

The Birth Project: Using the Arts to Explore Birth.

Interim Report

Part of the AHRC Consortium, Creative Practice as Mutual Recovery: Connecting Communities for Mental Health and Well-being. AHRC grant ref. AH/K003364/1

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Arts & Humanities
Research Council





Findings

- Art elicitation workshops can increase participants' awareness and understanding of their birth experiences.
- It is less the actual intervention itself in childbirth, rather the quality of the engagement between health professionals and the birthing mother which is of crucial importance to mother's birth experiences of well-being.
- Image-making and reflection can validate difficult birth experiences and mediate stress.
- Supportive art group experiences can help mothers in the transition to new motherhood.
- Supportive art group experiences increase confidence and self-esteem.
- The overall experience of being in the groups greatly enhanced the women's sense of wellbeing.
- Birth professionals found the arts useful as an analytic tool for helping them to think about their practice.
- Birth professionals found engaging in a supportive art group experiences allowed them to reflect 'holistically'.

Background

Births can be traumatising for all involved; obstetricians and midwives are subject to very different stresses to the women they serve. Yet all those witnessing the birth (and death) of babies may also be traumatised - both professionals and birth-partners. Furthermore, hospital protocols, coupled with the unpredictability of birthing itself, can override what women want and expect in terms of a birth experience, leaving some women frankly in shock, which then can have a knock-on effect on infant development. The Birth Project uses the arts to explore this complex and emotive field.

Throughout the course of the research, parents and birth workers have been given the opportunity to explore their experiences of compassion fatigue, stress, birth suffering and post-natal readjustments using the arts: drawing and painting, photography, photo-diaries and art elicitation in participatory arts community workshops, primarily through art making and elucidation of the art works produced. A major component of the research is that it is filmed by Sheffield Vision and that the films are then being edited in such a way as to address the research questions.

Aims

The aim of this study was to use the arts to interrogate birth discourses, to challenge embedded assumptions, and in this process, to stimulate mutual recovery between all those who experience and are affected by birth.

The research questions are:

- 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?

Approach and Methods

Researchers have worked in collaboration with 16 women, 7 midwives and 1 birth worker, using a range of qualitative visual methods to produce knowledge and understanding of birth experiences from different perspectives. A focus group with dads, as well as one-to-one interviews have been undertaken to inform the theatrical work. There has been an original theatre piece created by Third Angel (www.thirdangel.co.uk) in response to the research aims, entitled *Labour Intensive*. This theatrical performance captured a wider range of voices, including those of dads and obstetricians.

This report outlines the findings from the completed workshop series with mothers and also with birthing professionals. In the recruitment literature, women who had recently given birth were invited to workshops to explore that experience using visual methods.

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, 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 projects, related to their birth experiences and early parenting. The workshop supported the women to develop their own artwork to be shown at an exhibition. The art produced was diverse, some chose film, others photography, sculpture, installation, and digital media. Filming of the workshops took place throughout the twelve weeks.

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, completed the workshop. 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. 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 responsibilities, 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.

Workshop Series 3: Birth Professions Make Art.

The facilitator, Debra Gibson, used a participatory art approach with seven midwives and one birth worker (a hypno-birth specialist), drawing on techniques from art therapy over a 12 week period. 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.

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 (and the above) 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 in emphasis, so specific themes were not suggested, nor instructions given. Rather participants were able to reflect on the conversation with which sessions started and then made a work which 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 practice. Birth professionals found the arts useful as an analytic tool for helping them to think about their practice. Birth professionals found engaging in a supportive art group experience allowed them to reflect 'holistically' on their practice.

The Birth Project Films

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

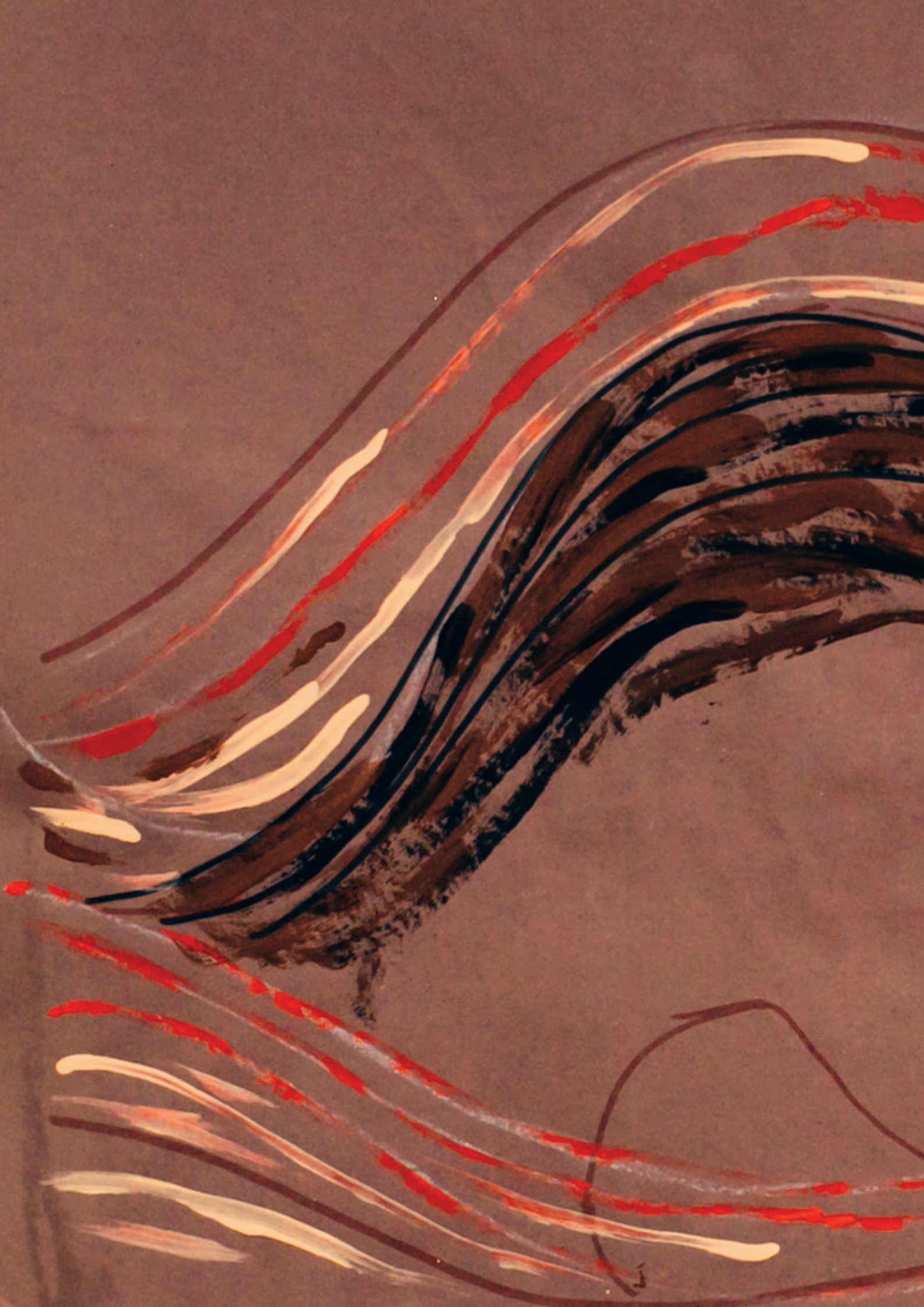
1. Firstly, as a method to capture the research, which will be used to develop new thinking on contemporary birth experience and practice (it is research data).
2. Secondly, the footage is being edited to produce short films which address the research questions. Thus the films are a research output.
3. Thirdly, the short films themselves will also function as teaching and training resources and will be made available for this.
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.



Exhibitions

An exhibition was held in Sheffield in 2014 at The Circle of the artwork from the two workshop series, and to show the two films of the workshops. A curator was recruited to help guide the selection process when required and bring cohesion to the overall exhibition. Given the sensitive nature of this first exhibition, the audience was restricted to participants and the wider research team.

A further exhibition took place as part of a Showcase Event, on the 17th April, 2015, at the Derby University Enterprise Centre. This event allowed all three sets of workshop participants to come together in a 'mutual recovery' setting, in which they were able to exchange perspectives about their experiences and art work in an informal way, whilst viewing the films and art work together.







Labour Intensive & Partus

Third Angel is a Sheffield-based theatre company, which has nearly 20 years experience of making theatre inspired by personal and biographical sources. As part of The Birth Project, they made an original theatre piece entitled, *Labour Intensive*. It was a performance that responded to the research findings, as well as from interviews to solicit birth stories. Third Angel have spoken with mothers, fathers, siblings, midwives and obstetricians, in a quest to understand more about birth, describing the performance as follows:

'From the terrible hospital food to the tender words whispered to take away the pain, the near death experiences to the love a first cry can bring, it's all laid bare in this show, as our average family takes you through some extraordinary tales of truly remarkable events.'

The opening night was on the 17th April, 2015. Subsequently reworked as 'Partus' the performance ran at The Crucible Theatre (15-20 January 2016) described itself as follows:

'Birth. It's a massive life or death thing that happens every minute of every day in every country of the world.

The expectations, the exhaustion, the euphoria. The shock, the sadness, the stupidly long shifts. The joy, the pain, the mess. Oh, and that first cup of tea that tasted better than anything, ever. Third Angel delves into the myths, the statistics and the politics of birth, engaging with real people and real stories.'

This theatre piece is due to tour in 2017.

Indoors

Artist, Lisa Watts, also worked with a pre-existing support group for younger mums, 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 mothers contributed. Mothers were also interviewed and an interactive piece of art work has been developed, which shares participants' stories via a smart-phone, so that the art work can be viewed as an art work, but there is the option of hearing participants talk about their art work too. Well-being scales were not applied to this group, due to the inconsistent membership.

Well-Being Scales

Mental well-being has only recently been measurable with valid and reliable measures. The Birth Project has used two such scales to measure the well-being of workshop participants. We used the most popular scale of mental well-being in the UK, the Warwick-

Edinburgh Mental Well-being Scale (WEMWBS), the shorter version developed by mental well-being experts, which is often used by scientists and psychologists. This scale allows evaluation of projects which aim to improve mental wellbeing. It explores both feeling and functioning aspects of mental well-being¹.

The other scale used was devised by Professor Jenny Secker, and is commonly known as the Secker scale². In devising the measure, Secker's team included members with artistic talents and experience of using mental health services. During development of the questionnaire they discovered that the measure is acceptable to respondents and measures relevant concepts with good internal consistency. Both these particular scales are now widely used and this therefore increases the comparability of this research. They were chosen as, following a period of research and debate by the research consortia based on available evidence, they seemed to offer the most robust and reliable tools to measure any changes in well-being throughout the duration of the workshop series.

In the first two workshops, as outlined above, a total of 16 mothers (eight in each group) completed measures of mental well-being and social inclusion at the first and last workshops, in which time their scores increased. Most participants attended the weekly three-hour long workshops over the course of 12 weeks. **The analysis shows improvement in self-reported measures across most fields and an extremely noteworthy increase in the overall SWEMWBS scores for both of the arts interventions with the mothers (37%)³.** Participants' comments indicated increased social support, confidence, motivation and mental well-being, in addition to decreased social isolation. Despite small sample sizes, the initial results provides 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 tentatively add further support to the use of participatory arts in promoting mental health and well-being for new mothers.

Comments from Participants

"A great way to engage with experiences when you don't even know what you feel yet."

"I never know what's going to come into my pictures which is exciting and I get to know myself."

"Helped me enormously work through my own issues – issues I wasn't necessarily aware existed!"

"I felt very connected to (the) other women, very close."

"I was able to share 'moments' of empathy. I felt able to express myself freely, cry very early on. We all shared the intense, powerful experience of being mothers, in a creative environment. Time and space to talk about me. Emotional and liberating. I felt supported and cared for. I have never felt silly."

"It has been life giving, wonderful and frustrating. I wish I had known about."

"I have loved being in the workshops."

"I was able to purge negative feelings of anger, guilt, blame to a calm acceptance."

"I have been able to explore birth trauma, trauma and loss in pregnancy and early motherhood. I have been able to work through these areas."

"Ups and downs, on and off, tears and laughter, obstacles and inspirations. Its hard to say exactly what was that in a word/ expression... but this project made me confident about being a parent, creator, thinker."

Discourse Analysis

Further work will be undertaken on the analysis of the transcript material.

Concluding Comments

Findings from a preliminary analysis based on both groups with mothers would appear to support existing research that *it is the quality of care and the nature of the relationship between the care provider and the women* which is of crucial importance for her birthing experience, no matter where the birth takes place. It would also seem 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. Well-being scales showed significant results.

Publications which Explore these Qualitative Research Findings in Further Detail and Other Related Publications

Publications about the workshops

Hogan, S. 2015. Mothers Make Art: Using Participatory Art to Explore the Transition to Motherhood. *Journal of Applied Arts & Health* Vol. 6 (1) pp. 23-32. ISSN: 20402457.

This article delves into the methodology employed, producing an in-depth analysis of the workshop techniques used in *Mothers Make Art* and how these were responded to.

Hogan, S., Baker, C., Cornish, S., McCloskey, P., Watts, L. 2015. Birth Shock: Exploring Pregnancy, Birth and the Transition to Motherhood Using Participatory Arts in Burton, N. (ed.) *Natal Signs: Representations of Pregnancy, Childbirth and Parenthood*. Canada: Demeter Press. pp.272-269. ISBN: 978-1-926452-32-6.

This chapter gives an overview of *Mothers Make Art* and the *Arts Elicitation Group* workshop series.

Other Related Publications

Hogan, S. 2016. The Tyranny of Expectations of Post-Natal Delight: Gendering Happiness. *Journal of Gender Studies*. Special Issue: Gendering Happiness. Susan Hogan (2016): The Tyranny of Expectations of Post-natal Delight: gendered happiness, *Journal of Gender Studies*, DOI: 10.1080/09589236.2016.1223617

Hogan S. 2017. Working Across Disciplines: Using Visual Methods in Participatory Frameworks in S. Pink, Fors, V. & O'Dell, T. (eds.). *Theoretical Scholarship and Applied Practice*. London: Berghahn.

Hogan, S., Sheffield, D., Woodward, A. (under review) The Value of Art Therapy in Antenatal and Postnatal Care: A Brief Literature Review. *International Journal of Art Therapy (IJAT, formerly Inscape)*.

Films

A major output of this project has been the project films.

- 2013 *Creative Practice as Mutual Recovery*. Visual Methodologies. 2013. Susan Hogan Executive Producer. 20 mins.
- 2015 *Mothers Make Art*. 2015. Susan Hogan Executive Producer. Sheffield Vision. 41 mins.
- 2015 *Arts Elicitation with New Mothers*. Susan Hogan Executive Producer. Sheffield Vision. 24 mins.
- 2015 *Birth Professionals Make Art*. 2015. Susan Hogan Executive Producer. Sheffield Vision. 30 mins.
- Documentary (due 2017 in production).

Links to Films & Film Descriptors

derby.ac.uk/health-and-social-care/research/birth-project/

Or GOOGLE 'The Birth Project' Derby University.

¹ http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/swemwbs_7_item.pdf

² Secker, J., Hacking, S., Spandler, H., Kent, L., & Shenton, J. (2007). Mental health, social inclusion and the arts: Developing the evidence base. National Social Inclusion Programme, Care Service Improvement Partnership. Available from: <http://www.socialinclusion.org.uk/publications/MHSIArts.pdf> .

³ For the WEMWBS, there were improvements in scores from pre- to post- assessment, $F(1,14) = 8.40, p=.01, \text{partial } \eta^2=.375$. This suggests the intervention had a large effect, explaining 37% of the variance in the WEMWBS scores. There were no differences in the amount of improvement between the groups ($p>.1, \text{partial } \eta^2=.003$). This is in itself an interesting outcome, as the two groups were very different in format.

In the Art Elicitation group ($n=8$), there was a significant improvement in WEMWBS scores, $F(1,7) = 5.74, p=.05, \text{partial } \eta^2=.45$, from 45.6 ± 3.1 (SE) to 50.6 ± 2.3 (SE). There were no effects for the Secker measure.

They had my best interests in mind

They did not know my plans

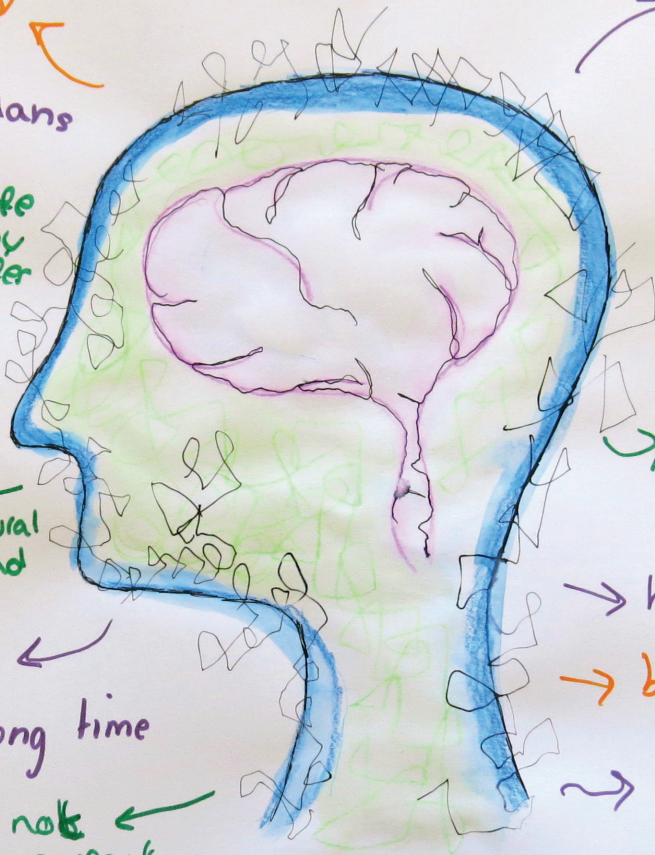
actions of one midwife does not mean you can't trust all midwives

it is ok to be vulnerable/out of control birthing

Not bonding with Eli at first was a natural reaction to trauma and diamorphine. It is ok

gave it your best
20 hours is a long time

It is ok to not be a perfect mum.



Dr recommends C-section

Shouldn't risk further damage

would be in control

Should wait until after uni

his heart rate was dropping

birthing unassisted could be dangerous

It is ok to need pain relief.

For discussion about the project, please feel free to contact s.hogan@derby.ac.uk

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