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Art Therapy Provides Relief to New and Expecting Mothers: Option 2 Literature Review

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

Throughout pregnancy, during childbirth, and after childbirth, new and expecting mothers often experience a great amount of anxiety and depressive symptoms that can be classified into three divisions: prenatal anxiety, fear of childbirth, and postpartum depression. Often these symptoms are overlooked and unresolved due to their short time span and being specifically linked to childbirth. However, these symptoms cause a lesser quality of life for the mother that can highly impact the mother and her newborn short-term and long-term. Art therapy techniques, explained by the Expressive Therapy's Continuum, have proved beneficial in the aid of alleviating depression and anxiety symptoms in new and expecting mothers.

Art Therapy Provides Relief to New and Expecting Mothers

The event of childbirth is an incredibly mentally and emotionally taxing on a woman. Beginning at pregnancy, including labor, and transitioning into the role of a mother, women experience a wide range of intensified emotions that can often result in mental health issues that include symptoms such as depression and anxiety. These symptoms can be more specifically classified as prenatal anxiety, “fear of childbirth” (FOC) when referring to childbirth related anxiety specifically, and postpartum depression (Swan-Foster, Foster, & Dorsey, 2003; Wan Mohamed Radzi, Salarzadeh Jenatabadi, & Samsudin, 2021; Wahlbeck, Kvist, & Landgren, 2020). These experiences are natural, but can be very difficult, painful, and even traumatic for the many women who experience them. They also often leave lasting impacts on both the woman and her newborn (Baishya, & Das, 2020; Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015). And yet these experiences often go overlooked and un-cared for by medical professionals. In most cases, women who experience these symptoms simply need additional support to alleviate stress, process the event of childbirth, healthily bond with their newborn, and overall have a positive experience.

Art therapy is a non-pharmaceutical approach to alleviate both anxiety and depression surrounding these three phases of childbirth. The expressive therapies continuum specifically is a theoretical framework within art therapy that uses 6 different developmentally related stages of creation to categorize and theoretically organize the creation of art for the use of therapy (Hinz, 2009). Through the theoretical approach of the expressive therapies continuum, different art therapy directives can be used in order to alleviate stress and help mothers process a new stage of life.

Method

To begin research for this literature review, it was first essential to find appropriate research related to anxiety and depression within the three distinct phases of childbirth. This was done by searching key words including “fear of childbirth,” “postpartum depression,” and “anxiety and pregnancy.” This resulted in the finding of a broad scale of helpful articles, though it was too broad of a category, and I narrowed my search to specify studies that were additionally related to art therapy. The next step was to find studies that have been done regarding to show the effects of using art therapy for the benefit of prenatal anxiety, fear of childbirth, and postpartum depression. Research was done by using the same original three key phrases and adding the key words “art therapy” to the search. All studies and articles found were peer reviewed, published articles, with a few excerpts from published books from the field.

After a preliminary search for articles that connected prenatal anxiety, fear of childbirth, and postpartum depression, I categorized the studies conducted into 3 categories, assigning prenatal anxiety to the category “before birth,” fear of childbirth into the category “childbirth,” and lastly postpartum depression into “after birth,” fitting all my research into one of these 3 categories. I next compiled all the results of each study I found into an outline that was also divided into these 3 categories. Categorizing them this way helped me to organize the limited amount of research I was able to find in a way that made seemingly unrelated articles more applicable to one another.

After the results of the studies were compiled and organized, I used the expressive therapies continuum (ETC) as a framework to further understand the results of the studies and to explain how art therapy was used appropriately and worked efficiently for different approaches and methods to helping pregnant and new mothers with anxiety and depression symptoms. I also used it as a way of connecting and compiling the results of the studies found to concisely depict

the benefits of art therapy to pregnant and new mothers. I found the ETC to be very applicable to the studies used in pregnancy and new motherhood as it relates to development and is organized so clearly that each study's methodology naturally fit into the ETC.

Literature Review

Symptoms of Prenatal Anxiety

Maternal mental health during pregnancy is an extremely prevalent public health issue; one study reports that 1 in 5 pregnant women experience depressive symptoms, and 1 in 4 pregnant women experience anxiety symptoms (McDonald, Sherman, & Kasparian, 2021). Often times these symptoms become so intense, that they lead to a number of further physical health issues and severe mental health issues for the mother and her baby, and even close family and other support. These serious health concerns may include preeclampsia, severe postpartum depression, biochemical effects on the baby, as well risk of illness, injury, or even death during childbirth (Damasio Santos et al, 2019; Swan-Foster, Foster, & Dorsey, 2003).

During pregnancy, the most prevalent mental health issue is anxiety, and can be termed *prenatal anxiety* (McDonald, Sherman, & Kasparian, 2021). Prenatal anxiety differs from general anxiety as it is directly related to pregnancy-specific related fears and its diagnostics are clinically distinct from generalized anxiety disorder (McDonald, Sherman, & Kasparian, 2021). These fears include fear related to the baby's health, mother's health and appearance, experience with the health care system, social and financial issues in the context of pregnancy, childbirth and parenting that is accompanied by excessive worry and somatic symptoms (Shao et al, 2020). Possible causes of prenatal anxiety include a history of mental illness, limited perceived social support, relational problems, use of assisted reproductive technologies, gestational diabetes,

unplanned or unwanted pregnancy, economic factors including maternal age and education, unemployment, and financial hardship (McDonald, Sherman, & Kasparian, 2021).

Prenatal anxiety is often overlooked by medical professionals and is often untreated because it does not fit diagnostic criteria of other anxiety disorders due to its very pregnancy-specific symptoms (McDonald, Sherman, & Kasparian, 2021; Shao et al, 2020; Swan-Foster, Foster, & Dorsey, 2003). Because of this, many issues arise for both the mother and her child because of untreated severe anxiety symptoms. Prenatal anxiety is associated with poor maternal health during labor, adverse obstetrics outcomes, and adverse child outcomes (McDonald, Sherman, & Kasparian, 2021). Prenatal anxiety is also capable of creating long-lasting effects for the child. In 2020 a study was conducted that found that perinatal anxiety in the mother contributed to the child's neurobehavioral problems including ADHD (Shao et al, 2020).

Symptoms of Fear of Childbirth

Fear related specifically to the event of childbirth is defined and classified in pregnant women as *fear of childbirth* (FOC) or *tokophobia* (Wahlbeck, Kvist, & Landgren, 2020; Veringa-Skiba et al, 2021). Both terms refer to feelings of extreme anxiety over upcoming childbirth that can include the following symptoms: tension, anxiety, depression, distressing thoughts, and stress. This most commonly occurs in nulliparous (medical term referring to a woman who has never given birth previously) women and women who have experienced previous traumatic births (Wahlbeck, Kvist, & Landgren, 2020). These pregnancy-specific fears include fear of labor and delivery pains, health of the unborn baby, anxiety over possible childbirth complications, sense of loss of control, and changes in the woman's role (McDonald, Sherman, & Kasparian, 2021; Wahlbeck, Kvist, & Landgren, 2020).

There are many potential reasons as to what might cause this number of and level of intense fears in pregnant women. While many of these fears are natural in response to the impending knowledge of labor, delivery, and the transition to motherhood, especially for nulliparous mothers, the intense level of anxiety some pregnant women feel might suggest additional factors are involved. In a recent study in Sweden done on FOC, it was shown that in addition to FOC being more prevalent in nulliparous mothers, it also seems to be true that women with a history of sexual abuse or traumatic experiences from former birth deliveries are more susceptible (Wahlbeck, Kvist, & Landgren, 2020).

Research shows that women with FOC run significantly higher risks of birth complications than women without FOC (Wahlbeck, Kvist, & Landgren, 2020; Veringa-Skiba et al, 2021). Women with high FOC are more likely to request and use of non-urgent obstetric intervention during labor such as epidural analgesia (EA) or self-requested cesarian section (CS) (Veringa-Skiba et al, 2021). Both EA and CS create further health complications for the mother and increase risk factors in future pregnancies. CS specifically is five times more likely to cause severe maternal physical health issues than vaginal births, and having a previous CS makes the mother three times more likely to have health complications in later births. FOC has also proven to be a strong predictor of maternal postnatal mental health, and therefore difficulties in attachment with the newborn (Wahlbeck, Kvist, & Landgren, 2020; McDonald, Sherman, & Kasparian, 2021).

Symptoms of Postpartum Depression

After childbirth, mothers continue to be at risk for significant mental health issues, which now more heavily impact the relationship between mother and infant and the newborn's health as well. For the mother, the most prevailing mental health issue after childbirth is *postpartum*

depression (PPD). PPD is equally as worrisome a public health crisis as prenatal mental health issues, and still faces many similar issues of being overlooked and untreated. A research article done by BMC public health this year found that more than 20% of women globally suffer from PPD (Wan Mohamed Radzi, Salarzadeh Jenatabadi, & Samsudin, 2021). This same article labels PPD as a worldwide health epidemic. Their study also shows after surveying women, that 1 in 7 women identify PPD as their number one complication (Wan Mohamed Radzi, Salarzadeh Jenatabadi, & Samsudin, 2021).

Postpartum depression symptoms and the way they present themselves vary greatly and often go unnoticed or untreated partially because these symptoms are often unseen, as the mother presents herself as “fine,” while deeper underlying concerns go unnoticed (Kleiman, 2009). It can also be difficult to differentiate PPD from the natural, “normal” effects of childbirth, including sleep deprivation, hormonal changes, mood swings, etc., as well as differentiating it from other similar clinical diagnoses (Kleiman, 2009). Nondepressed and depressed postpartum women share a lot of similar symptoms including changes in weight, changes in mood, sleep disruption, fatigue, and changes in libido, further making a difficult job of diagnosing what is clinically deviant from the norm versus what can be expected (Kleiman, 2009). PPD is defined by a major depressive episode that occurs somewhere between 4-8 weeks after giving birth (Kleiman, 2009; Wan Mohamed Radzi, Salarzadeh Jenatabadi, & Samsudin, 2021). The recurrence risk of depression for postpartum mothers often extends much past the one-month timeline given in the DSM-V’s diagnoses and women are at risk for depressive episodes for several months after giving birth (Pope, Sommerdyk, & Mazmanian, 2018). It most frequently occurs for nulliparous women but can occur for any birth after as well (Kleiman, 2009). Symptoms for postpartum women experiencing a major depressive episode may include

excessive weepiness, insomnia, fatigue, agitation, pervasive feelings of sadness or loneliness, irritability, suicidal thoughts, panic, impaired concentration, and low energy (Klieman, 2009). PPD often stems from presents itself as intense feelings of guilt or shame in relation to the mother's feelings surrounding her role in motherhood and relationship with her newborn (Klieman, 2009).

Specific causes for PPD, aside from the natural consequences of giving birth, remain unknown, making treatment and prevention even more difficult. There is some research to suggest the possibility of genetics and unemployment, homelessness, little support, biochemical factors, personality, and illness to be contributing factors (Wan Mohamed Radzi, Salarzadeh Jenatabadi, & Samsudin, 2021; Arroyo & Fowler, 2013). An article from the journal of psychiatry and allied sciences describes a study which set out to find associated risk factors for women with PPD including unwanted sex of the baby, illness present of the newborn, marital conflict, domestic violence, lack of support from spouse, current physical illness, negative life events, current pregnancy is planned pregnancy, and mode of delivery of baby, only to find that none of these were statistically significant factors in women with PPD (Baishya, & Das, 2020). Other factors such sociodemographic and BMI were also debunked as directly related factors (Wan Mohamed Radzi, Salarzadeh Jenatabadi, & Samsudin, 2021). This suggests that while a lot of these factors are still likely present in women with PPD, they aren't plausible causes and aren't predictors of PPD, furthering the evidence that there is no true known cause for PPD. Because it is nearly impossible to prevent, it is even more crucial to identify and treat women who are experiencing PPD.

Postpartum depression can be especially dangerous because of its lasting effects on the mother as well as her newborn child. For the mother, PPD can begin to affect every aspect of her

daily living, can cause further recurring depressive episodes or diagnoses, and can even lead to suicide (Arroyo & Fowler, 2013). For the baby, maternal PPD can lead to several negative side effects including the baby's general care, the infant-mother relationship, and impairment to the baby's emotional, cognitive, and behavioral development (Baishya, & Das, 2020; Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015). The child continues to be at risk as it ages and develops; a child of a mother with depressive symptoms is six times more likely to develop major depressive disorder and a 21% greater chance of developing an emotional disorder (Arroyo & Fowler, 2013). Additionally, PPD can have a direct impact on the child's behavior as they develop and even their future economic prospects (Arroyo & Fowler, 2013). PPD can even result in an increased risk of developing depression in the fathers when their partners experience such severe depressive symptoms (Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015).

Equally important to a child's quality of life and future success is the close affectional bond created between mother and child, which is supported by attachment theory by John Bowlby (Arroyo & Fowler, 2013). It is crucial within the first three years of the child's life to establish a secure attachment with its caregiver to create positive long-term mental health for the child. Bowlby states that if provided with a nurturing, caring, reliable, and responsive relationship with its caregiver, the infant can confidently explore their surroundings, knowing that they can reliably trust their caregiver to be reliable and responsible. Unfortunately, PPD can impede on the mother's capability to provide this nurturing and reliable relationship, creating early issues in attachment for the child.

Current Treatment for Symptoms During and After Pregnancy

Current research on treatment for mental health during pregnancy is surprisingly limited, therefore knowledge on what treatments have been used and even more so which treatments have been successful is very low (McDonald, Sherman, & Kasparian, 2021; Shao et al, 2020; Veringa-Skiba et al, 2021). A few different treatment options that have proven successful for FOC. Research has shown a statistically significant reduction in FOC resulting from psycho-educative phone calls and CBT therapy-based support programs (Wahlbeck, Kvist, & Landgren, 2020). Pregnant women with FOC specifically benefit from psychoeducation in groups. Both individual CBT programs and group psychoeducation interventions increased self-efficacy in the women who participated. Wahlbeck, Kvist, and Landgren's (2020) study on FOC explains their country's standard procedure for women with severe FOC which was proven successful; for women experiencing FOC, obstetric units offer specialist treatment using midwife-led counseling and birth-planning. Additional proven beneficial practices for FOC include mindfulness and improving health education and awareness for pregnant women experiencing FOC (Damasio Santos et al, 2019; McDonald, Sherman, & Kasparian, 2021).

Postpartum depression has similar treatment options. The most common treatment option for PPD is antidepressants, though research shows that antidepressants on their own are not always effective in treating PPD (Pope, Sommerdyk, & Mazmanian, 2018). The most empirically supported psychotherapy for PPD is cognitive behavior therapy (CBT) (Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015). A common issue among women with PPD however isn't just the lack of research or the lack of diagnoses, but the lack of willingness of the mother to go to therapy due to the fact that for women who have just given birth, their lives are extremely preoccupied by taking care of her baby, lack of sleep, meeting her partner's

needs, and meeting her own, that she simply doesn't find the time or feel the need to go to a therapist for her own feelings of guilt or loneliness (Klieman, 2009). They are also often less compliant to taking medication due to its side effects and risk factors for the baby's health (Pope, Sommerdyk, & Mazmanian, 2018).

Art Therapy as an Intervention

Art therapy proposes many beneficial solutions to much needed and lack of treatment for both prenatal and postnatal women. Many different studies and research suggest it as a good fit for prenatal anxiety, FOC, and PPD. Most importantly, studies have shown that pregnant women and postnatal women generally prefer and are much more willing to consider psychological approaches rather than pharmacological approaches, partially due to their fear of medication harming their baby in utero or through breastfeeding (Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015; Koh, Percival, Pauley, & Pathak, 2019). Other potential treatment barriers for pregnant women and new mothers include lack of time and willingness due to new childcare responsibilities, and fear of stigmatization, going so far as to worry that their child may be removed from their care if they are labeled "mentally ill" (Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015).

Art therapy is a great addition for any women who carry these fears as it is an alternative method of therapy that does not involve any pharmacological interventions and is often seen and can be a very casual, enjoyable, and relaxing environment for those who are afraid of a more psychoanalytic or stigmatizing approach. Furthermore, it is even probable that art psychotherapy helps its clients adhere to their pharmacotherapy prescribed (Choi, Jung, Jeon, & Kim, 2020). A study from the "Arts in Psychotherapy" journal conducted on the effects of combining art psychotherapy in treating depression proved the effectiveness of art psychotherapy alongside

pharmacotherapy as the most effective way to treat these anxiety and depressive symptoms, because there is little to no risk of art therapy for the client (Choi, Jung, Jeon, & Kim, 2020). Art psychotherapy enhances client's communication skills within therapy while also reducing negative perceptions of stigmatization around going to therapy and pharmacotherapy. Furthermore, art psychotherapy has already proven to be very successful for adults with assorted depressive symptoms in general, suggesting its likely benefit for women experiencing depressive symptoms related to childbirth.

Given these suggestions that prove art therapy is capable of lessening depression and anxiety symptoms among pre and postnatal women, a few studies have been conducted within the last 20 years to test the idea of using art therapy for pregnant women and new mothers experiencing prenatal anxiety, FOC, and PPD. The following studies all prove varying hypotheses regarding the use of art therapy in new and expecting mothers:

Art Therapy and Prenatal Anxiety

The first study used human figure drawing (HFD), a prenatal art therapy intervention, and the Formal Elements Art Therapy Scale (FEATS) scoring system (a quantitative scoring system to interpret and diagnose drawings done in assessments through their formal elements) to determine if art therapy, specifically HFD, could be used to better assess prenatal anxiety and depression in pregnant women (Swan-Foster, Foster, & Dorsey, 2003). The study collected four specific drawings from 60 pregnant women using the art assessment "prenatal art therapy intervention and inventory" (PATII). The PATII uses four specific drawings to assess the psychological and emotional prenatal experience for the mother. These sessions were conducted by a nationally board-certified art therapist. All four drawings were given 15 minutes each and were all drawn within a single 1-hour session per individual. The prompts for the four drawings

were “draw yourself pregnant” (this one was focused on for this study, as they were researching HFD specifically), “draw a fear of conflict” “give the fear or conflict what it needs” and “draw a pregnancy circle.” These prompts are meant to support and encourage the process of attending to emotions, integrate a new identity, and prepare for childbirth and postpartum. The participants for this study specifically were given pre and post-tests before and after each of the four drawings, containing a simple 5-point scale scoring for fearful/trusting and anxious/calm to better assess their FOC. In addition, after each drawing, the clinician followed up by asking the following questions about the drawing process and content of the drawing: What do you see? And how do you feel? The FEATS scoring was used to score the formal elements in high-risk (including women at risk for anxiety and depression) pregnant women versus low-risk women. High-risk pregnant women showed more extreme results on the FEATS scoring system, suggesting that using HFD and FEATS scoring can reflect or screen levels of prenatal depression and anxiety to separate prenatal depression and anxiety from natural somatic complaints, bereavements, and prenatal adjustment to better treat their symptoms.

Art Therapy and Fear of Childbirth

Another study is a randomized control study from Sweden for art therapy’s benefit for pregnant women experiencing FOC (Wahlbeck, Kvist, & Landgren, 2020). The study consisted of 128 pregnant women experiencing severe FOC, which was determined using a visual analog scale to indicate their level of anxiety, followed by a Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) to determine the severity of FOC. The purpose of this study was to find the effectiveness of art therapy in reducing FOC in comparison to a control group in which their standard, midwife-led counseling was used. The participants were invited to 5 art therapy sessions between 28 and 36 gestational weeks. Each session was 90-129 minutes long, both in

groups and individually, led by an art therapist who was also a midwife. Sessions began with 10 minutes of guided relaxation, followed by an art activity led by the therapist, in which a specific theme was provided. In the first session, the theme was kept simple, and included prompts such as “paint the baby” or “paint a tree.” Themes grew a little more thought-provoking as they progressed. In the second session, themes were connected to the approaching birth, including prompts such as “paint your own body” and “paint worry and fear.” The third theme addressed specific difficult scenarios in the birthing room, the fourth session included painting the women’s goals and answered the questions “how can I get through this” and “what is hindering me.” Lastly in the fifth session they painted a final image to conclude the birth preparation process. During each session, the art therapist discussed their work with them. The results of this study proved that art therapy successfully and significantly reduced levels of FOC in pregnant women.

In Brazil, prenatal education groups and art therapy workshops were instituted to help solve their national public health crisis of poor maternal health (Damasio Santos et al, 2019). These workshops, titled *Arte de nascer* which translated in English means “the art of being born,” used art therapy as a method to increase the knowledge of gestation, birth, and care of newborns to pregnant women, many of whom exhibited a lot of fear regarding their upcoming childbirth experience and transition to motherhood. As a result of these workshops, good habits during pregnancy and newborn care were formed, including higher numbers of prenatal visits, more knowledge about delivery and care in postpartum, and a longer duration of breastfeeding. Pregnant women are invited to meet at a health and research center in northern Brazil where weekly meetings are held, and “soft technologies” including music, painting, photography, crafts, video, dance, and more are used to disseminate information and increase the bond

between the mother and her baby. Group dynamics, relaxation techniques, artistic activities, and cultural activities are also a part of these workshops.

By the end of their time attending workshops, 90% of the students strongly agree that the project helped them develop and enhance empathy and 83% agreed it aided in developing communication skills. In addition, these workshops were proven successful in building bonds between mother and baby, play activities, all contributing to aiding the mother's mental health during pregnancy, and therefore her general health and quality of life.

Art Therapy and Postpartum Depression

A series of art therapy groups in which mothers and infants paint together centers around attachment theory by John Bowlby (Arroyo & Fowler, 2013). This theory suggests that for positive long-term mental health of the child, it is crucial that within the first three years of their life they establish a secure attachment with a primary caregiver. The study was started in 2011, followed 5 dyads of mothers and infants, and included 2 fathers and lasted for 20 weeks. The purpose of the group was to give the mother and child, and sometimes the father, the opportunity to explore their relationship through creative, expressive ways in a space that was safe, comfortable, and separate from their normal routine. Many of the participants in the study had other outside factors also contributing to their mental health and relationship with their child, including housing issues, abuse, poverty, stress, divorce, trauma, and illness. The painting sessions had flexible structure. The time was spent with both mother and child, and sometimes father, using paint and often their own body and a piece of paper to paint together and express themselves however they felt in the moment. The focus was in the act of painting in unison, not necessarily in the outcome. It often additionally turned into a play exercise for the parents to interact with their child. The results of this study shows qualitative improvement to the

relationships between caregiver and child. The results also indicate a decrease in postnatal depression and increases in self-esteem within the mothers.

The Expressive Therapies Continuum

There are many reasons why art therapy has proven to be successful in reducing FOC and PPD in new and expecting mothers. These reasons can be explained through the expressive therapies continuum (ETC) framework. The ETC is a framework used as an organizational tool and guide to understand what art medium to use, when to use it, and who to use it with (Hinz, 2009). There are six parts, making up the continuum, and each part explains a different developmental stage and method of expression. These six parts are categorized by four different levels of increasingly complex processing, and the first three levels have 2 counterparts each, representing left hemisphere brain function and right hemisphere brain function. These six parts are, starting from the bottom level: kinesthetic, sensory, perceptual, affective, cognitive, and symbolic. The fourth level is creative, which can occur at any level of the ETC.

The first level of the ETC includes the categories kinesthetic and sensory, which both refer to preverbal experiences. At this level, the senses are engaged without the use of words through rhythmic, tactile, and sensual experiences. In practice, it involves physically handling and manipulating material such as clay, sand, or fingerpaint. This stage is often used in therapeutic work with children, as it relates to their developmental level. The second level of the ETC is the perceptual/affective level. At this point on the ETC, materials and practices have moved up the developmental hierarchy and begins to use formal elements and imagery to present thoughts and express emotion. The last level of the ETC is the cognitive/symbolic level, which is the most complex and sophisticated. This level requires more problem-solving techniques;

information being processed and expressed at this level requires planning and intuition (Hinz, 2009).

These studies all show that the use of art therapy in reducing anxiety and depressive symptoms in pre and postnatal women lies within the second level of the ETC framework, divided between the affective and perceptual categories. The affective component specifically describes emotions that are felt, and then expressed through artwork. The use of art material amplifies the expression of feelings and uses artistic imagery to express emotion that words cannot. When working with women during pregnancy and postpartum, a given time, place, and method in which they are able to express their feelings openly and comfortably regarding childbirth and motherhood has proven to be the most beneficial and successful method of alleviating anxiety and depression. Art therapy sessions have proven to be successful in relieving depression and anxiety symptoms of these women by providing a method in which they are able to express their emotions safely and comfortably without inhibition, judgement, or the need to find accurate words to describe their feelings. It further helps mothers be able to fully recognize their emotional difficulties, and then shape it into imagery. For example, through this imagery, women are able to describe their feelings of anxiety and fear as “carrying heavy baggage,” shown through the use color and imagery in their artwork (Wahlbeck, Kvist, & Landgren, 2020). Being able to visualize their fear brought relief as well as acted as a catalyst for discussion, furthering the healing process. After artwork is made, the imagery opens up a therapeutic discussion with the art therapist who is then able to further understand them. This expression, discussion, and relationship all provide women with added self-reliance, self-confidence, and self-awareness, all contributing to an altogether better birth experience (Choi, Jung, Jeon, & Kim, 2020; Wahlbeck, Kvist, & Landgren, 2020).

After childbirth, women experience many of the similar consequences of art therapy but through the perspective of new motherhood. Group sessions held for women after childbirth have a lot of the same benefits of affective art therapy. Art provided new mothers with the opportunity to discover their conscious and unconscious emotions regarding their childbirth experience and current experience as a new mother through verbal and non-verbal methods (Arroyo & Fowler, 2013). In addition, it allowed the women to discover and enhance a sense of maternal sensitivity and responsiveness, specifically when they were able to paint with their infant. These attributes that increased within mothers help them create healthier attachment with their infant that contributes to positive intervention, helping them in the future (Arroyo & Fowler, 2013).

Art therapy was proven to be beneficial not just in an individual session with the mother and her therapist, but in a group art therapy setting. Organizing art therapy in group sessions allows the emotional outlet expressed through imagery to reach not just a therapist, who can use the information to diagnose and treat, but it can also communicate with other women who can relate to the experience and create a support group (Arroyo & Fowler, 2013; Damasio Santos, et al, 2019). Providing an opportunity to share experiences with those who can relate is emotionally relieving in and of itself and creating artwork in a group gives one more platform to initiate discussion and connection with one another. The Art of Being Born workshops in Brazil offered a crucial, sympathetic, therapeutic space for women. Clinicians who work in these workshops are hopeful that these women's experiences in shared in art therapy groups can even inspire change in the future maternal mental health crisis. The following was said by a clinician working in these workshops:

Having the opportunity to stand beside women outside the office, to listen to their doubts and fears, to learn more about their lives, to learn in a painting class next to the patient,

and to hear about the stories of obstetric violence suffered (including unnecessary procedures), can contribute to the reflection and consequent change of future professionals in the clinical practice scenarios. (Damasio Santos, et al, 2019)

Art therapy's use in prenatal anxiety, FOC, and PPD can also be applied to the "perceptual" category on the ETC, opposite of "affective" on the ETC, and lies in the left-brain function category. This component relies more on the formal elements of art to interpret and process the emotions and events of childbirth and motherhood. The perceptual component utilizes the "power of limits," or imposing order on chaos. By providing structure through formal art elements such as line, shape, and color, difficult emotions can be assigned to structured entities, making it easier for the individual to comprehend and process, as well as making it easier to communicate to a therapist who will then be able to better understand what she is feeling (Hinz, 2009).

The human figure drawing assessment and study is a perfect example of this. This study used a very specific prompt and instructions, followed by a FEATS scoring system, which analyzed the formal elements of their drawings. Both the process itself, and the results from the FEATS score provided relief from the anxious symptoms the mothers were expressing. Using specific, concrete imagery to answer prompts like "draw yourself pregnant" in a descriptive manner reaches the individual's unconscious defenses and indirectly alleviates her fears (Choi, Jung, Jeon, & Kim, 2020). Differences in the drawings' formal elements of the human figure such as drawing size, nudity, and emphasized genitals from different stages of pregnancy are proof of a shift of mood and an exhibition of emotions put into these drawings (Swan-Foster, Foster, & Dorsey, 2003). The scores and formal elements themselves help by providing insight and answers to the therapist who can interpret them for the use of better helping the mother's

needs. For example in this study, many women in their third trimester when completing the “draw a person” part of the assessment did not include the physical signs of pregnancy, which suggests to the therapist that there is a lack of integration regarding body image for women late in pregnancy (Swan-Foster, Foster, & Dorsey, 2003). In addition the FEATS score show differences in high-risk women versus low-risk pregnant women, proving that formal art assessment is capable of showing the therapist who is more at-risk, which includes severe mental health issues (Swan-Foster, Foster, & Dorsey, 2003). Lastly, using formal elements of art can be used as a method of documentation of feelings connected to different phases of pregnancy for women, which can be referred to and looked back on (Choi, Jung, Jeon, & Kim, 2020).

Discussion

Women who face pregnancy, childbirth, and the transition to motherhood face a high risk of severe mental health issues which too often go unrecognized and untreated by the medical field, the woman’s support system, and the woman herself. Through the use of affective and perceptual qualities, art therapy has the great potential to help heal wounds caused by fear of childbirth, postpartum depression, and significant life changes. Art is capable of reaching the unconscious and indirectly alleviating consuming emotions, and expressing complicated emotions in a creative way that additionally communicates to the therapist what they are experiencing. Limited research has been conducted on the benefits of using art therapy with pre and postnatal women, therefore more research on the benefits of art therapy for women experiencing fear of childbirth, postpartum depression, and other causes of anxious and depressive symptoms would help to promote its use for pre and postnatal women. Additionally, an increased recognition of the mental health crisis pregnant women face would further help promote methods of treating it, including art therapy.

It is absolutely crucial that pregnant and new mothers receive mental health care. Stress and anxiety during pregnancy, fear of childbirth, depression, and potentially attachment issues all create concerning mental health issues for the woman and her child. While all these mental health issues directly affect a woman's quality of life, they can also have physical, mental, and emotional lasting impacts. Prenatal anxiety is the earliest detected mental health issue throughout pregnancy and childbirth, and if developed during pregnancy can be a precursor to both FOC and PPD. It even is associated with the physical health of the baby and can have an impact on biochemical effects for the baby (Damasio Santos et al, 2019; Swan-Foster, Foster, & Dorsey, 2003). The most extreme result of unresolved prenatal anxiety is adverse obstetrics outcome for the mother during labor, illness, injury, or even death (Damasio Santos et al, 2019; McDonald, Sherman, & Kasparian, 2021; Swan-Foster, Foster, & Dorsey, 2003)

FOC implicates similar consequences to prenatal anxiety and can also be a precursor for postpartum depression and potential attachment issues with the newborn, furthering the cycle of unresolved mental health issues (Wahlbeck, Kvist, & Landgren, 2020; McDonald, Sherman, & Kasparian, 2021). And just like prenatal anxiety, FOC creates a significantly higher risk for birth complications (Wahlbeck, Kvist, & Landgren, 2020). FOC is often specifically the cause of non-urgent obstetric interventions, which can cause further harm to the baby, the mother's physical health, and puts future potential future births at risk (Veringa-Skiba et al, 2021).

Lastly postpartum depression arguably has the most severe and long-lasting effects for both the mother and newborn. PPD can lead to further recurring depressive episodes or diagnoses for the mother impacting her for the rest of her life, and in the worst-case scenario can even lead to suicide (Arroyo & Fowler, 2013). The newborn is at risk of a lack of general care and impairment to their relationship with their mother which can further lead to impairment to

the baby's emotional, cognitive, and behavioral development (Baishya, & Das, 2020; Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015). Even the mothers' partner is at risk of developing depression (Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015).

The result of these mental health issues is a domino effect that leaves long-lasting impacts on more than one individual involved and can even become a cycle; if the newborn's physical, mental, and emotional needs are not met at a young age, their development and mental health can be stunted (Baishya, & Das, 2020; Pugh, Hadjistavropoulos, Hampton, Bowen, & Williams, 2015). That child is at risk of a life of mental health issues and could potentially pass on the same symptoms to other relationships that they have or potentially their own children.

The mental health of mother and child needs to be considered more; 20%-25% of women deal with depression and anxiety symptoms during and after pregnancy, creating large population that faces unresolved mental health issues (McDonald, Sherman, & Kasparian, 2021; Wan Mohamed Radzi, Salarzadeh Jenatabadi, & Samsudin, 2021). Prenatal anxiety, FOC, and PPD all directly impact the quality of life for both mother and child, and even at times are the cause of death. This is an issue that can be helped, and needs to be helped, to stop the domino effect from hurting more individuals. Art therapy has proven in the past to make a significant difference in the lives of pregnant and new mothers by relieving their symptoms of depression and anxiety. With more research and funding, art therapy can gain wider recognition and awareness of its benefits to bring positive change to mothers suffering from prenatal anxiety, FOC, and PPD.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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