportunity to apply the Blobs into group situations, because during the trial period no groups were conducted in their units. To explore the tool's viability in purely individual or group settings, further research is required.

8 CONCLUSIONS

The preliminary aim of the researcher for conducting the study was to find out about the use value of the Blobs in order to bring new, innovative resources to the field of occupational rehabilitation. The relatively young profession is in much need of evidence-based interventions, and this study delivers its purpose in finding a bit of evidence to support the using of a particular psychosocial tool. Being the first of its kind, the study presents an academically pioneering glimpse into the world of Blobs that will hopefully enrich the lives of many in the future.

8.1 Ethical reflections

As mentioned earlier, the researcher first became familiar with the Blobs during her previous counselling and psychotherapy studies. The researcher's background in psychotherapy is a considerable factor when looking at this study. The reflections presented in this report inevitably include some underlying insight from the field of psychotherapy. That can be seen as a strength considering the topic of the study, and the fact that occupational therapists are frequently faced with clients who have psychosocial problems.

The researcher included the developer of the Blob Tools into the research process from the beginning. After receiving the permission to move forward with the study, Mr. Pip Wilson was kept up-to-date with the project's evolution. This international contact was important for the successful finishing of the study. The researcher received official guidelines from the author for linking some of the Blob Tools to the study in order to demonstrate the nature of the images to the public.

The research report was written in English because a global language was seen to advance the promotion of the tool more effectively than if it was written in the researcher's mother tongue that was Finnish. Finnish is for the most part only understood in Finland, and therefore the audience would have stayed at minimum.

While it is important to generate data for international audiences in the field of re-habilitation, producing academic data in some other language than one's own could also be listed as a potential thread to the study's reliability. It could be possible that the researcher might have neglected some parts of the study because of linguistic barriers, or that some important things could have been lost in translation. While this can easily be true, the researcher also trusted that her linguistic competence was sufficient for the Bachelor's Thesis work, relying on four years of overseas university studies in English, a great part of which was on psychiatric rehabilitation. It could even be argued that in this case writing in English was most likely to be more accurate than if the report had been written in Finnish. In a way a significant circle closed for the researcher, since it was while studying in England that she came across the Blobs.

The researcher was able to keep the agreement of confidentiality throughout the study. The collected research data was kept safe behind locks where only the researcher had access to. The participating occupational therapists' accounts were kept concealed and their working units were not exploited to the public, even though it could have be seen beneficial to the study's aims to explain particularly what fields of occupational specialization the Blobs were most effective in. It was still seen more

important that the cooperative parties' confidentiality remained intact, and so the qualities of the Blobs were evaluated in other ways.

The fact that the researcher worked on the project alone had both up- and downsides. Completing the project in English was only possible if done alone, since with a less language-oriented partner, the researcher would have had to take full responsibility of the report and that would have broken the balance of equality. The subject was also most dear to the researcher, and a partner might not have seen all the aims of the study correspondingly. Then again, working together with someone could have drawn attention to some possible blind spots that the researcher might have had regarding the Blobs.

The final ethical consideration deals with the boundaries of the study. The project possibly could have produced more succinct results, had the area of examination been limited further. For example if the research was limited to looking at Blobs only in children's group occupational therapy, the study could have concentrated more on the children's occupational therapy genre as opposed to constantly having to refer to the adolescent- and adult dissections also.

Nevertheless, as this was the first occupational therapy study conducted on the Blobs, it was intriguing to see what qualities might come up when spontaneously examining the tool in various age groups and therapy settings. Since the age and-situational factors were so broad and ranged from children to adults and from individual to group settings, the essential research theme itself was limited to only finding out one thing: how the Blobs can help to express feelings and emotions. This kept the study fairly concise. The focus seemed just right for a Bachelor's Thesis level of depth. A shallower research surface would not have delivered the purpose of evaluating the Blob Tools thoroughly, while any broader work would have been too wide for a Bachelor's Thesis.

8.2 General reflections

As the functional trial took place during the summer months when any unit sees fewer clients than normally, it can be said that the time of the study was not ideal. Some units missed the opportunity of applying the Blobs to group work, because no groups were held during summer. In other units, the therapist was only able to use the tool occasionally as opposed to regular, weekly instances. An encouraging remark was still made by the therapists in the interview; they thought it was actually beneficial to really get into the Blobs with a few clients rather than having to implement the tool hastily when flying from here to there during a busier time. In this way the timing of the study actually supported the quality of the research.

In retrospect, the length of the trial period could have been significantly shorter than 4.5 months. The user experiences could have been collected even one month after implementing the method, and the results would still have been sufficient. A shorter functional trial would have allowed the researcher more time to process the results and to write and polish off the report. Lengthening the process was not an option in this particular case, because the research project had a certain indisputable deadline that could not have been extended. Also, the researcher was keen to collecting data that was undeniably accurate and thorough, and that was only possible with a long trial period, since the summer holidays unfortunately mixed the client intake in many of the units in the middle of the trial.

The research process had a very affirmative flow about it, and the project inspired the researcher greatly. All the involved parties were able to follow through the whole process, and it seems like the project is likely to enhance the field of occupational rehabilitation with fresh evidence on a new psychosocial tool.

8.3 Further suggestions for research

In the future it would be very beneficial to occupational therapists, if the Blobs were studied further especially in search for the tool's functional assets. One idea was already formulated during this project to design children and –adult sized Blob overalls for social drama. Some additional Blob cards -activities could also be formulated to precisely side with the occupational therapy paradigm.

It could also be examined how the Blobs could help the occupational therapist in assessing and treating people with dementia, selective mutism, mental defects, attachment disorders, and personality disorders. Also strokes and other somatic conditions require notable emotive work both in the acute and in the recovery phase of rehabilitation. Beyond purely emotive work, with strokes the tool could be studied especially as a means for self-evaluation and communication if the stroke has affected the person's speech.

In addition to diagnostic groups, the tool could also be further studied for example among immigrants and children taken into custody. The Blobs might be of use as a method for communication and adaptation training when the person is trying to make sense of the dramatic and potentially traumatic life changes around him or her in these or other similar instances.

Implementing the Blobs into the work of teachers at schools and kindergartens could also be another subject of further academic study. The day care system could possibly benefit from a tool that allows the early childhood education professionals to work on the children's emotions early on. This could be a part of the many projects and studies currently evaluating the effects of preventative care. As an intervention, the Blob Tools are not too invasive, and therefore studying their suitability in early childhood education could be a worthwhile endeavor, of course without forgetting the basic education in general.

For supervision the Blobs might offer very fruitful prospects. This would require studies in various fields, but especially in health care and social services where feelings and emotions often dominate the lives of people in crisis, the Blobs could serve as a mediator among professionals when working through the ever-challenging client dilemmas and personal feelings that arise from the situations.

As it can be seen, the Blob tools show potential for broad assessment and- intervention possibilities in occupational therapy. Because occupational therapy is a form of medical rehabilitation, methods and interventions need to be strongly evidence-based. This research project has served its purpose in delivering more of that on a fresh, innovative instrument. Hopefully this is not the last the world hears of the Blobs.

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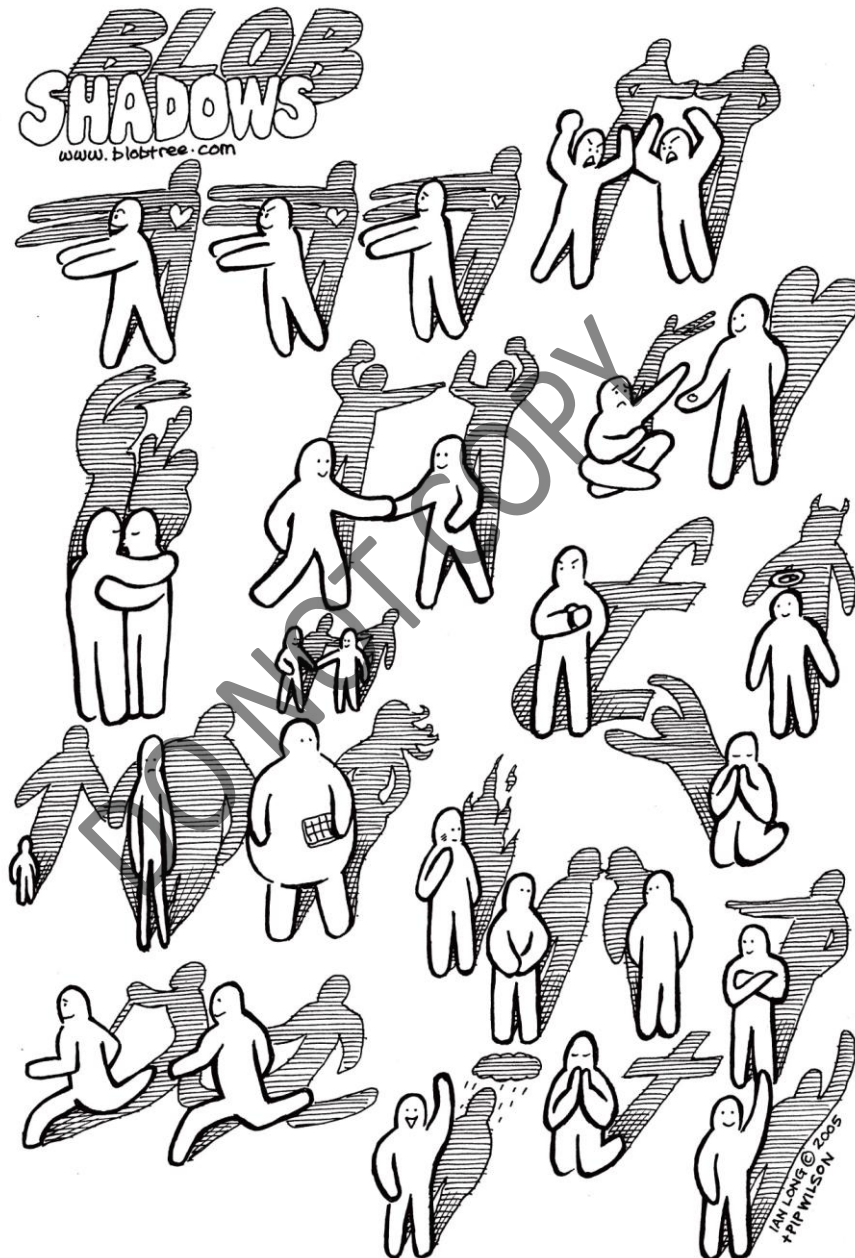
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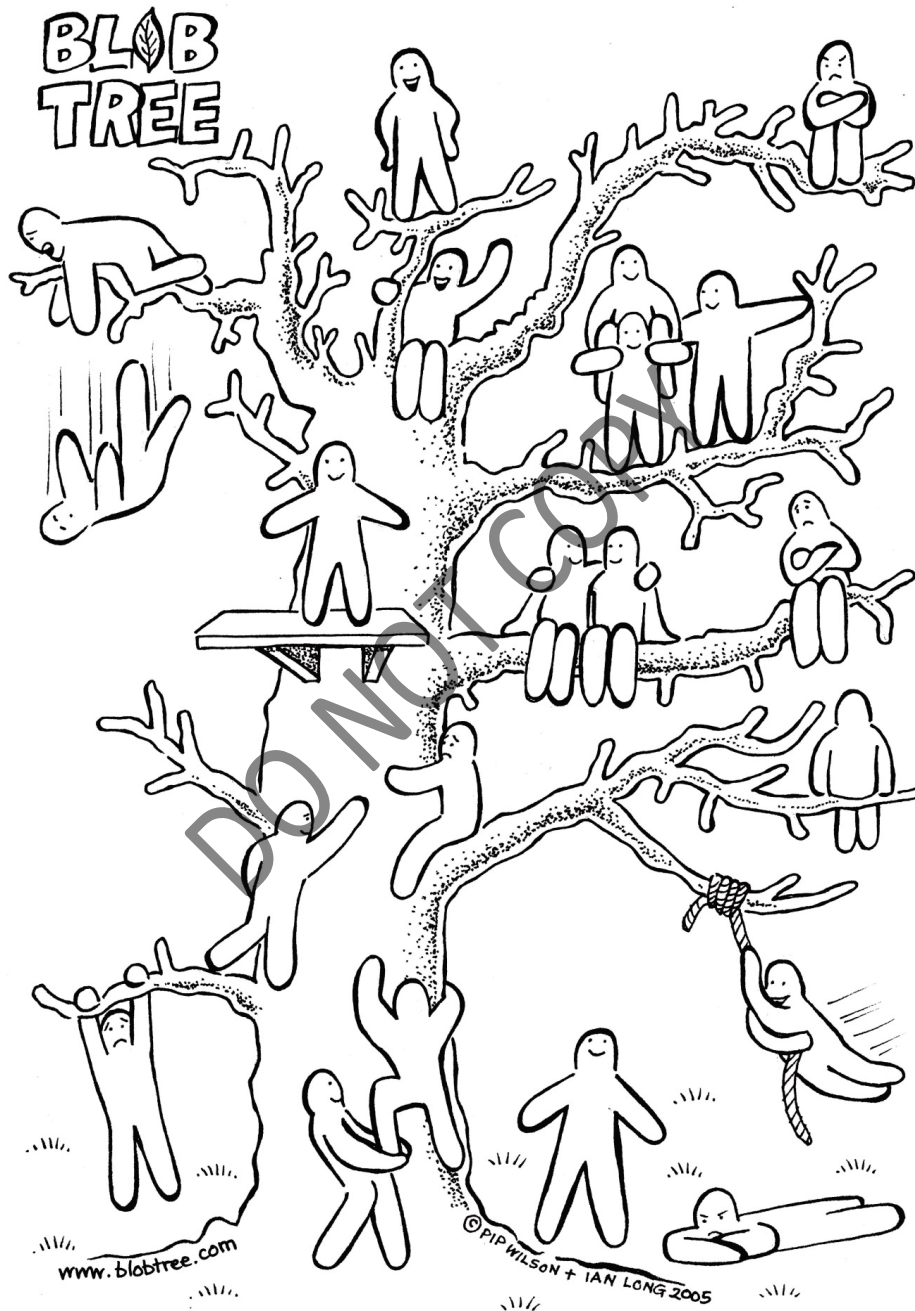
APPENDIX

APPENDIX 1. The Blob Shadows

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Not to be published without written permission from:
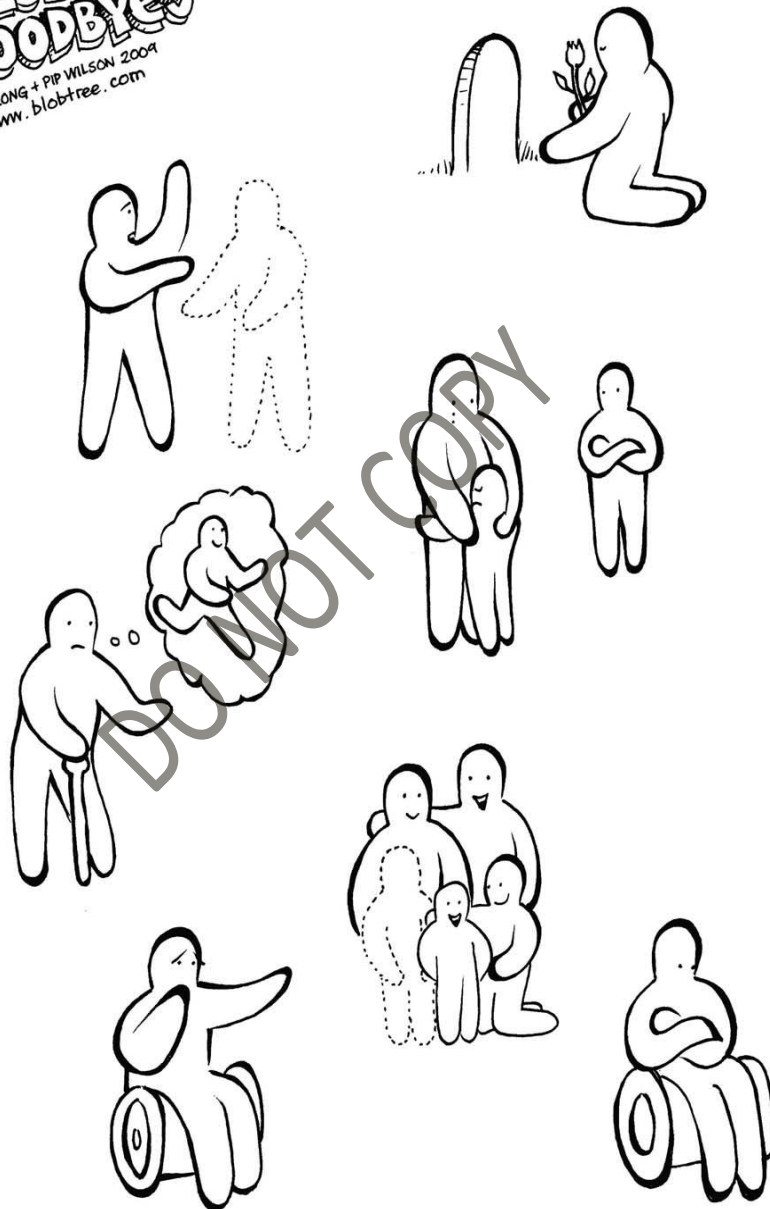pip@pipwilson.com
www.blobtree.com

APPENDIX 2. The Blob Hyper

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APPENDIX 3. The Blob Tree

APPENDIX 4. The Blob Goodbyes

APPENDIX 5. Email to the Occupational Therapists

Dear Occupational Therapists

We have reached the time in our occupational therapy studies when we will start our Bachelor's Thesis work. For my particular subject I wish to engage cooperation from you, occupational therapists. Please contact me, if you are able to take part in the research project.

In my Bachelor's Thesis I will use qualitative research methodology. I will attempt to gather user experiences from the utilization of a therapeutic tool, also deriving insight from literature, and occupational therapy frameworks and models. I got acquainted with the Blobs Tools (Wilson & Long, 2007) when studying psychotherapy in England. The aim of my research project is to detect whether and how the Blob Tools can be used in occupational therapy as a means of expressing feelings and emotions. The Blobs are human-like characters that adventure on in books and card sets, creating different real life situations to reflect upon. The thought-provoking images are meant to function as a foundation for conversation according to the client's therapy goals. For example "Which of the Blobs were you when something happened", "Which one would you like to be", "Why do you think that particular Blob is doing that", "Who would be your brother / mother, friend, etc"…

I have the materials needed (books and card sets such as Blob Family, Blob Emotions, Blob Feelings, Angry Blob, Blob Behaviour, The Teenage Blob). As a part of the research project, I will also provide unofficial translations of the Blob Tool guidelines (English to Finnish). The aim is to give the materials to the therapists for 4-5 months to be used in therapy. The occupational therapists would be involved in the following research process:

1. Introduction to using the Blob Tools:
       -1-2h on a selected date in April 2011
       -Introduction given to all therapists at the same time
2. Independent utilization of the Blob Tools:
       -Using the method in occupational therapy with appropriate clientele
       -The therapists are encouraged to write notes about their experiences
3. Gathering of the user experiences:
       -1-2h on a selected date in September 2011
       -Using group interviewing technique

It would be interesting to survey the method's utilization in both individual and group therapy settings, and among various age groups (children, adolescents, adults, and older adults). Even though the method may emphasize expressing feelings and emotions, it is also suitable to use in various other occupational therapy contexts. A conscious agreement –form will be signed by all the participating occupational therapists. In the form the therapists commit to the project and agree to allow the re-

searcher to report the research findings in the study. Anonymity of the therapists will be maintained throughout the research process.

In case you wish to be involved in the research project, please contact me by March 27th 2011 by either phone or email.

I want to thank you in advance for your interest and participation in the study. In gratitude of our work together, any participating therapist will receive a Blob book or a Blob card set of choice as a commemorative gift.

Sincerely Yours

Leena Poikonen

Occupational Therapy student, JAMK University of Applied Sciences

APPENDIX 6. Conscious Agreement Form

CONSCIOUS AGREEMENT ON TAKING PART IN THE BACHELOR'S THESIS STUDY

By this means I allow the occupational therapy student Leena Poikonen to use the information gathered in the study regarding the implementation of the method. The collected data will be used in research purposes only. The research will be conducted within the Jyväskylä University of Applied Sciences Occupational Therapy Degree Programme. The study includes data collection interview in Spetember 2011. Any information gathered will be dealt with in the boundaries of confidentiality. All personal information of clients and participants will be concealed properly at all times during the research process.

Place_____ Date_____

Signature and print name of the participant

_____

Signature and print name of the researcher

_____