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Armstrong, Vicky; Ross, Josephine

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Actually, today was a good day, so today we're doing all right: Parental perspectives on a dyadic group art therapy intervention for parent and infant wellbeing and attachments

Victoria Gray Armstrong^{*,1}, Josephine Ross

Psychology, University of Dundee, UK

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ABSTRACT

In this study we sought to capture the experiences of parents who had attended a parent-infant art therapy group to support their wellbeing and attachment relationships. The groups lasted 12 weeks and had a focus on using shared art making experiences to bring the dyads into positive interactions. 50 parents attended the groups with their children. We asked them to complete surveys at the end of the art therapy group and later followed up a sample of participants for in depth interviews. We analysed both of these using reflexive thematic analysis. Our organisation of themes lays out the difficulties facing parents, what enabled them to take part, the mechanisms of change within the art therapy intervention, and the outcomes parents observed. The analysis evidences the changes parents identified in how they felt themselves and how they felt about their baby, with an important shift to enjoying their role as parents, feeling more confident about their parenting, tuning in to their babies' cues, and enjoying the emerging personalities of their babies. It highlights the potential of art therapy to support parental wellbeing and parent-infant attachment relationships.

This paper explores parents' experiences of dyadic parent-infant art therapy to support their wellbeing and their relationship with their baby in the first 1001 days. Perinatal mental health problems are thought to affect one in every five women at some point during pregnancy and the first year after birth (O'Hara & Wisner, 2014; Bauer, Parsonage, Knapp, Lemmi, & Adelaja, 2014; NICE, 2016), with the most common being perinatal depression and anxiety. It is estimated that less than half will be identified and fewer still will receive psychological support (Khan, 2015). In Scotland, where we are based, this equates to an estimated 11,000 women each year (Perinatal Mental Health Network Scotland, 2019). We know that socio-economic disadvantage also increases the risk of developing perinatal mental illness (Ban et al., 2012), leaving the most vulnerable at greatest risk. Concerningly, suicide remains the leading cause of direct maternal deaths occurring within a year after the end of pregnancy (Knight et al., 2019). Evidence is also growing of the risks of mental health difficulties for fathers in the first year of their baby's life (Habib, 2012; Paulson & Bazemore, 2010; Williams, 2013).

In addition to the clear negative impact of mental ill health on the parent's wellbeing there is a known detrimental impact on the baby's wellbeing, as measured by their emotional bond with their caregiver

(Stein et al., 2014). We know that the formation of attachment relationships is demonstrably impacted by the caregiver's mental health (Cummings & Cicchetti, 1990; Murray et al., 1996). This may be due to the parent's decreased availability to form the synchronous relational exchanges which support attachment development (Granat et al., 2017). It has been shown that greater maternal sensitivity is associated with secure attachments (Bigelow et al., 2010). Given the impact of parental mental health on attachments, a parent-infant approach which can address these issues in parallel may be effective, as championed with approaches such as parent-infant psychotherapy (Baradon, 2005).

Maternal Mental Health Scotland recommends that postnatal women with mental health problems should have rapid access to talking therapies (Galloway & Hogg, 2015) but the support available to families is variable across the country (Maternal Mental Health Alliance, 2020). We also know that there are barriers to accessing appropriate support (Bell et al., 2016; Goodman, 2009). Within Scotland there have been strong drives to increase provision through the Perinatal and Infant Mental Health (PIMH) Programme Board (Love & McFadyen, 2020). Third sector providers are identified as plugging an important gap in provision for families requiring professional support in the community (Perinatal

* Correspondence to: Psychology Department, University of Dundee, Perth Road, Dundee DD1 4HN, UK.

E-mail addresses: V.Armstrong@dundee.ac.uk (V.G. Armstrong), J.U.Ross@dundee.ac.uk (J. Ross).

¹ Orcid ID - 0000-0001-6332-2849.

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Mental Health Network Scotland, 2019). Art therapy could play an important role in increasing the provision of support available to parents in the perinatal period, offering an early intervention to break the cyclical nature of attachment difficulties (van IJzendoorn et al., 1995).

Art therapists have been developing their practice to specifically address perinatal mental health difficulties (Bruce, 2020, 2022; Grant, 2020; Hogan et al., 2017; Jouybari et al., 2018; Perry et al., 2008; Ponteri, 2001; Rayment, 2017; Xeros-Constantinides et al., 2017). Dyadic practice has also been an emerging field in art therapy (Choi & Goo, 2012; Regev & Snir, 2015; Taylor Buck et al., 2014) and one which has been applied more specifically within perinatal practice to support parental wellbeing alongside their relationship to their infant (Armstrong, Dalinkeviciute, & Ross, 2019; Armstrong & Howatson, 2015; Arroyo & Fowler, 2013; Bruce & Hackett, 2020; Hosea, 2017; Proulx, 2003; Hall, 2008; Lavey-Khan & Reddick, 2020). A review of the literature highlighted the promising evidence for parent-infant art therapy, but the small scale of the trials thus far (Armstrong & Ross, 2020). Studies using standardised outcome measures found improvements in parental wellbeing and in the parents' perception of the relationship (Armstrong et al., 2019; Arroyo & Fowler, 2013; Lavey-khan & Reddick, 2020) and our pilot study in preparation for this trial also found improvements in observable attachment behaviours (Armstrong et al., 2019). All studies in the review discussed mechanisms of change within the therapeutic approach - the kind of space created, the benefits of group membership, the accepting and containing qualities the therapist brings, and the direct support for relationships - alongside mechanisms unique to the art-making process - the qualities of materials, the process of shared creativity, and the final art works themselves. These elements are incorporated into the model of intervention delivered in this study.

Through the Art at the Start project we have looked to promote art making between caregivers and their infants (0–3) in several settings, including art therapy groups (Armstrong, 2021). The primary focus of these groups has been on the attachment relationship, with support for the parents' own wellbeing a crucial aspect of that process because supporting the parents' mental health has a direct impact on the babies' care environment as well as the parents' own wellbeing. This research seeks to explore the experiences of parents attending a dyadic parent-infant art therapy group to support their relationship with their baby. In other aspects of the wider project, we have used standardised measures of change and control groups as well as an observation tool to look at the infant's experiences (Armstrong & Ross, 2023) but in this paper we focus on the parents' experiences and seek to draw out what they identified as important to them about the art therapy intervention. Capturing the parental perspective of what mattered will help us to pick apart what it is about this specific parent-infant art therapy intervention which could be creating change. This will help to explicate and enrich the quantitative data, which points to it being a successful intervention (Armstrong & Ross, 2023) by giving us a greater understanding of that process. Our overarching research questions were:

- What were parents' experiences before, during and after the art therapy group?
- What features of the art therapy group do parents identify as creating change (or not)?
- What changes do parents see in themselves, their baby and their attachment relationships from participating?
- What can we learn for future services to support parents and infants?

Methods

Ethical approval from the University of Dundee research ethics committee (SREC – PhD/033) covered all aspects of this study. Our wider research sits within a pragmatic paradigm (Kelly & Cordeiro, 2020), and more particularly within action research (Levin & Greenwood, 1998). The research process itself seeks to create change by

making services available, and we choose methods based on the kinds of questions being asked, as opposed to an underlying world view. In this case we are choosing to use rich qualitative approaches to gain insight into the parents' experiences using reflexive thematic analysis (Braun & Clarke, 2022) to explore parents' views from surveys and in-depth interviews.

Intervention

The parent-infant art therapy intervention consisted of a 12-week art therapy group for parents to attend together with their baby (see supplementary materials for full protocol). The group aimed to improve attachment relationships, support for parental mental health, create connections through shared art making, and increase parental responsiveness. The groups were run by a qualified HCPC registered art psychotherapist alongside a co-facilitator. Parents were identified for the group by health professionals and 3rd sector workers who had concerns about their attachment relationship with their baby and they joined the group following a home visit from the art therapist. Evaluation data was collected on parental wellbeing and perceptions of the relationship at the home visit as part of the wider research (Armstrong & Ross, 2023) but no screening for inclusion took place and all referrals were accepted. In each group there were around 8 parent-infant pairs taking part.

Materials were chosen to be baby safe, easy to grasp and to allow them to see their own impact in the world through mark making (Armstrong & Howatson, 2015; Hosea, 2017; Proulx, 2003). These included non-toxic ready-made paints as well as homemade food-based paints, thick paper, crayon eggs and large chalks. The focus of the group was on using art making as a vehicle to support the attachment relationship by bringing the pairs into positive interaction, with the art therapist supporting parents to recognise their infant's cues and respond (Armstrong et al., 2018; Lavey-Khan and Reddick, 2020). Additionally, there is support for the parents' own mental health and the opportunity to share experiences with fellow parents, but this is allowed to develop naturally, and no one is encouraged to share where they are not comfortable. The art making provides a structure to the group as there is time to settle in before art making is introduced, the parents and babies have time to make together, and then come to their own ending, moving to baths and snacks. The art making time is non-directive and we encourage parents to follow the lead of their baby (Armstrong & Howatson, 2015). Case studies of dyadic art therapy with parents and infants outline the promise of the approach to support sensitive and responsive interactions (Armstrong & Howatson, 2015; Hall, 2008; Hosea, 2011; Parashak, 2008; Meyerowitz-Katz, 2017; Proulx, 2003). The groups ran within a city centre arts venue or within a community venue where distance was a barrier.

Participants

Participants had all taken part in the parent infant art therapy intervention with Art at the Start. Parents were invited to complete surveys at the end of the art therapy intervention. Of the 50 intervention participants, 29 completed the survey forms. Some parents (N = 9) did not complete them where English was not their first language, as a group ran within an international women's centre, and we did not have capacity for a translator. The remaining parents chose not to complete the survey. The survey data was collected anonymously and with fully informed consent.

Subsequently, we approached parents who had taken part in the intervention and had given us their contact details to stay up to date with the project, to invite them to take part in the interviews. There is a risk that those who had signed up to be kept updated are those parents more likely to be favourable towards the intervention. However, the quantitative outputs representative of the whole cohort (Armstrong & Ross, 2023) indicated that a positive experience of the intervention was in any case universal. Of 11 participants who expressed an interest in

being interviewed we were able to contact 8 participants to arrange a phone interview.

As surveys were completed anonymously, we are unable to link to their data to give demographics for those who completed the survey and specific demographic data for the interviewed participants are not provided here in order to protect their personal identities. However, we know from the demographics of those taking part in the groups as a whole that, of 50 parents taking part, all were mothers, with 3 who were not the birth mother (kinship carer, foster carer, and adoptive parent). All had been referred due to concerns around their attachment to their infant – with 18 referrals from health care providers, 29 from the voluntary sector and 3 self-referrals (see Fig. 1). Mothers' ages ranged from 16 to 55 with a mean age of 32.84 (see Fig. 2). The age range is inflated due to the three non-birth mothers being between 50 and 55. Based on postcode data, Fig. 3 shows that 20 of the 50 participants were from areas identified as in the highest quintile for deprivation in Scotland (SIMD, 2020).

Data collection

The surveys completed in week 12 of the intervention (see supplementary materials) were all anonymous, with questions designed to be open. These questions were developed from learning in the pilot stages of the project (Armstrong & Howatson, 2015; Armstrong et al., 2019). The interviews for more in depth feedback took place approximately 2 years after parents' participation in the group, allowing them to reflect on what had been important to them with a longer-term perspective. We sent out an information leaflet explaining the interview process and data protection, by email or post, to all those who were interested in taking part, before following up with them to schedule a time. We went through the information leaflet again in the phone interview at the start of the call, giving a chance to ask any questions and asking for their verbal consent over the phone so this was recorded. Semi-structured interviewing was chosen to offer consistency between participants whilst allowing the interviewer freedom to ask for further clarification and to pursue unexpected lines of discussion ((Barriball & While, 1994; Rubin & Rubin, 2012). This form of interview is also congruent with the

experience that parents would have had during the intervention itself, which is non-directive, in a way a more set interview structure would not be (see supplementary materials for interview schedule). The constraints of his project meant that the art therapist was also the researcher conducting interviews. This joint stance of practitioner/researcher is one familiar in art therapy practice (Gilroy, 2006) and is suited to qualitative research of this kind where the researcher's deep involvement with the material can be seen as beneficially enriching the learning as opposed to those methods which seek to eliminate subjectivity (Braun & Clarke, 2022). In this instance, although it could be argued that their previous relationship to the interviewer would result in parents seeking to answer positively, we would argue that the existing containing relationship allowed the parents to feel safe enough to address challenging areas of their lives and to reflect openly on their personal experiences.

Analysis

The interviews were audio recorded using Microsoft Teams then transcribed along with the survey responses to produce a fully anonymised dataset. This data set was then analysed using thematic analysis. A reflexive approach was taken, as outlined by Braun and Clarke (2021). This involves becoming familiar with the data, then generating initial codes, before developing and organising these codes into themes. Coding was undertaken using Nvivo software (v12, 2018) to organise the data and track iterations, alongside pen and paper methods for visualising themes as the organising concepts were being developed. The themes chosen attempt to meaningfully capture the full breadth of the data. A predominantly inductive orientation was taken, beginning from the data itself. Although aware that theory of early interactions forms the underlying perspective within this research (Feldman, 2007; Isabella & Belsky, 1991; Stern, 2000), an experiential orientation was adopted to interpretation that prioritised the meanings as ascribed by the parents themselves. More of the researchers' own perspective from developmental psychology and art psychotherapy is brought to the discussion to look at how these perspectives relate. Data was coded for both manifest meanings (what the parents told us directly) and latent meanings (for example where we interpreted things they noticed about their infant as reflective of a change in their own stance).

Results

The range of themes we have developed are broad, reflecting the depth of reflection offered by the parents. Our thematic analysis developed four overarching areas relating to the art therapy intervention that make meaningful sense of the entirety of the data; (1) the difficulties parents identified, (2) factors which enabled them to attend the group, (3) mechanisms for change within the art therapy intervention itself, and then (4) the outcomes they had noticed. Within this structure, we have developed a series of themes (identified in CAPITALS for ease of reading) and subthemes (identified in **bold**). These themes are illustrated in Fig. 4 and described more fully below, using quotes as illustrations of the wider data set.

Difficulties parents were experiencing

In interviews and surveys, parents described the difficulties that they were facing before joining the group, which were impacting upon their wellbeing and on their relationship to their baby. This helps us to see those areas which may have been adversely impacting upon their connection to their baby and which we would hope to address by attending the group. Many described the ways in which they were STRUGGLING WITH THEIR OWN MENTAL HEALTH which included their descriptions of having a specific diagnosis as well as those who described struggling more generally. For some mothers they were describing pre-existing mental health difficulties while for some this was a new experience following the birth of their baby.

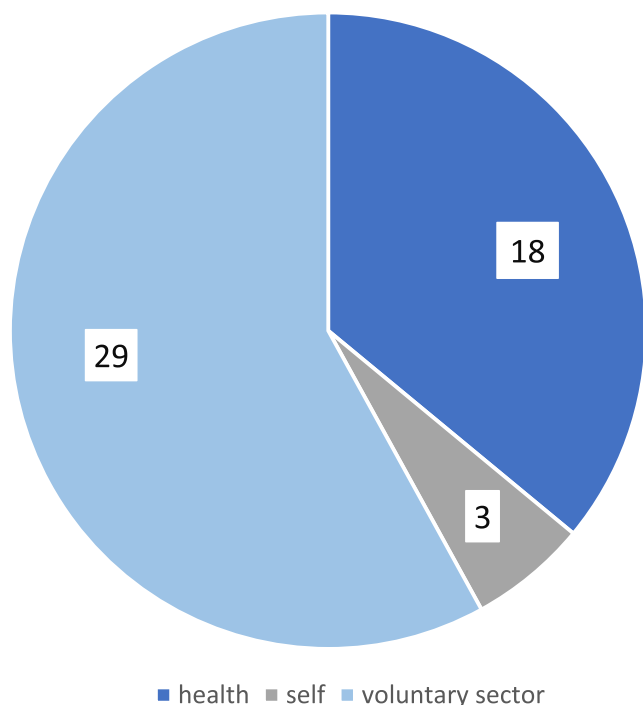


Fig. 1. Participants' referral routes (with total numbers for each route shown).

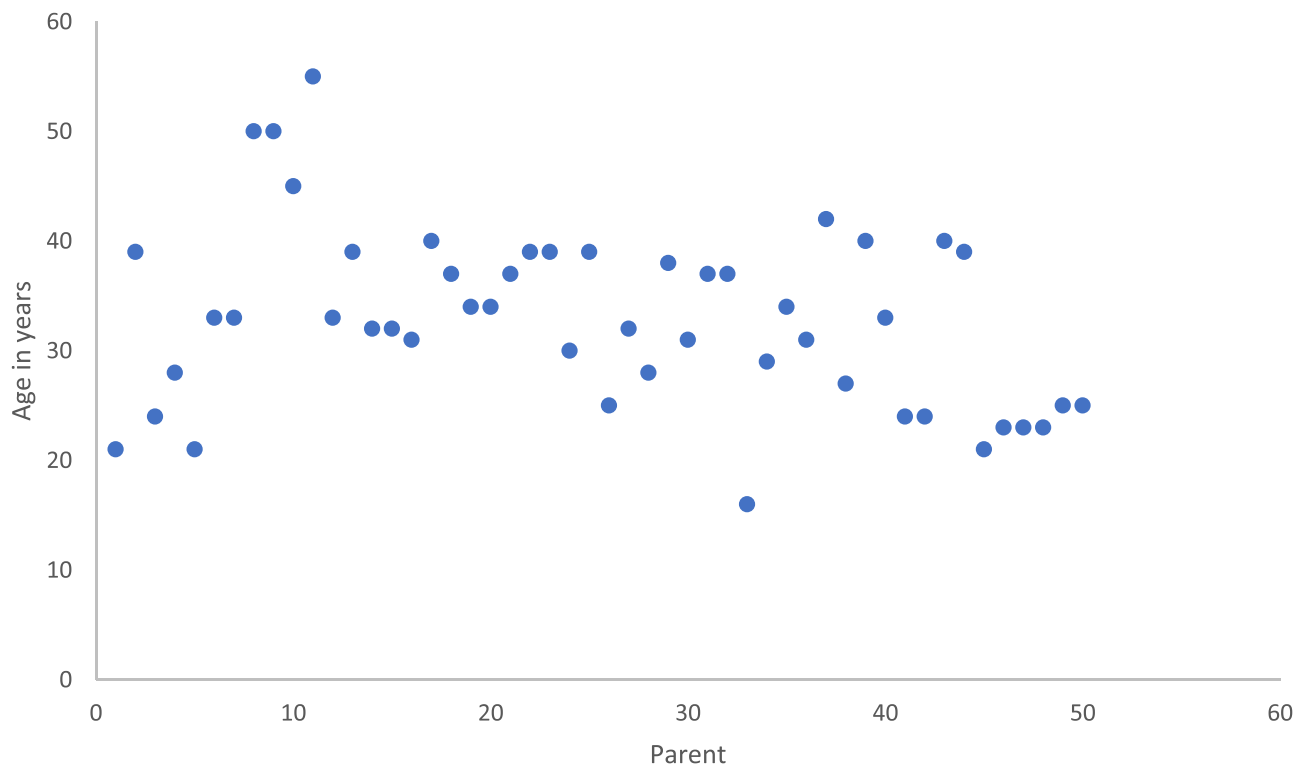


Fig. 2. Parents' ages.

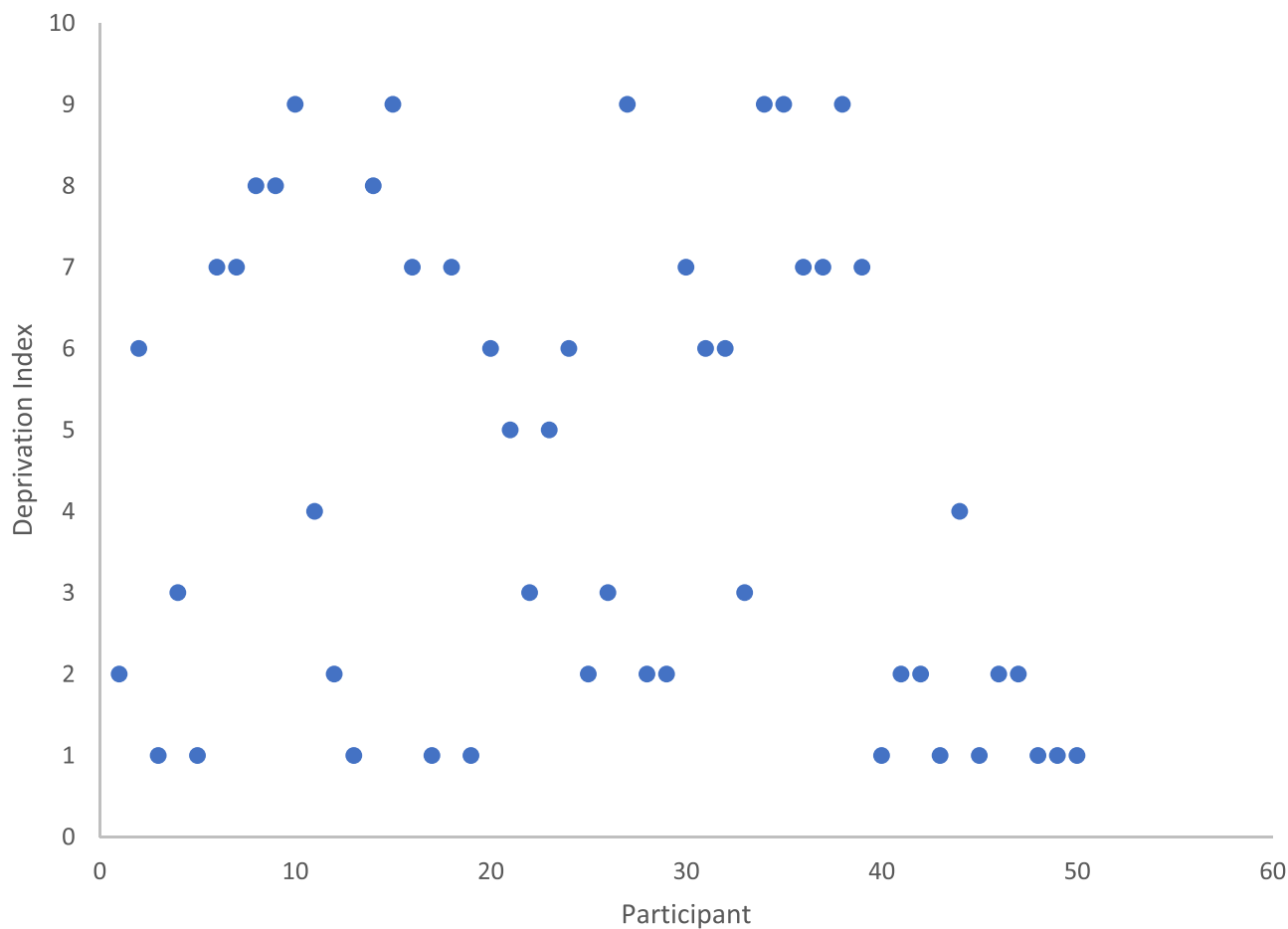


Fig. 3. Participants' deprivation index (from 1 to 10 where 1 is the most deprived area of the country).



Fig. 4. Diagram describing the organisation of interview themes across the four overarching categories.

Well, he was quite small, and I'd been diagnosed with postnatal depression and felt, just really, really down, something that I hadn't really felt before and I hadn't been expecting. (parent c)

There was a subtheme here related to **trauma** with some mothers describing traumatic birth experiences and others referring to traumas in their lives from domestic violence and abuse.

Because I was just recovering from this massive storm, and not just the trauma of [sexual violence], the trauma of having these two children under two, and, and breastfeeding, and all the awful stuff. (parent ID excluded to retain anonymity)

For some mothers their mental health difficulties manifested in **anxiety to go out**.

I definitely felt kind of nervous about going out to those things, not really wanting to leave the house or maybe not wanting someone to see me with the baby. (parent a)

Several of the mothers related this anxiety to a fear of not being able to cope in public if their baby became distressed and possibly if they did too.

Like if he got really, if he was upset in the group and crying and I would like, would I, do you know, not want people to see me not managing. Or like what if I was upset? (parent b)

This anxiety was further reducing the support that was available to them as they were not able to attend the baby groups that were available publicly. As can be seen in the examples above, part of this anxiety was focused on worrying about others' perceptions if they were unable to sooth their baby. This links to the other subtheme that related to feelings of shame, that they were **not good enough as a mother**.

at that time feeling like I was just doing, I wasn't enough for him. He would be happier if he was with somebody different (parent a)

The sense in this quote of comparing unfavourably with others was reflected by several interviewees.

I'm thinking, well, I'm terrible at this and everyone else is doing fine and I don't know why it's so hard for me and not for everyone else. (parent a)

Mothers described their feelings that they were not managing as well as others or that they were not providing enough activity for their baby. They also relayed the deep shame that they felt at not being good enough, and several mentioned the fear of being 'caught out'.

I think probably deep down also worried maybe that people would notice that I was not good. (parent c)

This included the sense of societal pressure that it is not OK to admit to any struggle to bond.

It's not OK to, to not just feel that immediate, like great feeling for being a mum. (parent b)

This feeling that they were not doing well and that they did not feel what they should for their baby had often been unexpected and this difference of expectations and the reality of being a parent was highlighted by most of the parents in the last sub theme, **not enjoying the experience of parenting**.

He was a really difficult baby and I just felt really stressed, and hadn't really felt like I'd had any chance to enjoy being a mum. It had definitely been a lot more difficult than I'd expected. (parent h)

The mothers described some of the challenges they were facing in their parenting, including not enjoying the daily tasks of parenting, the hard work, the tiredness and struggling with their changed identity to being a mother.

I hated every moment of having children under 2 It was awful. It doesn't suit me, I find it complete drudgery. If was just hard work and awfulness. (parent e)

The second theme of difficulties they were facing was their **LACK OF AVAILABLE PLAY OPPORTUNITY**. In this theme parent described the practical difficulties around resourcing play and providing things for them to do with their babies. The mothers described a **lack of activity**, they spoke about being stuck in a rut, or not knowing how to keep their

babies entertained. There were several descriptions of not knowing how to fill the days and the feeling of them stretching ahead. One mother described how she had nothing to leave her house for and some did not have knowledge of anything that was available for them to go to. On the other hand, some mothers were aware of activities but described how they did not want to try these or had actively disliked them. The mothers were particularly negative about play groups where parents socialise while babies play.

you don't have something to do, and the kids are just free playing on the little toddler equipment... it doesn't help your mental health in any way! It doesn't help you bond with your child cos you're just sitting there thinking this is shit, my life is awful now. (parent e)

Several mothers described their **financial difficulties**, which limited the resources at their disposal, in terms of having equipment or material resources in the house, as well as not being able to go out to things. We know there is often a cost associated with classes aimed at babies and young children. Beyond the material resources, they spoke about the idea of needing the mental **capacity**, which one mum described as 'head space' and another as the 'mental load', and how they did not feel that they had enough of this capacity to be able to think of ideas for playing with their babies.

I just didn't feel like I had any good ideas, because your brain is completely taken up by breastfeeding and lack of sleep and getting everybody through the day. (parent d)

They spoke about the hard work involved in setting up any kind of art activity, and some felt they were lacking knowledge or skill to be able to do this. One mother admitted that she didn't know how to play with a baby. This issue of mental capacity also links back to their own well-being and how able they felt each day to take part in activity. As one mum said.

If you're not feeling good on any particular day it's quite hard just to get out of the house or to actually feel that you're doing enough to entertain them. (parent g)

The third theme of difficulties was the **LACK OF SUPPORT**. Most of the mothers described lacking **social support**, relating that they did not have friends or family around them to support them and their baby.

I didn't have a lot of family around in Dundee and I was really struggling, and just my own mood was very low at the time. It's just the two of us. We didn't have support at home either. (parent f)

For some mothers this was because they had moved to the area, others felt isolated within the community and that they did not fit in well with others around them. For some this isolation was exacerbated by also not having a partner at home who was supporting them, and in some cases that relationship was adding to the challenges they faced. They identified how awkward they found it trying to make friends and talk to other people if they tried to join in anything, especially where the others seemed to already be part of a community. One parent linked her lack of friendships to increasing her own worries about the baby:

because we moved I hadn't really made any friends yet when we had [baby] so there weren't people around in the same kind of position as I was in. And I don't know if I'd had, had more friends, I would maybe have been a bit more relaxed about everything, but because it was just us and, and there was a lot of time on my own just with her, that I probably spent a lot of time just worrying. (parent b)

Beyond social networks there was a subtheme that the **support within wider society** was also not available. Though many identified that their health visitors saw them, and had often suggested the group, some felt that their role was more about the baby. Generally, there was a lot of reflection on how they felt there should be more available to mothers.

I think there just probably ought to be more help for mums and more time from the people that visit you, so they get you know you, they talk a bit more with you about how you're feeling as well and not just feeling like maybe you're kind of a nuisance. (parent a)

Some expressed anger at the perceived lack of support in this country for mothers, that they were being judged, and in some instances looked down upon, or that they were being set up to fail without more help.

I think there's this real assumption in this country, that is if parents aren't coping, or children aren't bonding, it's because we're these feckless individuals who are not trying hard enough. It's got nothing to do with your trying hard enough. It's about the support that is needed when children are young. (parent e)

The final theme capturing the concerns for mothers before they came to the group was their **WORRY ABOUT CONNECTION** to their baby.

You just kind of assume that, the bonding side is just gonna happen... I feel like that hadn't really happened and then that was making me worried. (parent a)

The mothers interviewed were able to be very open about some of their worries about their bond to their baby. Often this had been an unexpected issue, and one which added to the shame discussed in the theme about their own mental health. Some of the mothers described being worried that their baby didn't love them either as they had not had that bond. There were also several references to the lack of playful interactions with the babies in reference to not feeling connected. One mum said she wouldn't have called her time with her baby 'interacting', so there was a feeling that they were managing the practical care but not feeling that deeper level of warmth or any of the reciprocal play that we might be looking for as a key builder of attachments.

Enablers to taking part

Having reflected on the challenges faced by families, and particularly their anxieties about going out or attending activities, it felt useful to separate out a category that was about what helped the families to take part in the group. The first enabling theme was about the **REFERRAL PROCESS** for joining the group. The mothers described their workers suggesting the group to them and sometimes spoke about how it had been explained to them. They also spoke about their own expectations for the group, including what they were nervous about as well as what they looked forward to. An important subtheme here was that we undertook a **home visit** before they joined the group. Six of the mothers brought up that this was important to them in alleviating concerns about the group and making them feel confident enough to attend. This shows the value in having met in person in advance so they knew a face and could talk through what they may expect from the group.

I think because, yeah, so we'd already met and, and seeing you, I knew what you were like and yeah, I knew that it would be em painting and relaxed. (parent b)

Mothers also identified that the group set up **MADE IT EASY** for them to take part, the materials and ideas were set up and things like clean-up taken care of. They spoke about very practical considerations such as having taxis arranged for them, so they did not have to worry about transport, or that there were snacks and baths provided and they didn't need to bring anything with them.

That's nice to feel that...not having to worry whether like there would be snacks and stuff for him. It's just like one less thing to have to think about, and like the same that there was like towels and that...so I think you made it, like really easy to come, because it's hard with babies, all the stuff that you have to take around so, I just, yeah, maybe, I thought that was like, it was nice that you'd done all of that for us. (parent h)

A second theme reflected the **KIND OF SPACE** created in the group

and how that enabled participation, with mothers in the interviews and surveys commenting on how it was relaxed and felt safe, that it was 'a warm and friendly environment' and one where they did not feel rushed or that they couldn't turn up late. Some commented that it had been important to them that it was a small group. Within the surveys there were lots of general positive comments about the facilitators which seem to link to more specific thoughts about the **therapeutic style of the group** with more depth given during the interviews. Mothers seemed to particularly have valued the reassurance that they didn't have to talk about difficulties they were facing if they didn't choose to. This had been a barrier to several in seeking support and they were relieved that this was not the case.

we didn't have to talk about things if we didn't want to. So that was really ... because that was probably the main thing I was worried about. (parent c)

This linked to the fact that there were no set expectations put upon them. It was also important to some of the mothers that we did not give advice or make judgements. .

You weren't really giving advice, so like I hadn't any things I had to do, or, you know, sometimes it can feel like they're giving you like rules to follow. So, it didn't feel like that with you ... it felt like you thought I was doing an okay job. (parent a)

This sense of not judging their parenting was important in the approach so they did not feel treated as different or stigmatised.

you're very friendly and relaxed and getting everybody relaxed and making it feel quite normal...not saying like we were all something wrong with us...it felt like it was like a normal thing that we would be doing together and that it was about having fun for our babies, not about us all being like these weirdos, you know who are like different from everyone else. (parent a)

This mother's comments also connect to the last subtheme about the group space, of **members having experiences in common**. Given the feelings of shame, and anxiety about others knowing their difficulties, that they had shared, it makes sense that it was an important enabler to know that the other parents attending were in the same position. They didn't need to share their difficulties but knew that others in the group were struggling too.

I actually had less anxieties about coming to your class...I think it was because it was, kind of set so like I knew there was gonna be like people in the same position as me, there wasn't any expectations like to come across and be like this perfect parent. (parent d)

This sense that they shared common difficulties made it easier for them to attend.

Another enabling factor was the ART FOCUS of the intervention. For many of the mothers both in interviews and surveys, they said they appreciated having an activity at the centre.

Because that was a thing for us to do together, so it wasn't that kind of weird, what are we gonna say, and like gave us something where we knew there was, like a distraction or...not a distraction is not the right word, but a focus...it gave us a focus of what we would do. So although we could kind of talk and stuff as well, actually there was a focus that we were making the art and for me that was much better. (parent a)

This focus on the making seemed to alleviate anxiety by giving them something to do together and taking pressure off them to talk. For some it reduced the social anxiety about interacting with the other parents, as well as helping to act as a leveller given that most of the parents were coming to it for the first time.

We did ask specifically whether they had any SUGGESTIONS FOR IMPROVEMENT that could have helped facilitate their coming along. Some parents suggested different times of day that would have been easier for them, for example where it clashed with nap times, or that

there could be more options during the week so there could be more spaces. One parent mentioned the distance for her being a difficulty, but that this had ultimately been positive by encouraging her to get out. Two mothers expressed regret that they didn't attend the group earlier on, 'before maybe I got to where I was feeling so bad' (parent a). By far the most common thing that parents wanted to change, in both surveys and interviews, was to have had more sessions, some specifically saying they would have kept going if they could have, others expressing regret at having to stop, and some that they wanted it to be made permanently available in their area.

Beneficial mechanisms in the intervention process

The third category brings together themes capturing what they saw as creating change within the art therapy group. These reflect the high level of insight shown, particularly by the mothers in interviews. For us, these reflect mechanisms for change within the intervention and this is important in helping to pin down why and how it might be working. The first theme that was important to the mothers was about the SOCIAL ASPECT of the group. All the surveys made reference to meeting other mothers, and this was expanded upon within the interviews in more depth.

I really like the social aspect, so you know, just getting to sit down and speak to everybody after, which I didn't expect to do. And I actually still keep in touch with one of the other mums that were there as well even to this day. Yeah, which is really nice. (parent d)

For some mothers this had been the most important aspect for them, they reported making new friends, continuing these friendships after the group had ended, meeting in parks, and returning to the café in the arts centre together.

Mothers described a parallel process of **sociability for the babies** they felt was beneficial.

It was fun as well to watch him really interacting with the other babies and even the other mums and with you and he hadn't had a lot of chance to do that before, so. I think it made him really happy. But it also made me happy to watch it too. (parent h)

They described seeing their babies make new friends and become increasingly sociable. Some had not had a chance to interact with other babies before. Several mothers of younger babies described noticing that their baby enjoyed watching the other babies within the group, even before they were able to actively join in any interactions. Some recalled specific instances of noticing the sociable side of their baby emerge.

Did you remember when you were sat on the floor with [baby] and they were like, passing each other the brushes? I don't think he'd have done something like that before. And they were like sitting on the floor together and laughing and passing each other stuff and it's funny to watch them like that where it's like, ohh my goodness they're like having a little conversation like wee adults...just watching him get that, like a friend, it was really fun. And for him that must be really nice. (parent h)

Beyond developing social networks, the mothers identified specific aspects of the group which were SUPPORTING PARENTS. The first subtheme links back to their relief that other members of the group would also be facing difficulties. They identified the importance of **sharing with other parents**, describing them as 'all in it together' or 'in the same boat'. This sense of a shared experience helped to reduce isolation and freed them up to talk about their own experiences. Several found it useful to see other parents' struggles and get more perspective on their own difficulties, rather than feeling alone.

You see that these other people are doing the same as you and, and finding the same things hard, but that you're all actually managing. (parent b)

Some mothers also described the group giving them opportunity for **thinking about self**. As well as getting new perspectives on their

difficulties they could also think about things they would like to change. Two of the mothers described how knowing their baby was enjoying the group was a factor in freeing up that space for them to reflect themselves.

I think if you know that they're having fun, it means like, you're more able to think about yourself like. Not think about yourself like in a bad way, but more like, if you know there that everything that day for them is a fun day, you're like able to stop worrying and that lets you chat to the other people and, and talk to the, the teachers in the group and for me, that was, you know, just like a weight off. And thinking that, actually today was a good day, so today we're doing all right. And maybe that makes it possible for me to chat and think about things, em like what we could be doing better?(parent f)

The final mechanism supporting parents was that the group gave them **motivation**. Several of the surveys mentioned 'purpose' and 'routine'. Likewise in interviews they described it providing structure within their week, and for some a push to get out and do something.

And that it was fun so I wanted to go. So it got me out of the house some of the days where I might have just stayed home, not feeling good. That was the thing that got us up. And then once we were up and at that, then the rest of the day felt better. (parent c)

CONNECTING TOGETHER was an important theme for all the mothers, who described the way the intervention encouraged a focus on shared engagement and playfulness. The **fun shared experience** was a vehicle for connection. Many described the way the activity was about them doing it together, and that it encouraged them to play and have fun.

This was saying, actually that I can make him happy, that things that we do together are nice and we can be having this happy time together. (parent a)

One mother observed that her baby was looking for her to join in, while another felt that her baby was seeing her as more fun and interesting now.

I think she must have thought that I was more, more fun than before. So she thought like, yeah, I was more interesting. (parent f)

Lots of the mothers made observations about seeing the enjoyment from their babies and how this had mattered to them.

Seeing how he responded was really awesome. Like so happy! For him to be so happy, that was then making it into this thing that was like, it's nice for me to go to. Especially because I felt he was missing out on something with me at home, like I wasn't managing to be enough for him so I was kind of going thinking, 'oh this is to make up for some of that for him, something fun for him', but actually, seeing him enjoy it means, like I'm enjoying it too. (parent a)

They reported noticing that they were also enjoying their baby more.

[The group was] one of the few times that I remember when they were in toddlerhood where I was able just to relax into just enjoying being with them and just enjoy them as people. (parent e)

The other important subtheme identified was that the group allowed **time for their baby**. It took them out of their domestic environment where they were busy or had other distractions, so give time which was dedicated to focusing on interacting with their baby. They also reported that they thought the babies were enjoying his level of one-to-one attention. They spoke about being in a 'bubble' or being able to 'enjoy the moment'.

Just having that time that was only about me and her. Like if we were at home, I probably wouldn't be giving her that same kind of time...there's always stuff also to be doing in the house and things. So, I'm sort of playing with her a bit, but also trying to do other things...This time here

it's only about her, and that's all you're thinking about right now...this is set aside and its special, I think that that was important. (parent b)

Another theme we identified was mothers noticing ways the group enabled them to THINK ABOUT THEIR BABY. This theme is important as it identifies mechanisms by which parental reflective function may be increased through participation. The mothers identified that the **art helps draw attention to their baby**; they were able to pay attention to how their babies reacted to materials and what was of interest to them.

When I think back on it now, it made you really like concentrate on what they were doing, and like how they were responding to things. (parent d)

Mothers in the interviews recalled instances when they saw their baby react to particular activities, which shows the importance of those events to them. Lots of them gave examples of noticing what their baby enjoyed, like feeling messy textures or splashing in the baths.

Mothers also identified that the group encouraged them to **follow their baby** and to allow the baby to lead the play. One mother specifically recalled how that had been encouraged and how she had been trying to do it.

I know that you're always telling us to go with the baby and so I was always trying to do that, and trying to think about what he was interested in. And sometimes that's easier than other times, but I think it was nice, seeing how he responded. (parent a)

Some described how following the baby helped them to notice more about them.

You're letting them lead it...given that loose space of, well what we can do this week, but seeing how they go with it, it made me like pick up on cues about you know, what she did enjoy versus what she didn't. And just actually like whether she was holding a paint brush or swishing herself in paint or jelly or whatever it was that week. (parent d)

One thing the mothers described was that the facilitators were actively **helping them notice** things about their baby. They spoke about how this made them see their baby in a different way, and that it changed their experience of their baby.

I'd really look at him and see what he liked. And you were helping with that too. It helped by you saying, like some of the things that you were seeing him do and that would help me, I think, to really to think about him and how, and how he was finding it and what he liked to do. I don't know if that makes sense that...You were kind of saying, you know, what's kind of getting them excited and that makes you see them a bit differently, I think...I noticed actually, he was really clever and really alert and interested in things. And he seemed, he seemed more alert than he'd been at home. (parent g)

Mothers had noticed that the facilitators were highlighting the positive moments in their interactions, and some described how this made them notice that their baby loved them, or that they were enjoying the time with them.

I remember you guys saying to me sometimes, Oh 'look, he's looking to show you that' and 'he's enjoying that'. It was that kind of, maybe I just needed somebody to point out those times when he was looking for me, and that made the real difference. (parent c)

We identified a link to the art making in helping parents notice more about their baby, but we also brought together a theme that focuses on THE ART PROCESS and what the mothers felt this had offered. They all identified **art engaging baby and parent**, and this was very linked to a sense of fun. Art was seen as encouraging them to take part and helping them both to get involved. One of the key aspects engendering this feeling seemed to be that it was interactive, and this encouraged playfulness.

Linked to this was the other subtheme of **novelty**. The fact that art was new for everyone was identified as important in surveys and

interview, but particularly that it was offering new experiences to their babies.

It was nice that it was something she wouldn't normally try. And so, for her, it was more interesting... This was something special (parent b)

They spoke about how it gave them new ideas and that they valued that it was something different, not what they'd do at home.

When describing the group lots of the mothers talked through the flow of each session and this **structure** was something they had valued and which the art process naturally lent each week, what one mother referred to as the 'journey' of each session. They described the way the group ended by having baths together and snack and that this helped the babies to learn a way to come to an end. Although not described in these terms by the mothers this could be seen as representing something containing about the group for them.

There were two contrasting subthemes about the art works themselves. Some identified that they appreciated that it was about the **creative process not final art work**, and that this helped alleviate pressure and let them be more relaxed with it.

I liked the way you said that it's nothing to do with making something good... just us using the art, more about the chance to just do that play and get that time together. (parent b)

However other mothers though valued getting final **images to keep**. Some described displaying these at home or sharing them with friends.

We have the pictures and so having that nice memory of a year that was probably quite hard, that makes a real difference to me. I like that we can have some photos and have those pictures and remember a nice thing about that time. (parent c)

These final images seemed to represent a positive moment for them together and in that way took on a high degree of symbolism for the mothers.

Outcomes

In this category we grouped together themes that related to changes the mothers experienced following participation in the group, and longer-term improvements in their lives and relationships. The first theme captures the parents' own **BETTER WELLBEING**. In surveys mothers said they felt happier after attending the group, that their mood had improved, and that they had started looking forward to things. One said she was back to her 'old self'. In the greater of detail of the interviews, mothers were able to expand on this. They described having **fewer worries** and being more relaxed.

I was less worried after coming to that, you see that these other people are doing the same as you and finding the same things hard, but that you're all actually managing. (parent b)

They described a change to feeling that they were a **good mum**.

I think you see how actually you're good at this... I felt she is having fun with me. I'm doing nice things with her. Like, actually, we're getting on, OK. (parent b)

This was important, as many had identified feelings of inadequacy as parents being a factor in their poor mental health before the group. The mothers were now identifying that they were doing as well as other parents and were doing a good job for their babies, so they felt better in their role as mother.

I'm not failing at it, like I'm not, I'm not saying that I'm like one of those perfect mums that you might see, but that actually, I'm just doing OK and the same as everyone else, like we were all just, you know, kind of doing the same together. (parent h)

Other interviewees shared similar changes in their self-perception and directly linked this to mechanisms of change, like the facilitators

drawing their attention to the babies' behaviour.

It felt like you thought I was doing an okay job... you were helping me to see how I did a good job... you were sometimes seeing things that he was enjoying that I was doing. So it just made me feel better about myself and better about me as a mum. (parent a)

This increased confidence in their parenting linked to a theme of feeling **Confident to do more**.

It gave me that more confidence in like my ability. Like even something as ridiculous as even to, to get out and get out the house for a time. (parent d)

They spoke about their specific increase in confidence with things related to what we did in the group, such as letting their babies get messy, using art materials, or playing with the babies. This was the focus of the comments from surveys, but in interviews they also linked the group to changes in their confidence to try any new activity, and to more confidence in going out and about together.

That was the first thing I came to, so it's that feeling OK about going out to stuff and starting to gradually try out more things. It would be okay to go to the shops. Actually, she's not really crying or that when we're out, she's happy... learning how much we were managing to do together... that the both of us were more of a team. (parent f)

This comment shows the way in which the mother had been able to practice in the safe environment of the group and now felt she could manage elsewhere, so it had increased her efficacy day to day. This also links back to one of the barriers for going out they had identified, of the fear of not coping in public, and now seeing that this was not the case.

Giving me confidence in what I was able to do and a bit of confidence in him too, that my kind of fears of him kind of crying and me not being able to get him settled or, or, what if he needed fed when I was out, like the things that would normally make me nervous about going to something, I just by the end, felt more relaxed about. (parent a)

New opportunities would clearly be opened up for both mum and baby from this new confidence which connects with another theme identified of **LONG TERM ART AND PLAY OPPORTUNITIES**. All the mothers in the surveys talked about having already tried art at home or having made plans to.

I got [baby] a huge art box and every night we do something crafty before bath time. (parent in survey)

Some also spoke about how they were now doing more play. By the time of interviews all the mothers had continued making art at home, as well as trying other sensory and play ideas, and some had also revisited the DCA gallery where sessions took place.

She actually loved it! Yeah, like even if we go now to the [art centre] I always say to her, this is where you came for your art classes and she says 'oh our art place, it's our art place'. We still talk about it now. And we've got the canvases and things that we did up in her room and she always says that she painted that. (parent d)

They spoke about the materials they had at home and things they had made. They made observations of the ways in which their babies art making had changed as they have developed and the new things they were now able to do. One mother spoke about having friend's children over to make art together and them being impressed by what she could do with them. Several also mentioned that their children now had an ongoing love of art and this was something that had been noticed as they moved into early years education, and something which gave them useful life skills.

Here's something I know that I enjoy playing with, and that I'm comfy doing, and that I can do myself. I have to say it's not something that I would have even thought of, but it's been picked up by both nurseries and

school. They're really comfortable with mark making and picture drawing and they'll constantly go and do it. (parent e)

The final theme on the outcomes from the group, and for us possibly the most fundamental, was the mothers observing that they now had BETTER RELATIONSHIPS. Lots of the surveys included the word 'bonding' as something that had changed for them and in the interviews, mothers expanded on that and were very honest about the changes they saw.

I know that we got much more than that out of going. Much more about the two of us and our bond. But I probably hadn't thought about that side as much before. Perhaps, I didn't really want to think about our bond, and if that wasn't OK, or wasn't as good? But once it felt better, I was able then more to think back and like be honest that that was something that had worried me, and the group helped me. I really feel that we were bonding and that he did really love me. (parent c)

They spoke about feeling closer following the group, being a 'wee team', being connected, having 'a warm feeling together'. Importantly this was sustained beyond the intervention.

I'd say we are like really close now, you know, like, I think we made that really good bond and even though she's bigger now, that's still there. (parent f)

Several subthemes illustrate specific ways in which the relationship improvement can be seen. The first was that they could now **enjoy parenting**. Where previously some explained that it was more of a job, or that they were actively disliking it, they now described it in a positive way.

More feeling like, em, like the enjoyment of being a mum, that I felt like before I was kind of missing. I think I got a bit of that back. (parent a)

Connected to this was that they now felt more able to **enjoy their baby** with mums seeing a shift in how fun they found their baby, in how much they enjoyed spending time with them, and how much they appreciated aspects of their personality they hadn't previously noticed.

The way I saw him was different coming to that group, and trying out with him and seeing him play I saw him in a different way. So at home I, it didn't seem like he was, so much, had so much personality. He was more like, this sounds really horrible, but more of like a job. And then we had this and yeah, just seeing how, how much he was, you know, bright and funny and I was just, yeah, I feel like I saw him now as something that was fun for me too to play, and it was just really nice... And that was really... well, the word is like, life changing to see. It's such a joy. And it's amazing this person that I made! (parent g)

This mum's comment also connects to the last sub-theme of **changes observed in the baby**, that seems to highlight a relationship shift. In this the mothers were noticing differences in their babies following the group, things like becoming more confident, more sociable, more interested in things, and less clingy.

I think he probably got more and more social. He was always in interested in the other, the other children and the mums and stuff, but he probably got better at it...like going up, not just looking but kind of going up and like then doing stuff with another baby. (parent h)

These changes in the baby could be seen as an outcome from the babies' perspectives, but they are included here in the relationship theme because noticing these shifts shows that the mothers were tuned in to their babies' cues and able to think about them.

Discussion

The thematic analysis captured some of the challenges facing the parents in our groups. Some of these were anticipated, such as their own difficulties with their mental health and a lack of supports around them.

Others were interesting to learn, for example the recurrence of a sense of shame and stigma that they were feeling, reflected both in the theme of not being a good enough mother and in some of their anxieties around going out in public. We could link this to cultural pressures to perform as a mother (Adams et al., 2020; Hogan, 2017). This stigma was harmful to their wellbeing and also impacted upon the opportunities for their baby as it restricted what they went out to. This is one of the areas where we see our intervention as being valuable, particularly the location within the gallery space, as this moves it into a community setting as opposed to a stigmatised health setting. It also gives parents a safe and controlled way to practice going out with their baby, where there is less feeling of shame, as identified by the mothers' appreciation of knowing all the other group members had similar difficulties, and their increased confidence to do more following the group. The benefit of being in a group of other parents, all facing similar experiences, is also identified within the thematic analysis. This potential mechanism had been described in the previous art therapy literature (Arroyo & Fowler, 2013). It also connects to wider psychotherapy models that focus on the group process (Yalom, 2005) and to the understanding from social psychology, that membership of a social group can improve mental health as well as be protective for the future (Cruwys et al., 2013). This may highlight the ways in which this art therapy model functions holistically with benefit derived from both group membership and the art process, as well from as the therapeutic intervention of the art therapist.

Within our organisation of overarching themes, we chose to separate out those features of the group that had enabled the mothers to take part, from those aspects which were creating change in their wellbeing and relationships within the session. The enablers highlighted the importance the structures in place around the set-up of the intervention, particularly home visits and practicalities that made attendance easier, such as arranging taxis or providing snacks. These aspects increase the resources to run the groups, both financial and time, but if they increased participation then this is valuable to factor in. The role of the facilitators is also important in creating the containment needed within the session and an ethos of acceptance without expectations.

The analysis highlights several important mechanisms for change within the art therapy intervention: social connection, art processes, parental support, connections with the baby, and the thinking about the baby. It is interesting to connect these with the aims of the art therapy intervention. The mothers very clearly identified the art therapist's use of techniques to draw their attention to babies' cues and behaviours, and they reflected that they had found these beneficial. This is important as being able to think about their baby, and their baby's perspective, is likely to have a beneficial impact on the relationship with their baby. We could think of this as building 'reflective function' or 'mind-mindedness' (Meins et al., 2002), with the parent able to think about the baby's intentions and give their behaviour meaning. This is known to be predictive of secure attachments, and the basis of interventions which seek to support more sensitive responses by increasing this insight (Camoirano, 2017; Suchman et al., 2011). The mothers noticed the art therapist's encouragement to follow their own baby's lead within the art making and found this helpful. This approach aligns the art therapy with other programmes which encourage parents to follow their infant's spontaneous communications (Cohen et al., 2002) but within an art making context where that may involve responding within the creative process.

Interestingly the mothers also found that this increased attention to their baby's signals was creating positive change in their own enjoyment of their baby. This was captured by comments that noticing positives about their baby, and seeing their baby more as a person, meant they were enjoying them more. We could think of this as the parents being more tuned in to their own baby's expressions of agency and being able to appreciate and enjoy this. It also links to the art therapist's technique of highlighting positive moments when the babies were enjoying an interaction. This is a technique promoted by approaches such as Video Interactive Guidance (Beebe, 2003; Jones, 2006), which has been

directly incorporated within some parent infant art therapy practice (Bruce, 2020; Hosea, 2017) and this highlighting of positives was adopted within our model of parent-infant work. This seems to have been a mechanism for the shift to mothers feeling that they were 'good enough', noticing their baby's affection towards them and seeing that they were doing a good job. Given the feelings of shame we discussed above, and their worries that they were not doing enough for their babies, this is another significant way that art therapy may be beneficial.

The final point of discussion is to reflect on mechanisms the mothers identified within the art materials themselves. The art feels like it was a crucial 'hook' in helping them to engage, lessening their anxiety about having to talk, about not having a focus, and about the social aspect. It helped to reduce their feelings of stigma around the intervention. There was a subtheme about how helpful it was having the art as a focus in the group, and we would argue that this offers a means to address some of the fear of thinking about their relationship, where that is a concern. This connects to the stigma identified by the mothers about anyone knowing you don't feel a bond to your baby and how hard that might be for them to think about. We know that there are societal pressures to perform as a mother and associated guilt (Henderson et al., 2016; Rotkirch & Janhunen, 2010). We see that the secondary focus of the art may make it easier to engage without the fear of difficulties in the relationship being highlighted. It allows relationships to be worked on indirectly, providing a safety for the participants and allowing them to practice some of the relational behaviours in a way that feels less personal and emotionally invested than if it was a caregiving activity.

The mothers described ways in which the art engaged their baby and offered them a new experience to share, and they described their own observations of their baby's reactions to the art making. The value placed on it being something to do together and something playful and interactive, showed ways that the process could be seen to encourage the kinds of interactive behaviours that allow for nurturing, regulatory and mind-minded communication, that is known to be crucial in building secure attachments (De Wolff & van Ijzendoorn, 1997). Crucially the mothers described the enjoyment that both they and their baby felt in the art making. 'Fun' came up in every survey and interview, and we should not lessen the importance of this just because it seems light-hearted and joyful. For mothers who were struggling with their own wellbeing and with worries about their relationship to their baby, as well as wider social factors, to be able to relax and have fun together feels hugely valuable. We would argue that it is that fun, provided through the context of messy, exploratory art making together, which allows the therapeutic work to take place.

Based on the parents' rich feedback there are clear mechanisms within the parent-infant art therapy intervention which initially enabled the parents to take part in the group and sustained their attendance, and then enabled relational and psychological change to take place. Looking at enablers, of 52 parents offered a space in the group only one declined, and one stayed till the end of the group but did not take part in the research. No parents dropped out during the intervention. This surprisingly low attrition rate may be down to those enabling factors. The mechanisms of change during the intervention highlight the ways in which the group supports the parent, and in particular is helping them to tune into their baby and enjoy their emerging personality. This helps us to explain the increasing wellbeing for the parents as well as the relational change experienced by the infants (Armstrong & Ross, 2023). These mechanisms of change help us to capture what it is that is important about the intervention, allowing for future research with a clear framework, as well as expansion of the model through training and dissemination. Parent-infant art therapy intervention that takes a dyadic approach therefore has the potential to offer families with very young children a positive option for support.

Ethics statement

This study had ethical approval from the University of Dundee (SREC

– PhD/033). All participants gave their informed consent.

CRediT authorship contribution statement

Armstrong: Delivery, Methodology, Investigation, Analysis, Writing – original draft, Visualization. **Ross:** Supervision, Writing – review & editing.

Declaration of Competing Interest

The authors have no interests to declare.

Data availability

The authors do not have permission to share data.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.aip.2023.102057.

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