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Birth Shock! What role might arts engagement have to play in ante-natal and post-natal care?

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Abstract

This article shares research findings for an Arts and Humanities Research Council project called The Birth Project (grant ref. AH/K003364/1). The Birth Project has been particularly interested to explore women's personal experience of birth and the transition to motherhood using the arts, within a participatory arts framework. It ran experiential art-based groups for mothers and a further group for birthing professionals, each over a twelve-week period to solicit in-depth qualitative data. An innovative aspect of this endeavour has been the use of film as research data, as a means of answering the research questions (through selective editing) and as the primary mode of dissemination of the research results. Results elaborated and summarised here explore the ways women and birthing professionals found the intervention useful. The project analyses the distinctive contribution of the arts and concludes that that arts engagement can play a vital role in both ante-natal and post-natal care.

Key words

mothers and art
birth trauma and art
participatory arts and maternity
childbirth and art
birthing professionals make art
iatrogenic illness

The Birth Project

> 'Before watching the video, I saw childbirth in a medical manner, thinking only about the physiology and anatomy behind it all, after clinical exposure and watching the video, I see how it's very much a big part of life and affects people

everyday in the biggest way' (second year medical student, King's College London following a viewing of Mothers Make Art)

Introduction

The Birth Project is an Arts and Humanities Research Council (AHRC, UK) supported investigation into the role that arts engagement could play in ante-natal and post-natal care. Moreover, what an arts-based approach offers in examining birth experiences and the transition to motherhood is a further subject of enquiry. This article will discuss the research in depth. It will elucidate the research questions and attempt to answer them. First of all, the rationale for the project will be discussed in more depth.

Underlying Theory

A focus on gender representation, power and identity is important for women's mental health. Representations of gender in visual culture and their significance in generating scripts for us to live by which are potentially constraining, but also of consequence in challenging established ways of perceiving are important (Hogan 1997). This work could be considered to fall into an area that Facer & Enright (2016: 84) have called 'cognitive justice' which concerns new forms of theory emerging from and reflecting previously marginalised views and perspectives. Such perspectives may question the dominance of hegemonic forms of knowledge.

The transition to motherhood, especially the birthing event, is a highly contested site with regards to male/female power relations, and the instigation of practices; historically every aspect of the management of the event has been potentially highly inflammatory, and subject to rival proscriptions and recommendations (Hogan 2003; Hogan 2008; Hogan 2012b; Hogan 2013; Hogan 2016). The Birth Project has worked with a diverse range of new mothers to enable them to explore their experience of childbirth, and the transition to motherhood using a variety of art mediums and methods, including art elicitation (structured art making which is then discussed), community participatory arts, photography, and theatre. Images produced include those, which both represent and defy cultural expectations. This article will outline the basis of the project, articulate its research questions, discuss the methodology employed and then share some of the discourses that arose in the groups.

Making Meaning Visually

People often give expression to their experience using metaphors, which can powerfully

conceptualise and communicate their situation. In ideological struggles metaphors are commonly used around a contested site of meaning. This can take the form of pictorial or linguistic strategies to establish one meaning rather than another. When one looks at pictures with these ideas in mind, they can be seen as providing women with a tool for carving out a self-identity which might challenge dominant representations or those representations connected with their particular socio-economic or gender status (Hogan 1997; 2012). In social science research there has been a expansion of interest in the kind of experiential knowledge that can be conveyed by images and image making, especially the use of images as routes to ways of knowing which may not be immediately accessible though conventional text-based research methods (Hogan & Pink 2010; 2011). The rich ways of knowing generated by art and art therapy techniques are now being used in an array of arts-based research. Furthermore, visual methods have been promoted as a humane way of dealing with sensitive subject matter involving the articulation of distressing experiences and as offering a fresh and powerful means of accessing women's interior worlds (Guillemin & Westall 2008).

We don't all see images in the same way. Images will be subject to multiple readings by different viewers (they are polysemous). Images in general are open to distortion, misrepresentation, misinterpretation or appropriation; nevertheless, image making can provide women with a means for carving out a self-identity which might seek to challenge prevailing representations, or those representations connected with their particular ethnic, socio-economic or gender status. With reference to this project, the challenge may be to the expectations of those managing the birth, or the community's sense of what a mother should be like. The process of engaging in art making can enhance awareness of representational systems and increase critical awareness, so it has a potential consciousness raising capacity. Context is important to both the production and understanding of images; the way images are presented is of crucial significance. For example, the juxtapositions between images are capable of producing unforeseen narratives, which is a complicating factor in using arts-based approaches in research (Hogan: 2017a).

Spencer affirms that, 'Visual culture can be a powerful dimension for affirming personal as well as collective identity...' and that our engagement 'with the values of society is frequently mediated through an array of visual signs' (Spencer 2011: 111). Drawing on anthropologically-informed theories of observation and visual representation (Ruby 2005; Pink 2004; Banks 2001; O'Neill 2008), practical documentary film-making can be used in a variety of ways, in conjunction with other art making techniques, as a part of a case-study in its own right, or to elicit further research materials. For instance, in visual elicitation visual

data is used in conjunction with interviewing techniques to elicit responses (Newbury 2005:2). Marcus Banks, an anthropologist, is keen to emphasise that visual images should be seen in relation to 'the social context that produced the image, and the social relations within which the image is embedded at any moment of viewing' (11). These are research techniques, which also acknowledge the possibility of 'displacing' social relations into or 'onto inanimate objects, giving them the semblance of life or agency,' (Banks 2001:10). In art therapy we often see such objects as 'embodied' or 'talismanic'.

Taylor and Spencer also emphasise the importance of social relations and the role of images in constructions of self and conceptualise 'identity' as a process of *becoming* rather than as a fixed set of enduring characteristics. 'Identity is a work in progress'; they suggest it is 'a negotiated space between ourselves and others, constantly being re-appraised and very much linked to the circulation of cultural meanings in society' (Taylor & Spencer 2004: 4). They continue 'Furthermore, identity is intensely political. There are constant efforts to escape, fix or perpetrate images and meanings of others. These transformations are apparent in every domain, and the relationships between these constructions reflect and reinforce power relations' (Taylor & Spencer 2004: 4).

So, returning to my original proposition that individuals and groups often give expression to their experience in metaphorical discourse or images, which can conceptualise and express their situation, these fields of representation and their conceptual potentials *actually constitute and determine the possibilities of self*. But these symbolic fields are not stable, but in flux. Contestation, or collision of sense (via pictorial representations) is ongoing and might be articulated in terms of rival hegemonies where different meanings and interpretations rub-up against, irritate, or even engulf another. The meanings embodied in images are open to reinterpretation by different viewers, contexts and epochs and, like the self, are by no means stable. Attempts to negotiate a sense of self, or the representation of a community, are always located within a broader semiotic environment: an 'inter-textual space' (a space full of representations which co-construct meaning). Powerful meanings are not generated simply by changed content or 'consciousness', but as the result of a different strategy for production of an image in relation to its inter-textual space (Cowie 1977: 20). A crucial part of the identity of women is formed by the representations of women that surround us. Our engagement with our inter-textual context may be relatively inchoate or intuitive, or conversely very knowing and deliberate, but it must always be; our sense of knowing and being can never be removed from our particular social context. Stuart Hall suggested that

identity is ‘a production which is never complete, always in process, and always constituted *within not outside, representation* (1994: 222).

Rationale

Pregnancy and childbirth have become a fraught terrain for many women. Prenatal anxiety has been strongly linked to children’s later mental-health problems (O’Donnell et al. 2014). Obviously women are intensely vulnerable at the moment of giving birth and can easily be coerced into undergoing medical procedures, which have enduring consequences, and many women report being subjected to procedures without consent. Postnatal depression, trauma and psychosis are costly in every sense, with long-term consequences for women and their children’s development; effects of poor maternal mental health can have an impact upon foetal, child and adolescent health (NICE 2007). Unresolved or traumatic birth experiences may be one of a number of triggers of post-natal depression (PND) and up to one quarter of women have symptoms of psychological trauma following birth and some experience post-traumatic stress disorder (PTSD) (Czarnocka and Slade 2000). The main cause of maternal death in the UK is no longer post-partum infections – it is suicide (Oates 2013).

Figures for perinatal depression, psychosis and anxiety suggest a global figure, with long-term costs of £8.1 billion per year in the UK (Bauer et al. 2014). Moreover, it is estimated that about half of all cases of perinatal depression and anxiety go undetected (Bauer et al. 2014). The quality of life and happiness of many women is adversely affected with long-term consequences. There is a complexity of contributing factors and a lack of consensus about the cause of PND. Indeed, *current classifications ‘may not adequately address the range or combination of emotional distress experienced by mothers*’ (Coates et al. 2015: 1). This is a crucial point: childbirth is complex and women may experience unprecedented pressures and constraints during pregnancy and after birth (Hogan 2016). Effort in understanding PND been expended in seeking to identify a number of ‘psychosocial risk factors’. This is a concept I’d like to query, especially as a mode of analysis which seeks to locate the ‘germ’ or ‘seed’ of the mental-health problem as located within the individual, which then ‘blossoms’ under certain stimulus into illness. Though some women in particular circumstances may be more at risk of psychological distress during pregnancy, or after birth, (such as those subject to emotional or physical violence throughout their pregnancies from their partners, or those who have been raped, for example), I would like to suggest that the ‘psychosocial risk factors’ should not be seen as located *within* the individual woman, but rather viewed as a matrix or field of conflicting social forces which act upon women in a

destabilising manner; childbirth and all of the practices surrounding it are highly contested and this contestation has effects (Hogan, 2016). In particular, a number of hospital practices are illness inducing: iatrogenic. Iatrogenic illness is defined as having been produced by the adverse effects of medical treatments, procedures and practices. This project is interested to look at how hospital practices can result in distress for women. This distress is regarded as understandable rather than 'irrational' or pathological. So whist is it hard to shake off the rhetoric of post-natal 'illness', there is an underlying interest in institutional *practices* and norms evident as problematic within this research. It is keen to 'de-pathologise' women's experiences, rather than add to a dominant rhetoric of women's instability and inadequacy. Therefore, we have a research question specifically interested in exploring to what extent iatrogenic hospital practices are implicated in post-natal distress, as this is crucial for a more critical approach to the subject: To what extent are hospital practices, that are iatrogenic in nature, implicated in post-natal distress?

Women in general who have not been diagnosed as depressed may benefit from support in ways that have significance for their infant's development, *therefore universal provision of social-support packages should be considered* (Hogan et al., 2017c). Coates et al. (2015), in a small qualitative study involving in-depth interviews with new mothers, found that women wanted support to be on offer regardless of whether a mental-health diagnosis had been made and concluded that the availability of post-natal support should be 'normalised' and made universal. In another study, they noted breastfeeding and birth trauma as areas with which women felt they needed support that was not readily available (Coates et al. 2014). This therapeutic support could explore psychological processes such as 'distancing, guilt and self-blame' associated with different types of emotional struggles. The 'postcode lottery' leaves many women in the UK without access to specialist perinatal services (Bauer et al., 2014); new mothers in a quarter of the UK cannot access perinatal mental health services, which meet national guidelines (Griffiths 2018).

The Birth Project is particularly interested in exploring women's subjective experience of birth and the transition to motherhood using the arts, within a participatory arts framework (Hogan, 2017). Through the project, new mothers have been given the opportunity to explore their experiences of delight, stress, suffering and post-natal readjustment via the arts. Three arts-based groups were run with different groups of new mothers. One group (*Mothers Make Art*) worked with women using contemporary arts practice, chiefly the creation of installation art. The structure of the workshops was pedagogic in focus, insofar as it sought to teach participants about modern art and offer the women the theoretical knowledge and practical

skills to develop their own enduring arts practice: the skills and confidence to continue with on-going artistic self-expression (Hogan, 2015). The second group (*Arts Elicitation: Exploring the Birth Experience*) was more therapeutic in its ambience, using themes in a contained and containing manner to elicit the women's stories and reflections. Participants in this group had had a distressing or disturbing birth.

The project is interested in how artistic practices, conducted in social settings, may promote mental health recovery. Other aspects of The Birth Project have focussed on the birthing professionals involved and their experiences of occupational stress and compassion fatigue. Another significant aspect is looking at institutional practices as part of this enquiry. A series of arts-based workshops were organised to explore the experience of birth professionals who may have experienced vicarious trauma, and whose traumatising experience of trauma is often overlooked (*Birth Professionals Make Art).* A further group (*At Home*) was constituted by a series of workshops with young mums and dads who had already been meeting in a support group into which a collective art project was added. Interviews and a focus group solicited the stories of fathers and obstetricians to create a 'verbatim' theatrical production, *Labour Intensive* devised and performed by *Third Angel*, reworked as *Part-Us*, which was performed in a number of venues during 2016 and 2017 exploring project themes.

Broadly the project investigates what is distinctive about an arts-based approach in supporting new mothers (Hogan 2015; Hogan et al. 2015). Our overarching research questions, which are listed below, are concerned with the exploration of the role arts and humanities engagement might have to play in antenatal and postnatal provision, as part of routine care, especially where post-birth trauma is being translated into bodily symptoms. The Birth Project is also interested in to what extent clinically related birth practices, which form part of 'routine care', are implicated in post-natal distress and occupational stress.

The different groups of participants joined together in 'mutual recovery' events in which perspectives have been shared, primarily through elucidation of the art works produced. These events were captured using documentary filmmaking. The *raison d'etre* of this project has been to stimulate dialogue between communities with different interests and experiences, to use the arts to interrogate discourses, to challenge embedded assumptions, and in this process, to facilitate a process of recovery – a 'mutual recovery' between all those who experience and are affected by birth. We situate this research endeavour in the context of an emerging practice of health humanities (Crawford et al. 2015). This article will synthesise the research results.

Methods

Our Research Questions

- What role might arts engagement have to play in ante-natal and post-natal care?
- To what extent are hospital practices, that are iatrogenic in nature, implicated in post-natal distress?
- To what extent is 'mutual recovery' possible through engagement with the arts, and if so, to establish what form this may take?
- What, in particular, does an arts-based approach offer in exploring birth experiences and the transition to motherhood?

An Innovative Use of Film

A number of arts-based workshops enabled different groups of participants to engage in art making to explore their experience of birth. Three of the workshops were filmed (the forth was audio-recorded). Not all of the participants appear in the footage at their own request and it is important to note that editorial changes to the footage was made at the request of participants, following consultative screenings.

The filming by Sheffield Vision has been used as part of the research method and as a documentation of the research process. The aim of the filming is four-fold.

1. Firstly, as a method to record the research, which will be used to develop new thinking on contemporary birth experience and practice (it is research data).
2. Secondly, the footage is being edited to produce short films, which address the research questions via thematic editing. These films are a research output.
3. Thirdly, the short films themselves will also function as teaching and training resources and will be made available for this and are 'touring'.
4. Lastly, a documentary film of the entire process has been made and shown to a public audience. This aims to highlight some of the issues raised throughout the process.

Film material was viewed and as noted above it was edited to answer the research questions; this text is therefore supplementary to the films, which we urge the reader to view (via the link below at the foot of this article). The editing process, lifted out footage verbatim where the research questions were being addressed, and then created the significant challenge of reediting into a coherent entity with narrative drive: in film making we want to know what

happens to our protagonists and the films needed to have reasonable narrative flow and momentum. As well as this seemingly simple method of answering the research questions through the film footage, transcripts were analysed using thematic analysis (see Braun and Clarke 2006, 2013, 2014) by a discourse analyst who was *not told the research questions*, but just given raw data and asked to identify the major themes, in an attempt not to overlook material of significance. First, the transcripts were read and re-read by a researcher to identify excerpts where mothers reflected on their experience of the workshop (for example, what did the workshop mean to them, how did it affect them, what did it feel like to be in a group with other women with similar experiences). Excerpts, which discussed such issues, were lifted and inserted into a separate document. At a second step - what Braun and Clark (2013) call generating initial codes - the excerpts were re-read to identify patterns and they were grouped together based on similarity. In steps three and four the excerpts were read and re-read again to search for and review the emerging themes. In step five, themes were named and then a report compiled. Finally, participants completed feedback sheets, which gave further data about their experiences.

Further Information about the Interventions

Recruitment was via leaflets and visiting parent and baby groups in community settings. A focus group in the hospital alerted midwives to the opportunity. Following University ethical clearance and screening, the following interventions ran. The precise creative methods used are documented in detail in several publications, because this is a point of particular interest. However, in brief:

Workshop Series 1: Mothers Make Art

Fine artist, Dr Lisa Watts took a contemporary art-led approach to working with eight women, aged 25-40, from a diverse community in Sheffield. They met for three hours a week for 12 weeks in a community setting. The first six sessions were split between group discussion about art and cultural meaning, learning about metaphor and symbolism, followed by a discussion of birth and early parenting experience, and then making art using everyday, domestic objects (such as cling film and paper towels). The remaining six sessions involved the women working on their own artwork, related to their birth experiences and early parenting. The workshop supported the women to develop their own art to be shown at an exhibition. It used an aesthetic analytic approach in the latter weeks (the women critiquing the formal aspects of works in progress, as is undertaken in art schools). The work produced

was diverse, some chose film, others photography, sculpture, installation, and digital media. Filming of the workshops took place throughout the twelve weeks (Hogan 2015 for a detailed exploration of methods).

Workshop Series 2: Art Elicitation Group

Health & Care Professions Council (HCPC) registered Art therapist, Shelagh Cornish, ran a workshop for three hours a week over a 12-week period. Eight women, from Sheffield and the East Midlands, aged 25–45, undertook the workshopp. This was an art elicitation group explicitly for those who felt that they would like to work in a more intensive and therapeutic way with self-acknowledged unresolved birth issues. Although the workshop series was led by a Health & Care Professions Council, UK (HCPC) registered art therapist, all participants had signed a consent form stating that they understood this was not art therapy (though it has a strong therapeutic tone). Themes were offered as a starting point and were introduced through story-telling, poetry, guided imagery, and provision of artists' images. The structure of the group included consideration of women going back into their 'everyday worlds' and resuming the care of their children and other duties, where debriefing at the end of each workshops was completed. Over the weeks the women worked on several individual pieces of art, using art therapy techniques, which responded to the themes set by the facilitator. Filming of the workshops took place throughout the twelve weeks (Hogan et al. 2015).

Workshop Series 3: Birth Professions Make Art

The facilitator, Debra Gibson, used a participatory art approach, drawing on techniques from art therapy, with seven midwives and one birth worker (a hypno-birth specialist) over a 12-week period. Although the workshop series was led by a HCPC registered art therapist, all participants had signed a consent form stating that they understood this was not art therapy, as above. However, art therapists are practiced in facilitating group work, including handling interpersonal tensions and are skilled in containing strong emotions, so lend a high-level of expertise to the process of facilitating group work. It was for these reasons that an experienced HCPC registered art therapy practitioner was selected to run this workshop series. Participants were invited to reflect on what it feels like to be a midwife (or other birthing professional). This group was non-directive, so specific themes were not suggested, nor instructions given. Participants were able to reflect on the conversation with which sessions started and then made an artwork that may or may not elaborate a point of that discussion. It was made clear by the facilitator that they could explore any topic they chose in

relation to their practice and their personal experience of their work. Birth professionals found the arts useful as an analytic tool for helping them to think about their practice and found engaging in a supportive art group experience allowed them to reflect 'holistically' on their practice (Hogan 2017 for further detail). This finding has implications for other professional groups, who might too, benefit from arts based reflection on working practices.

Workshop Series 4: Indoors

Artist, Lisa Watts, also worked with a pre-existing support group for younger parents, who met with their babies. Due to the social nature of the group and presence of children and babies, as well as changing group membership, a collective approach was taken, with two large works created, to which a number of parents contributed. Participants were also interviewed and these interviews informed the verbatim piece of theatre developed. Well-being scales were not applied to this group, due to the inconsistent membershipp.

Results: Answering the Research Questions.

What role might arts engagement have to play in ante-natal and post-natal care?

Art-based support groups could play an important part in giving women crucial social support at this vital time. Though it is a fairly short intervention (and therefore relatively inexpensive) women found the intervention to be important (see project reports for narrative statements from participants). Two workshop series: *Arts Elicitation: Exploring the Birth Experience* and the *Mothers Make Art* both ran for twelve weeks and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was assessed before and after the experience. This scale allows evaluation of projects which aim to improve mental wellbeing. It explores both feeling and functioning aspects of mental well-being with before and after scores generated by the questions. The analysis shows overall improvement in self-reported measures across most fields and an increase of 37% in the overall WEMWBS scores for both of the arts interventions with the mothers, which is extremely noteworthy. ***This is such a substantial improvement that we believe it will have long-term consequences for both the mothers and for their infant's development***. It will be interesting to work with a larger sample-size so that sub-analyses can be undertaken, so as to examine in further detail which aspects of wellbeing are most influenced by the intervention.

Participants' self-reports indicated increased social support, confidence, motivation and mental well-being, in addition to decreased social isolation. Despite small sample sizes, the initial results provide promising evidence of gains in mental well-being and social

inclusion. The question of longer-term benefits beyond the duration of the workshops remains, but these results add further support to the use of participatory arts in promoting mental health and well-being for new mothers. The opportunity to have *space* and *time* were major themes that emerged in the discourse analysis (DA).

To what extent are hospital practices, that are iatrogenic in nature, implicated in post-natal distress?

Findings from the groups with mothers would appear to support existing research that indicates *it the quality of care and the nature of the relationship between the care provider and the women* that is of crucial importance for her birthing experience, no matter where the birth takes place. This is an important finding for health-care practices, which are increasingly stretched with temporal pressures on professionals, making it hard to form and maintaining caring compassionate relationships with birthing mothers and their partners.

However, institutional practices *did* have negative (iatrogenic) impacts. So-called 'routine induction' was imposed in a way that left one medical-professional mother feeling disempowered and angry; another mother had her baby removed after the birth and taken out of her sight and when the baby was returned to her she had difficulty believing it was her own baby; conducting routine checks within the mother's view would be more humane and quite easy to achieve; the discomfort of cannulas (a cannula being a thin tube inserted into a vein to administer medications, which may or may not be part of induction) and feeling unable to remove them was another theme, as well as medical interventions getting in the way of the much-wanted experience of holding the new baby skin-to-skin. The birth professionals also reflected, in interesting ways, upon those aspects of institutional service, which diminish their ability to give mothers the level of care they clearly aspire to, and this is evident in the film footage and expressively articulated. Limitations of this study were that it is in-depth qualitative work with small cohorts, but the above results do correlate with other studies (Hogan 2018, *The Birth Project* Report [see appendix]).

To what extent is 'mutual recovery' possible through engagement with the arts, and if so, to establish what form this may take?

The supportive nature of the groups and a sense of shared experience was important. Our findings concord with what women say they want: a supportive group experience *with other mothers*. Previously, new mothers had noted a safe space as of crucial importance (one in which medical professionals were not judging them, or potentially reporting on them) and

also mentioned valuing having a space in which they could explore feelings not articulated elsewhere, including disturbing or shameful feelings (Hogan 2003; Hogan 2008b; Hogan 2012b). As new motherhood is supposed to be a joyous time, some new mothers find it difficult to find a place in which they can explore those more troubling feelings associated with a difficult birth experience, or the adjustment to motherhood. The discourse analysis (DA) also confirmed the *safe space* as important and as giving an important opportunity to mothers to reconsider further births.

One of the distinctive aspects of this project is the way it has been structured to enhance communication between different participatory groups concerted with birth. To re-cap, first different groups shared with each other in the ongoing group workshops. Participants practiced talking about their art works to each other, their ideas and developmental processes, as well as the end products. Then mothers in the Mothers Make Art group met with the mothers from the Art Elicitation Group in a 'mutual recovery' event, in which women exhibited their work in a gallery space and then reflected upon their art, ostensibly through explaining it to the other group members. This was done with great sensitivity, with an interior room available for art works, for participants who might need to be less 'exposed' (and which remained closed to guests during the set-up period). Some women were self-conscious in front of the camera (as parts of the event were filmed). but generally women who participated were excited and intrigued to see other women's work and pleased to share their own experience. One participant found the collective event very emotionally challenging and was given extra support, as we had qualified art therapists to hand to offer some one-to-one additional care. A conflict resolution specialist facilitated part of this event, though her particular expertise was not needed, as a tone of mutual tolerance and mutual respect prevailed.

In a further mutual recovery event, birth professionals and mothers exhibited their work together. The sharing was less structured, but continued informally around the viewing of the art works in the exhibition space. The different groups also got to watch and discuss each other's films at this event (a film having been produced about each of the first three groups). For these screenings we also had discussants, who viewed and then commented on the films from a outsider perspective, followed by the debate between participants: mothers and birthing professionals, enabling and enhancing communication between the different groups concerned with birth. One midwife said of the mother's images had a real impact on her in terms of portraying their distress and thought it might be useful to include such images

in midwifery training books. The visceral nature of the mothers' distress was brought home to her.

An art group with young parents also ran and some participants where interviewed. A piece of verbatim theatre captured material from interviews from others who had been marginal to the project at this point, including dads and obstetricians. A play was developed from this material. Participants from the experiential groups were invited to attend a performance in the Derby Theatre. This added a further opportunity for discussion of the birthing experience from multiple perspectives and enriched discourse around the topic. Thus the project explored the topic of 'mutual recovery' though the use of these sharing events, which created layers of analysis and different opportunities for engagement and reflection.

The larger events served to generate a discourse between different groups associated with the birth experience. Finally, the project films continue to be shared with audiences and a Likert scale was piloted, capturing data about their impact on trainee professionals.

<u>What, in particular, does an arts-based approach offer in exploring birth experiences and the transition to motherhood?</u>

Art groups are a valuable resource for women to make sense of, and understand their birthing experiences, as they potentially build self-awareness and self-confidence through the sharing of experience in the process of art making. Discussing and interrogating their experiences allowed women to develop enhanced self-acceptance and self-compassion. Whilst verbal support groups might work well for some women, inchoate emotions can be captured in art in ways which are fundamentally different to that of a language-based approach (see Hogan 2017a for a detailed analysis of how visual expression is different from verbal expression in general terms, with examples from this project).

The films show the vivid engagement of the women in the art process. The discourse analysis (DA) highlighted the way the art gave opportunity to locate and depict their 'scars' (both metaphorical and real) and to share these wounds. The use of art materials was important for some of the participants in terms of self-expression, *revealing* their feelings, or allowing their feelings to *emerge* and this is captured in the film footage. The transformational quality of art making was emphasised by a number of participants, and well as their increased sense of volition: their capacity to make a creative act happen and to take risks in the process was liberating, exciting and life-enhancing. Making time and space for personal reflection in a moment of transition was also noted as enriching.

Discussion

How might women be offered art methods and approaches that could become embedded in their lives in an on going way to provide a means to meaning making, stress relief and exploration of contested and problematic experiences? This, and other recent research, suggests that universal arts for health could be offered to pregnant women and new mothers and it is highly likely that such an intervention would be cost effective Hogan 2020. An important part of this project has been its emphasis on iatrogenic consequences. Childbirth remains dangerous terrain for women. The World Health Organisation has reported on a range of issues, which are evident globally and in British hospitals today, which are profoundly distressing to birthing mothers, including gross violations of privacy, failure to get fully informed consent, lack of confidentiality, coercive or unconsented medical procedures, refusal to give pain relief, and neglect of women during childbirth (WHO 2014). Earlier in this paper, I noted Coates et al.'s remarks that current clarifications *may not adequately address the range or combination of emotional distress experienced by mothers*' (Coates et al. 2015: 1). Fundamentally, our conceptual framework for dealing with birth shock is insufficiently sophisticated. The problem remains conceptualised as women's failure to cope, rather than the systems and processes at play. Projects like this one seek to offer women (and birthing professionals) opportunities for complex self-expression and self-discovery, through the production of art works, which *reveal* issues, concerns and offer scope for new and self-compassionate understanding.

I will end with the words of one participant from *Mothers Make Art*:

> I have absolutely *loved* every session.
> They have been the light in my week.
> They have been the me time when I have been able to remember who I am and to make contact with myself and my veracity.
> After a *very* difficult year, it has been so important to my health to have this space.
> I have loved that it hasn't just been about expression, but also taught us about art.

References

Banks, Marcus (2001), *Visual Methods in Social Research*, London: Sage.

Bauer, Annette, Parsonage, Michael, Knapp, Martin, Lemmi, Valentina, & Adelaja, Bayo (2014), *The Costs of Perinatal Mental Health Problems Report Summary,* London: Centre for Mental Health and London School of Economics, PSSRU, ppp. 1-4.

Braun, Virginia & Clarke, Victoria (2014), 'What can thematic analysis offer health and wellbeing researchers?,' *International Journal of Qualitative Studies on Health and Well-being* 9, pp. 1-2.

Braun, Virginia & Clarke, Victoria (2013), *Successful Qualitative Research: A Practical Guide for Beginners*, London: Sage.

Braun, Virginia & Clarke, Victoria (2006), 'Using thematic analysis in psychology', *Qualitative Research in Psychology,* 3:2, pp. 77-101.

Coates, Rose, de Visser, Richard, & Ayres, Susan (2015), 'Not identifying with postnatal depression: A qualitative study of women's postnatal symptoms of distress and need for support', *Journal of Psychosomatic Obstetrics and Gynecology,* 36:3, pp. 114-121.

Coates, Rose, Ayres, Susan, & de Visser, Richard (2014), 'Women's experience of postnatal distress: A qualitative study', *BMC Pregnancy & Childbirth,* 14: 359.

Cowie, Elizabeth (1977), 'Women representation and the image', *Screen Education,* 23, pp. 15-23.

Crawford, Paul, Brown, Brian, Baker, Charley, Tischler, Victoria and Abrams, Brian (2015), *Health Humanities*, Basingstroke, Hampshire: Palgrave.

Czarnocka, Jo & Slade, Pauline (2000), 'Prevalence and predictors of post-traumatic stress symptoms following childbirth', *British Journal of Clinical Psychology,* 39:1, pp. 35-51.

Griffiths, Julie (2018), *More to be Done for Maternal Mental Health,* London: Royal College of Midwives.

Guillemin, Marilys and Westall, Carolyn (2013), 'Gaining insight into women's knowing of postnatal depression using drawings', in P. Liamputtong, and J. Rumbold (eds), *Knowing Differently. Arts-Based and Collective Research Methods*, New York: Nova Science Publishers, pp. 121-139.

Hallford, Susan and Caroline Knowles (2005) 'More Than Words: Some Reflections on Working Visually'. *Sociological Research Online* 10(1), Retrieved March 15, 2006 (http://ideas.repec.org/a/sro/srosro/2005-25-1.html).

Hall, Stuart (1994), 'Cultural identity and diaspora', in PP. Williams and L. Chrisman (eds), *Colonial Discourse and Post-Colonial Theory: A Reader*, New York: Columbia University Press, ppp. 392-403.

Hogan, Susan (ed.) (2020), *Therapeutic Arts in Pregnancy, Birth and New Parenthood*, Oxon & NY: Routledge.

Hogan, Susan (2017a), 'Working across disciplines: Using visual methods in participatory frameworks', in S. Pink, V. Fors, & T. O'Dell (eds), *Theoretical Scholarship and Applied Practice*, London: Berghahn, ppp. 142-166.

Hogan, Susan (2017b), 'The tyranny of expectations of post-natal delight: Gendering happiness', *Journal of Gender Studies*, 26:1, pp. 45-56.

Hogan, Susan (2017c), 'Community-based arts, health and wellbeing in Britain', in T. Stickley and S. Clift, (eds), *Arts Health & Wellbeing: A Theoretical Inquiry,* Newcastle upon Tyne: Cambridge Scholars Publishing. pp. 219-235.

Hogan, Susan, Sheffield, David, Woodward, Amelia (2017), 'The Value of Art Therapy in Antenatal and Postnatal Care: A Brief Literature Review'. *International Journal of Art Therapy*, 22:4.

Hogan, Susan (2016), *Art Therapy Theories. A Critical Introduction*, Oxon: Routledge.

Hogan, Susan, Baker, C., Cornish, Shelagh, McCloskey, Paula, Watts, Lisa (2015), 'Birth shock: Exploring pregnancy, birth and the transition to motherhood using participatory arts,' in N. Burton (ed.), *Natal Signs: Representations of Pregnancy, Childbirth and Parenthood,* Bradford, Ontario: Demeter Press, pp. 272-69.

Hogan, Susan (2015), 'Mothers make art: Using participatory art to explore the transition to motherhood', *Journal of Applied Arts & Health*, 6: 1, pp. 23-32.

Hogan, Susan (2013), 'Your body is a battleground: Women and art therapy', *The Arts in Psychotherapy,* 40: 4, pp. 415-19.

Hogan, Susan (ed.) (2012), *Revisiting Feminist Approaches to Art Therapy,* London: Berghahn.

Hogan, Susan (2012b), 'Post-modernist but not post-feminist! A feminist post-modernist approach to working with new mothers', in H. Burt (ed.), *Creative Healing through a Prism. Art Therapy and Postmodernism,* London: Jessica Kingsley, pp. 70-82.

Hogan, Susan & Pink, Sarah (2011), 'Visualising interior worlds: Interdisciplinary routes to knowing', in S. Pink (ed.), *Advances in Visual Methodology,* London: Sage, pp. 230-48.

Hogan, Susan & Pink, Sarah (2010), 'Routes to Interiorities: Art Therapy, Anthropology & Knowing in Anthropology'. *Visual Anthropology*. Routledge. Print ISSN: 0894-9468 Online ISSN: 1545-5920), Vol. 23. (2) pp. 1-16.

Hogan, Susan (2008), 'The Beestings: Rethinking breast-feeding practices, maternity rituals, & maternal attachment in Britain & Ireland', *Journal of International Women's Studies,* 10: 2, pp. 141-160.

Hogan, Susan (2008b), 'Angry mothers' in M. Liebmann (ed.), *Art Therapy and Anger*, London: Jessica Kingsley.

Hogan, Susan(2003), 'A discussion of the use of art therapy with women who are pregnant or have recently given birth', in Hogan (ed.), *Gender Issues in Art Therapy*, London: Jessica Kingsley, pp. 148-172.

Hogan, Susan (ed.) (1997), *Feminist Approaches to Art Therapy*, London: Routledge.

Newbury, D. (2005), 'Editorial: The challenge of visual studies', *Visual Studies,* 20:1, pp. 1-3.

National Institute for Clinical Excellence (NICE) (2007), *Antenatal and Postnatal Health: Clinical Management and Service Guidance*, NICE CG 45, https://www.nice.org.uk/guidance/cg192. Accessed 21 October 2019.

Oates, Margaret (2013), 'Suicide: The leading cause of maternal death', *British Journal of Psychiatry,* 183, pp. 279-281.

O'Donnell, K., Glover, V., Barker., E. D., O'Connor, T. G. (2014), 'The persisting effect of maternal mood on pregnancy on childhood psychopathology', *Development and Psychopathology,* 26:2, pp. 393-403.

O'Neill, Maggie (2008), 'Transnational refugees: The transformative role of art?' *Forum: Qualitative Social Research*. Vol. 9. No. 2. Art. 59, pp. 1-21.

Pink, Sarah (2004), 'Applied visual anthropology social intervention, visual methodologies and anthropology theory', *Visual Anthropology Review,* 20: 1, pp. 3-16.

Ruby, Jay (2005), 'The last 20 years of visual anthropology - A critical review', *Visual Studies,* 20: 2, pp. 159-170.

Spencer, Steve (2011), *Visual Research Methods in the Social Sciences*, Oxon: Routledge.

Taylor, Gary & Spencer, Steve (eds) (2004), *Social Identities: Multidisciplinary Approaches*, Oxon: Routledge.

WHO Statement (2014), *The Prevention and Elimination of Disrespect and Abuse During Facility-based Childbirth*, Geneva: World Health Organization,

https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf;jsessionid=97E281AD0089CD206EC9BFA3DFA319C0?sequence=1. Accessed 20 April 2020.

Appendix

Reports & Conference Proceedings

Hogan, Susan (2016b), *The Birth Project: Using the Arts to Explore Birth. Interim Report,* Derby: University of Derby, https://derby.openrepository.com/handle/10545/621116. Accessed 17 October 2019.

Hogan, Susan (2017), 'Birth professionals make art. Using participatory arts to think about being a birthing professional', in J. Saavedra, A. Espanol, S. Arias-Sanchez. S. & M. Calderon-Garcia (eds.), *Creative Practices for Improving Health & Social Inclusion*, Seville: University of Seville, pp. 115-125.

Hogan, Susan (2018), *The Birth Project,* Derby: University of Derby, https://www.derby.ac.uk/research/about-our-research/centres-groups/health-and-social-care-research-centre/the-birth-project/. Accessed 17 October 2019.

Website

For more information about The Birth Project, and links to the films, (AHRC grant ref. AH/K003364/1) please visit: http://www.derby.ac.uk/health-and-social-care/research/birth-project/.

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