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The Experience of Women on a High-Risk Pregnancy Unit Engaged in Art Therapy

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

Considering the significant changes that occur throughout pregnancy, coping with such changes may be challenging, affecting those experiencing high-risk pregnancies in particular. Women facing high-risk pregnancies often endure heightened levels of stress, anxiety, and depressive symptoms, ultimately impacting their well-being and mental health. Medical concerns may lead to hospitalization, which has the potential to exacerbate an already distressing situation, especially during the COVID-19 pandemic. While evaluating beneficial therapeutic interventions to address the needs of this population, art therapy and art-making has proven to reduce anxiety, encourage coping strategies, provide an emotional outlet, and improve overall well-being. In light of these aspects, the experience of women on a high-risk pregnancy unit engaged in art therapy was explored. Through designing and implementing three arts-based therapeutic interventions with hospitalized women facing high-risk pregnancies, the experiences of sixteen participants were observed. It was found that art therapy proved to promote autonomy, reduce anxiety, support the development of healthy coping skills, and provide an outlet to explore identity. With hopes of offering insight into the use of art therapy with hospitalized women experiencing high-risk pregnancies, this capstone thesis demonstrates the need for accessible mental health services, the beneficial impact art therapy can have when integrated into these services, and the demand for future research.

Keywords: high-risk pregnancy, art therapy, medical art therapy, hospitalization, inpatient art therapy services, mental health, women, pregnancy

The Experience of Women on a High-Risk Pregnancy Unit Engaged in Art Therapy

Introduction

Pregnancy is a notable period of adjustment that produces significant change for women and those directly connected to the pregnancy. Regardless of the number of pregnancies a woman has experienced, pregnancy comes with a range of physical, emotional, and psychological transformations (Mirzakhani et al., 2020). While some women may experience excitement, hope, and anticipation during pregnancy, many may also encounter heightened anxiety, fear, and stress (Badakhsh et al., 2020). Processing and coping with such changes as they occur can prove to be challenging for women, even within low-risk pregnancies. If health complications arise, in addition to these already present stressors, an increase in stress and anxiety could be expected, which may potentially have a negative effect on a woman's pregnancy experience (Mirzakhani et al., 2020). Bearing these factors in mind, the assumption could be made that receiving a high-risk pregnancy diagnosis would amplify such difficulties.

High-risk pregnancy has been defined as, "any pregnancy in which there is a medical factor, maternal or fetal, that potentially acts adversely to affect the outcome of pregnancy" (Isaacs & Andipatin, 2020, p. 1). There are a multitude of factors and complications that can result in a pregnancy being deemed as high-risk such as preterm premature rupture of membranes (PPROM), preeclampsia/hypertension, preterm labor, bleeding, cervical insufficiency, fetal growth restrictions and/or anomalies, to name a few (Hermon et al., 2018). It has been stated that nearly 15-20% of women experience high-risk pregnancies (Fairbrother et al., 2016; Isaacs & Andipatin, 2020; Mirzakhani et al., 2020). Despite this fact, receiving a high-risk pregnancy diagnosis often comes as a shock to women, causing a sudden shift in pregnancy plans and expectations.

It has been found that the mix of emotions that accompany such a diagnosis are most commonly negatively oriented (Isaacs & Andipatin, 2020). Mirzakhani et al. (2020) further established that women who struggled with the lack of “personal and socioeconomic characteristics, physical tensions, availability of health services, psychological context, social support, interpersonal relationships, coping strategies, and spirituality” (p. 6) were vulnerable to poorer well-being. Factors such as fear of childbirth, relational connection to the fetus, and maternal identity may also lead to a detriment to functioning and lead to emotional distress (Abbing et al., 2019; Or, 2015; Sezen & Unsalver, 2019).

Women may endure a heightened amount of stress, anxiety, and depressive symptoms surrounding the time of pregnancy, which could ultimately impact their well-being (Wardi-Zonna, 2017; Mirzakhani et al., 2020). It has been reported that depression in pregnant and postpartum women has been a public health issue due to its pervasiveness. Additionally, nearly one in ten women develop anxiety-related symptoms throughout their pregnancy or postpartum experience (Cohen-Yatziv et al., 2018; Marcin, 2016). As Wardi-Zonna (2017) noted, women also face societal and cultural factors that can negatively influence mental health, identity, and body image. As Hogan (2020) stated that “[s]ome women can find pregnancy distressing because of the transformation of their body shape away from such an ideal, their feelings of self-esteem being undermined” (p. 3). These affects that women may experience throughout their pregnancy journey can be unexpected, challenging to cope with, and long-lasting (Hogan et al., 2017).

The complications that often accompany high-risk pregnancies may result in women needing to be hospitalized for extended monitoring. In some cases, if complications occur early on in pregnancy, longer term hospitalization becomes more likely to occur. Regardless of it being a short or long-term stay, hospitalization can intensify stress, anxiety, and fear. These

women may worry about the level of care they will receive, the future health of their baby, hospital expenses, adapting to an unfamiliar environment, and separation from family members.

In addition to these established stressors for women who are admitted into a medical facility for a high-risk pregnancy, the challenges and restrictions that the Coronavirus (COVID-19) pandemic has imposed on patients and their family members is extensive. Throughout the COVID-19 global pandemic, medical facilities enforced strict visitation policies, which only increased patients' sense of loneliness and isolation (Bush, 2020; Grover et al., 2020; Potash et al., 2020). Not only must these women process the sudden changes to their pregnancy expectations, but they must also deal with the significant impact that these restrictions may have on their intended birth plan. Furthermore, any fears or anxieties related to contracting COVID-19 would more than likely remain, if not increase, through these experiences as well. While COVID-19 has not specifically been correlated with additional complications in pregnancy, long-lasting health affects cannot yet be disqualified. Despite this, if a mother's health were to decline due to this virus during pregnancy, then this could certainly impact their life beyond their hospital stay.

Considering these compounding factors that could cause distress in women who are facing high-risk pregnancies, the importance of and accessibility to mental health services should be clearer than ever. With a goal of recognizing and advocating for the presence of such services for this population, this capstone thesis was designed to highlight relevant research, suggest beneficial therapeutic interventions, and provide examples of intentional implementation. As a means for exploring these elements, this capstone thesis specifically investigated the use of art therapy and arts-based interventions with hospitalized women facing high-risk pregnancies.

Being an evidenced-based mental health profession, art therapy has offered creative outlets for means of self-expression, communication, and externalization (AATA, 2020). The use of artistic materials, in conjunction with psychological theory, support the therapeutic process and engage individuals in nonverbal means of expression. Art-making can provide the time and space to literally or symbolically represent one's emotions and experiences in a non-threatening manner (Malchiodi, 2012). Whether an individual engaged in a directed or free-form creative process, these benefits of artistic expression remain (Kapitan, 2013). As De Petrillo and Winner (2005) examined, art-making has the capability to improve mood simply by offering the space for meaning-making and emotional expression through symbols. It has also been found that art therapy relieves anxiety, promotes healthy coping strategies, increases self-esteem, and improves overall well-being (Abbing et al., 2019; Kapitan, 2013; Sezen & Unsalver, 2019).

Implemented within hospital or long-term care settings, medical art therapy can be a versatile sect of art therapy that advocates for the use of creative expression to promote the healing process (Malchiodi, 2012). While hospitalized, patients often report losing their sense of autonomy and control, which may discourage their sense of self and resiliency. Transitioning into a hospital can be incredibly overwhelming, disheartening and lonesome, especially considering the additional stressors that the COVID-19 pandemic has caused for patients and their families (Potash et al., 2020). This sudden separation from normal routines, relational connections, and familiar environments may cause even further detriment to one's well-being. In response to this, medical art therapy can offer the opportunity to creatively explore such experiences, promote patients' sense of autonomy, and encourage resiliency.

Seeing the ample amount of distress that women may experience during pregnancy, especially a high-risk pregnancy, art therapy has the potential to positively impact this vulnerable

population. Drawing materials, clay, collage, and mask making are just a few examples of the mediums that have been researched with pregnant women (Bruce & Hackett, 2020; Sezen & Unsalver, 2019). Through the implementation of these materials, topics such as depression, anxiety, fear of childbirth, and the experience of internal change have all been successfully explored (Holmqvist et al., 2017; Sezan & Unsalver, 2019). Holmqvist et al. (2017) investigated the change women experience and the ways that art therapy fosters internal growth. Additionally, Hogan et al. (2017) and Wardi-Zonna (2017) have demonstrated the value of art therapy being integrated into perinatal care as well as the lasting benefits art-making can provide throughout pregnancy and postpartum.

Examining the use of art therapy with pregnant women, along with the benefits of medical art therapy, and the growing understanding of the mental health needs of expectant mothers, a gap remains in the literature where these pieces have yet to be extensively explored in conjunction with one another. As previously mentioned, this capstone thesis has been designed to investigate the integration of these key areas in hopes of better serving this population, offering insight into therapeutic work within a high-risk pregnancy unit, and providing context for future research.

Literature Review

The following review of current research provided a comprehensive overview of the importance of mental health services for women facing high-risk pregnancies, the unique considerations related to medical hospitalization, and the implementation of art therapy within pregnancy.

High-Risk Pregnancy and Mental Health

Mirzakhani et al. (2020) completed an integrative review of the existing literature on well-being in high-risk pregnancies. In this review, the Oxford dictionary definition of well-being was referenced, which was described as “the state of being comfortable, healthy, or happy” (Mirzakhani et al., 2020, p. 2). The data from thirty research articles was analyzed using a comparative, five-stage approach to code and categorize attributes, antecedents, and consequences of well-being in high-risk pregnancy. Mirzakhani et al. (2020) discovered four main dimensions of well-being: physical, mental-emotional, social, and spiritual. It was stated that in managing the care of women facing high-risk pregnancies, these four areas of well-being must be equally addressed. Similarly, Isaacs and Andipatin (2020) evaluated qualitative studies across ten years of research to pinpoint the emotional and psychological experience of women’s high-risk pregnancy journey. This systemic review, which utilized a three-staged review process, concluded that the core emotional and psychological experiences of these women included shock, fear, frustration, grief, isolation and loneliness, anger, sadness, guilt, and various mental health disorders. Isaacs and Andipatin (2020) additionally noted:

A range of emotional responses may follow the experience of receiving negatively framed information about a pregnancy that could linger into and through the period of hospitalization for expectant women. Through experiencing these emotions, expectant women try to make sense of what is happening to them. When the pregnant women are hospitalized, the experience becomes disquieting, as the usual adaptation to their pregnancies were disrupted and resulted in experiences of numerous emotions. (p. 9)

In addition to such emotional responses, there appeared to be common internal and external components that negatively affect women in these cases (Badakhsh et al., 2020). Through conducting phenomenologically based face-to-face interviews with twenty women encountering

high-risk pregnancies, Badakhsh et al. (2020) extracted the following common themes that exacerbated negative experiences throughout pregnancy: anticipation for motherhood, fears about future pregnancies, challenges related to family functioning, and adaptation.

In light of these compounding elements that women experiencing high-risk pregnancies often must cope with, Fairbrother et al. (2016) evaluated 310 pregnant women “to find the prevalence and incidence of maternal anxiety disorders across levels of medical risks in pregnancy” (p. 311). Through the use of diagnostic assessments and interviews, this study found that anxiety disorders were five to seven times more prevalent in women facing moderate to high-risk pregnancies compared to that in low-risk pregnancies (Fairbrother, 2016). More recently, through a randomized controlled clinical trial, Bazrafshan et al. (2020) assessed anxiety levels within seventy-two pregnant women at risk for preterm labor. While the control group only received basic pregnancy care information, the intervention group incorporated discussions on high-risk pregnancies, anxiety and coping skills, information about the Neonatal Intensive Care Unit (NICU), and interpersonal skills to increase self-esteem. The reported anxiety scores proved to be significantly different between those two groups, showing reduced anxiety in the women who participated in the intervention group.

Hospitalization

As the research has shown, mental health concerns and risk-factors are potential sources of distress for women facing high-risk pregnancies. Therefore, when providing comprehensive care, mental health services should be of equal importance as physical care. Furthermore, considering the immediate intensive monitoring that high-risk pregnancies often require, hospitalization can easily become a necessity.

Specifically, in the cases of fetal intrauterine growth restrictions (IUGR), Tsakiridis et al. (2019) studied the prevalence of depressive symptoms among seventy-three pregnant women, who were at least twenty-four weeks into gestation. After completing the Edinburgh Postnatal Depression Scale (EPDS), 32.9% presented with depressive symptoms and other risk factors, which were significantly correlated to lower gestational age. Evidence from this study suggests that “antenatal depression, defined as a depressive episode occurring during pregnancy, and anxiety are significant risk factors for postnatal depression (PPD) and perinatal depression increases risk for future depressive episodes” (Tsakiridis et al., 2019, p. 71). In another study using the EPDS as a screening tool, Hermon et al. (2018) similarly found that 28.3% out of the 279 hospitalized high-risk pregnant women evaluated scored within statistically significant ranges for being at an increased risk for depression. It was further noted that “[d]espite such high rates of depression among hospitalized women, [psychiatric] referral rates in inpatient obstetrical settings were reported to be as low as 0.3%” (Hermon et al., 2018, p. 89) and suggested that every woman should be screened “for antenatal and postnatal depression and offer[ed] professional help” (Hermon et al. 2018, p. 90).

Further examining psychological effects of high-risk pregnancy and hospitalization, Rodrigues et al. (2016) completed a literature review to determine potential factors for negative experiences and the development of mental distress. Fifteen articles, encompassing twenty-two years of research, revealed that high-risk pregnancies produced significantly higher levels of stress and negative emotions, and even further, hospitalized pregnant women showed higher levels of anxiety compared to non-hospitalized. “If a woman perceives an above-average total risk to herself and her infant, she will experience increased levels of uncertainty, higher psychological distress and reduced well-being” (Rodrigues et al., 2016, p. 137).

In search of additional contributing factors, McCoyd et al. (2018) explored women's antepartum experiences of medically high-risk pregnancies during hospitalization through conducting sixteen semi-structured interviews. With a phenomenological perspective, this study sought out an in-depth understanding of how women described the medical context of their pregnancy, their relationships, and their emotional experiences. It was established that "women's distress was embedded within the necessity of simultaneously making two major role transitions: to mother and to patient" (McCoyd et al., 2018, p. 676). Common concerns included maternal identity, patient-healthcare provider relationship, social relationships, emotion management, locus of control, and relational self (McCoyd et al., 2018). McCoyd et al. (2018) further stated:

The development of maternal identity and women's sense of attachment to the fetus are critical aspects of women's ability to parent in the future. Women with medically high-risk pregnancies (MHRP) fear for their health and life and that of their fetus. MHRP can complicate the transition to the maternal role and produce feelings of maternal inadequacy and guilt. (p. 676)

As a means for appropriately addressing such concerns for women facing high-risk pregnancies, Tunnell et al. (2019) created an uncontrolled pilot study to evaluate the use of brief acceptance-based therapy for women admitted to a high-risk pregnancy unit for preterm premature rupture of membranes (PPROM). Five women were recruited and participated in a seven-day therapy intervention, which included assessments mid-intervention, post-intervention and one month postpartum. Patients reported an increase in positive affect and psychological flexibility up to one-month postpartum. With a notably small sample size and exclusive criteria of PPRM, though, this specific intervention requires further research to determine its effectiveness.

Comparatively, in a pilot study to assess the feasibility and usability of home-based telemonitoring as compared to hospitalization, Van Den Heuvel et al. (2020) proposed this option for women facing high-risk pregnancies. Four private Facebook focus groups were created online, with two including women who received telemonitoring and two including those who had been hospitalized, to offer a space for discussions centralized on their personal experiences. Women who received telemonitoring reported a positive experience from being monitored at home. Those who had been hospitalized reported that they felt increased boredom, anxiety, and struggled with the lack of privacy in the hospital. While this appeared to be a positive, potentially viable option for women facing high-risk pregnancies, future research would need to investigate the safety measures required for maintaining appropriate medical care.

COVID-19 Pandemic

Considering the context in which this research and topic exploration has been completed, relevant literature will be further highlighted on mental health and hospitalization during the COVID-19 pandemic. Since COVID-19 research remains relatively in its infancy, especially in terms of pregnancy and infant health, the additional risk factors of contracting the virus while pregnant could increase mental health risk factors.

Through a narrative viewpoint, Grover et al. (2020) assessed the need for mental health professionals to be active and present in caring for COVID-19 patients. By dissecting potential mental health consequences from the pandemic, it was found that individuals have frequently experienced social isolation, loneliness, anxiety, depression, phobia, and fear related to contracting the virus (Grover et al., 2020). As it was stated, “[m]ental health care often takes a back seat where physical health is at risk, but it is actually the cause of substantial distress and disability when faced with a serious physical illness, which threatens life” (Grover et al., 2020, p.

2). In exploring the polarities and paradoxes of life throughout this pandemic, Bush (2020) similarly outlined the complexities created by COVID-19 and the struggles individuals face in coping with such uncertain times.

In a special report, Potash et al. (2020) collected case examples from professional art therapists exhibiting ways art therapy has been implemented with patients and healthcare providers throughout epidemics in the past to offer insight to current practices. Specific psychosocial features were recommended in addressing immediate needs, which included “disseminating information, promoting expression, developing coping and resilience, monitoring secondary traumatic stress, maintaining relationships, and amplifying hope” (Potash et al., 2020, p. 106). It has been proposed that art therapy and art-making have potential to benefit patients’ well-being and offer support through the expression of their experiences, especially in the face of COVID-19 (Byrne, 2020). “If living in isolation amplifies our fear of illness and damages our trust in the social, psychological, and spiritual benefits of being in interconnected human relationship, then art may be a remedy that restores the equilibrium” (Byrne, 2020, p. 2).

Art Therapy as Intervention

In assessing the application of arts-based therapeutic interventions, the Expressive Therapies Continuum (ETC) has provided structure for determining which art-making processes might be most appropriate and “explains the healing dimensions of various expressive experiences and restorative power of creativity” (Hinz, 2009, p. 4). Where more fluid materials (i.e. paint, clay) provide sensory-based, “simple forms of information processing” (Hinz, 2009, p. 6), more structured materials (i.e. collage, mixed-media) elicit “complex cognitive operations” (Hinz, 2009, p. 6) and symbolic meaning-making.

De Petrillo and Winner (2005) investigated a foundational assumption of art therapy that art and art-making has the potential to improve mood and whether or not the explanation behind this experience can be attributed to “catharsis” or “redirection” (De Petrillo & Winner, 2005, p. 205). After studying two experimental groups, who either completed artwork or word puzzles in response to viewing negative imagery, De Petrillo and Winner (2005) found that those who drew negative emotions stated they were able to express and release emotions (catharsis) and those who completed pleasant or positive drawings, experienced a way to escape from negative feelings (redirection). Comparatively, participants who did not engage in an arts-based response did not experience any improvement in mood.

In the same vein of examining fundamental aspects of art therapy and arts-based practices, Kapitan (2013) offered an inquisitive perspective on the “flow” (p. 54) within art-making. It was remarked that this sense of flow is not an independent characteristic of art-making, but rather it is “a state of complete absorption in an activity that produces an altered sense of time and release of vital energy” (Kapitan, 2013, p. 54). In discussing the internal and external benefits entering a state of flow can provide, it was proposed that within a therapeutic space, the intentional use of flow may further promote creative engagement, increased self-esteem, focus, and reduced anxiety (Kapitan, 2013). It has also been suggested that crafting practices have potential to increase positive mood, encourage empowerment, support grounding, and offer an avenue for relaxation and stress relief (Kaimal et al., 2017). The suggested mediums, which were deemed as traditionally “craft” or “folk” forms of art-making, for yielding such results include fiber arts, wood and metal work, scrapbooking, pottery/ceramics, and jewelry-making (Kaimal, 2017). It was claimed that participating in crafting processes can

formulate a state of flow, which was proposed to be beneficial to therapeutic practices (Kaimal et al., 2017). As Kaimal et al. (2017) proposed:

[W]e argue for the use of crafting techniques as a tool that art therapists could integrate into their practice as a way to: encourage self-expression, reduce anxieties among patients about ‘not being creative,’ as a tool for self-care, and a means to integrate traditional and folk forms of expression...[M]any individuals might not identify as ‘artists,’ instead they would actively engage in crafting activities which could serve as a doorway to reducing anxiety about artistic abilities. (pp. 82-87)

Art Therapy, Women, and Pregnancy

The literature previously discussed intersects at the point where art therapy is implemented with pregnant women and reveals the ways in which arts-based practices can further promote their well-being. As Hogan (2020) expressed, “[a]rt therapy’s non-verbal processes offer a way to bridge disconnected feelings and fears...the properties of art materials and images offer a container in which to hold and process the irreducible, shifting states and...help ground the uncertainty within transition” (p. 215).

Sezen and Unsalver (2019) designed a quantitative pilot study to examine the efficacy of group art therapy with pregnant women who experienced a fear of childbirth. This six-session long study consisted of thirty women, with fifteen placed in an art therapy group and fifteen assigned to a control psychoeducational group. The psychoeducational group learned about and discussed topics related to pregnancy, the fear of childbirth, attachment, and motherhood, while the art therapy group engaged in art-making processes to explore these topics. Upon analyzing the data received from multiple inventories (Wijma Delivery Expectancy/Experience Questionnaire Version A [W-DEQ], Beck Depression Inventory [BDI], and the Beck Anxiety

Inventory [BAI]), the study revealed statistically significant results for the art therapy group, who scored lower for each measure compared to the psychoeducational group. Within the context of the art therapy group, it was founded that mandala and collage making proved to be effective tools in transforming negative moods, decreasing fear and anxiety, supporting a sense of autonomy and calm, and provided a structured reflective space of their experiences and relationship with their baby (Sezen & Unsalver, 2019). As a critique to this study, though, exclusion criteria for participants included women with high-risk pregnancies, who may in fact benefit most from additional therapeutic support as they progress toward delivery. Similarly, Wahlbeck et al. (2018) conducted an interview study of pregnant women who received art therapy services for coping with the fear of childbirth. The women were then interviewed three months postpartum and reported that using the provided materials offered an outlet for “difficult emotions” (Wahlbeck et al., 2018, p. 299) and helped them move toward healing.

Through completing a brief literature review of qualitative research, Hogan et al. (2017) assessed the use of art therapy in antenatal and postnatal care. Within expressive oriented groups, women were provided a “relaxed, safe space” (p. 172) that was supportive in exploring birth, experiences of pregnancy, postnatal adjustments, maternal self-image, and self-esteem (Hogan et al., 2017). Hogan et al. (2017) reflected that “inchoate emotions can be captured in art in ways that are fundamentally different and differently reachable to that of a language-based approach (p. 175). It has additionally been suggested that art therapy interventions for parents experiencing heightened stress due to their baby transitioning to the NICU may offer a “relaxing diversion, emotional support, and space to express fears and anxieties” (Hogan et al., 2017, p. 172).

Wardi-Zonna (2017) further provided a narrative approach for discussing the ways in which art therapy interventions may help women cope with depression, anxiety, and other mental

health disorders in pregnancy and postpartum. As it was stated, those who experienced mental health issues prior to pregnancy may be at higher risk for amplified mental health symptoms or episodes and that “some studies indicate up to 25% [of pregnant women] may meet criteria for mental health disorders” (Wardi-Zonna, 2017, p. 254). Furthermore, Wardi-Zonna (2017) noted:

Pregnancy and childbirth, which have been transmogrified into a sterile, male-centric realm, have, in many ways, been taken out of the women’s hands. Thus, it is art-making that allows for realignment of body and self, a restoration of mental and spiritual health. By literalizing creativity through art, women reclaim agency and wrest control of their reproductive and productive selves. For these reasons, art therapy is perfectly positioned to support the depression and anxiety symptoms experienced by women during pregnancy and the post-partum period. (p. 263)

Comparatively, Cohen-Yatziv et al. (2018) explored first-time expectant mothers’ artwork to find correlations between artistic representations, maternal representations, and characteristics of prenatal and postpartum depression. Eleven pregnant women completed the Edinburgh Postnatal Depression Scale (EPDS) and a drawing of “yourself and your baby or a drawing that represents your relationship” (Cohen-Yatziv et al., 2018, p. 4). From this procedure, it was posited that limited uses of color, the absence of details, and the separation of figures within the image could “represent difficulties adapting to motherhood” and “an expression of the negative nature of the mother-infant relationship” (Cohen-Yatziv et al., 2018, p. 8). These factors may in turn reflect higher probabilities of prenatal or postpartum depression.

In utilizing a drawing directive, Lee et al. (2014) specifically examined the benefits of an art therapy program for hospitalized women experiencing high-risk pregnancies. Forty-nine patients were provided various art materials to represent their current life experiences using line,

shape, color, and symbols (Lee et al., 2014). Through this process, fourteen comprehensive themes emerged, with three core outcomes being “stress management, emotional expression, and stimulated verbal communication” (Lee et al., 2014, S256). This study found that “art therapy gave [hospitalized women] a creative way to cope with their stress, grieve loss, find meaning, and have a normalizing experience in an abnormal environment” (Lee et al., 2014, p. S256).

With a systemic theoretical lens, Bruce and Hackett (2020) explored the integration of art therapy services in perinatal parent-infant mental health outpatient care. In addressing intergenerational issues, bonding, and attachment, this study set out to discover the benefits of expressive outlets with developing infants and new mothers. Within an open-studio format, chalk, watercolor, crayons, pencils, textiles, and clay were all made available to participants. Nine women, who were referred to treatment for various mental health symptoms, received services for a range of six weeks to twelve months and reported that they found art therapy to be helpful for the following: processing their experiences, developing self-understanding, mood improvement, and relational connections (Bruce & Hackett, 2020). Correlated to relational connections, Or (2015) examined how a clay sculpting task may reveal separateness representations in mothers. This qualitative study was designed to tap into the visual, verbal, and nonverbal aspects of art therapy, while focusing on motherhood and parental representations to determine how mothers experience and view separateness with their children. Through the data analysis of both the clay sculptures and verbal interviews, it was founded that 50% of the twenty-four women displayed more differentiated, or partial separateness within their sculptures, while 30% showed high separateness, and 20% were non-separable. Or (2015) suggested that there remains to be a “paradoxical theme in motherhood: although the mother is a separate being and her child is dependent upon her, she is also dependent on her child” (p. 74).

Hogan (2020) offered in-depth insight into the use of art therapy within pregnancy, birth, pregnancy loss, and parenthood. In her book solely dedicated to these topics, Hogan (2020), along with several other art therapists, delved into art therapy practices to showcase the versatility and applicability of arts-based therapeutic interventions with women in every phase of motherhood. As it was stated, “[a]rt-making offers a means for women to express and understand their changed sense of self-identity and sexuality as a result of pregnancy and motherhood. (Hogan, 2020, p. 1). This book provides critical perspectives on the complexity of pregnancy and motherhood, and the benefits that art therapy can offer through self-expression, containment, and identity exploration (Hogan, 2020).

In light of the context that the literature surrounding art therapy, women, and pregnancy has provided, a method for the use of art therapy with hospitalized women facing high-risk pregnancies was developed and implemented. The details of this method and the subsequent outcomes will be further discussed.

Method

Bearing witness to the experiences of women hospitalized on a high-risk pregnancy unit as an art therapy intern, not only provided an imperative perspective, but also established a personal urgency to address patients’ needs through examining relevant literature and developing a method for therapeutic work. With the foundational assumption that art-making and creative expression promotes healing, the use of art therapy with this particular population has been explicitly investigated. The research sought to answer the following question: what is the experience of women on a high-risk pregnancy unit engaged in art therapy?

Setting Description and Participants

With the goal of offering an emotional outlet, encouraging healthy coping skills, and normalizing experiences within the hospital, art therapy services and materials are provided to individual patients' rooms. As an established graduate internship site, a preexisting creative arts therapies program at a women's hospital in the Midwest provided a location, as well as participants, for this capstone thesis. Art therapy services were offered to patients on the high-risk pregnancy unit (HRU), where women were hospitalized for various health concerns and complications related to their pregnancy. The length of stay for patients on the HRU ranged from a few hours to several months and the most common reasons for admission included pre-eclampsia, hypertension, PPRM, preterm labor, and gestational diabetes. Over the course of two months, the interventions utilized were implemented with 16 women whose ages ranged from 17-40 and represented differing races, ethnicities, socioeconomic and occupational backgrounds, languages, religions, and educational levels.

Interventions

Creating with the Familiar. As a broad option to begin with, participants were offered several types of supplies to engage in the art-making process of their choosing. Upon introducing such materials, patients were given the options of jewelry-making, knitting, crocheting, card-making, and creating room decorations. Depending on the participants' chosen project, these were completed within one session or over the span of multiple sessions.

Exploring Symbolism in Pregnancy Journey. A directed collage focused on visually exploring the patients' pregnancy journey and experience. Large to medium-sized mixed media paper, pre-cut magazine images, printed words, scissors, and glue were provided. The prompt given stated "create an image that represents your pregnancy journey," which was followed by

an introduction of the materials. The collages were completed within one session with allotted time for therapeutic processing afterward.

Containing Complex Emotions. A pre-made white rectangular cardboard box was provided to create a keepsake or memory box. Using collage materials, paints, and markers, participants could embellish and design the box however they might choose. The box was introduced as a container for their current experience, which may contain literal or symbolic items to represent their pregnancy, maternal identity, newborn, or hospital stay.

Procedure

For the two months that these interventions were implemented, art therapy services were offered to all available patients on the HRU three times a week. Those that were interested in services were either provided materials upon introduction or a session was planned for a later date. Opening discussions with participants focused on gaining information about their pregnancy, health complications, emotional and relational supports, and their hospital stay experience. Participants were then given a brief description of materials available, and the specific interventions outlined above, with the goal of promoting independent choice and autonomy through whichever art-making process they were interested in exploring. Depending on the chosen intervention, guidance and instructions were offered to participants based on the level of familiarity or complexity of the process. Participants were provided the time and space to explore the materials and create until they felt that their piece or image was complete. While some art-making processes continued throughout several sessions, most interventions were completed during one session, which ranged from 30-90 minutes in length.

Throughout the process of creating with the familiar, discussion often occurred simultaneously. Participants frequently shared stories about their families, experiences with

hospitals or past pregnancies, thoughts and feelings about their current pregnancy, personal spiritual/religious practices, and hopes for the future. As for the other interventions, participants frequently worked in silence, focusing on their work and asking questions if needed. Discussion then followed the completion of these interventions to gain further insight into their creative process and their perception of the final piece.

Record Keeping

During the completion of this capstone thesis, extensive notes were recorded within a journal following every session. A detailed outline was created for each participant to capture what occurred in the session, the artmaking process, notable verbalizations, and personal observations. When therapeutic processing did transpire after the creation of a piece, selected questions and discussion points were noted as well. Insight gained through art-making and discussion provided a deeper understanding into participants' experiences, perceptions of their experiences, and the ways in which art-making could serve as an outlet. These elements were then outlined, compared, and assessed for significant themes. The following results further detail those observations and findings.

Results

The implementation of these interventions will be reviewed and discussed to examine the experience of the sixteen participants in an arts-based therapeutic process. Observations about the women's encounters with art-making, reflections on final images, and notable remarks related to this process framed prominent themes.

Observations

Creating with the Familiar. Eleven out of the sixteen participants engaged with an art-making process using mixed-media and fiber arts. Upon introducing available materials,

numerous women showed interest in learning a new skill or refreshing their knowledge of a technique. Such creative avenues appeared to be generally more accessible and familiar to participants. Considering that these women were staying within an unfamiliar environment, engaging with materials that were familiar possibly provided a sense of grounding, which then allowed exploration within that material.

The opportunity to gain knowledge and confidence with a chosen material or process appeared to encourage participants. While there were occasional phases of trial and error, women seemed to become more assured in their abilities, skills, and self in accomplishing a creative goal. Incidentally, at times, this supported further exploration of other art materials and types of art-making.

Processes such as knitting, crocheting, and jewelry-making often required concentrated time for instructions and practice of technique. Then, as participants worked more independently, this form of artmaking offered designated time for creativity and enjoyment of that process. These processes facilitated a creative flow state for participants, which offered redirection and focus on topics other than their bodies, health, and their baby's health. Through this, participants reflected that they felt more calm and less anxious. It has been proposed that entering the creative state of flow can promote self-esteem, improve mood, support grounding, and reduce anxiety (Kapitan, 2013). Art-making processes, which may typically be viewed as "craft" or "folk" art may encourage self-expression and help those engage who might not "identify as 'artist'" (Kaimal, p. 87, 2017).

Women frequently shared that finding time for themselves in their everyday lives outside of the hospital, amidst work, home duties, and managing other children, proved to be challenging. Time became a common topic of conversation among participants while creating

since, in a way, it had become a double-edged sword. Being hospitalized presented patients with a considerable amount of down time, but that time was under undesired, restricted circumstances. Frequently, participants seemed more likely to choose creating with the familiar due to the fact that it would produce a final product, which could become a gift for their children or family member. For many women, creating a gift symbolized how much they were thinking of and missed their families, and represented their desire to remain positive.

An unanticipated result of dedicated art-making time was the normalcy of therapeutic conversations during that time. Participants periodically spoke about their appreciation for having discussion centered around “normal life.” Art-making and time spent creating with the familiar granted space for conversations about everyday life, which normalized drastic adjustments these women were processing. This also allowed for therapeutic rapport and relationship building. Participants often stated that simply having someone present to listen and talk with made a significant impact. Furthermore, COVID-19 was a recurring topic within these conversations; past and present challenges related to visitors, childcare, occupation, and activities restricted by the pandemic surfaced. Acknowledging such frustrations, concerns, and considerations further normalized their experiences.

Exploring Symbolism in Pregnancy Journey. Four out of the sixteen participants chose to engage with the pregnancy journey collage intervention. For many of the women, this was their first experience with collage materials and collaging. Participants were given as much time as needed to explore, examine, and collect the images and words that they desired to include. Through this time, some women remained hesitant and unsure of the process. General comments such as, “I cannot decide on what to choose” and “I am not sure where I am going to place these” were made by half of the participants. Others worked silently, choosing the pieces that stood out

to them and arranging them on the paper or setting them aside for later. This process appeared to engage participants cognitively, which sparked deeper conversations about their pregnancy experience. Every participant had other children at home and had previously experienced pregnancy. Additionally, three out of the four participants that engaged with this intervention had experienced infertility, as well as one or more losses. Images and words within their collages were dedicated to those pregnancies and losses. These inclusions then laid the foundation for discussions around grief, loss, coping, stressors related to infertility and processing a pregnancy after loss.

Through exploring symbolism in their pregnancy journey, participants were provided the space to honor the hardships they had experienced within pregnancy. When these topics emerged, the women reflected on the challenges of becoming hopeful for another pregnancy and about holding onto joy while experiencing grief. In this space, participants were offered an opportunity to symbolically represent all that their pregnancy experiences encompassed. As Stallings (2009) said, “collage [can be used] as a medium for personal reminiscence, self-expression, and the recovery of control” (p. 166).

Other themes that emerged centered around maternal identity, self-image, dreams for their children, and personal goals for the future. Participants’ collages frequently included imagery related to babies or infants, mother and baby together, and family. Words surrounding such images were “mom,” “daughter,” “baby,” and “love.” Participants also included images related to self-image and identity outside of motherhood, which were depicted through nature scenes, houses, home décor, pets, cut-outs of couples, and symbols for their job occupation. The women collectively reflected that these elements held importance in their lives, represented things that they value, and hopes for themselves. Among the aspirations stated for themselves,

these participants noted hopes and dreams for their children. These hopes and dreams often included images of families, as well as healthy food and living. Throughout conversations, participants verbally identified hopes for their infant in a more immediate sense, which included safely withstanding birth, surviving the NICU, healthy development, and making it home to meet loved ones. Finally, personal goals depicted by participants related to home renovations, re-entering the workforce, and having more children.

Once participants completed their collage, they were encouraged to examine and reflect on it in its entirety. A discussion was then initiated for the women to share about their collage. Participants began by dissecting sections of the collage that had been designated to one of the topics previously mentioned. This led into providing an overview of the collage as a completed image and what that represented for them. Questions framed to promote therapeutic processing were posed. These questions included: What was this process like for you? What are your thoughts and feelings about viewing it as a whole? Did you have a specific focus as you created the image or did things naturally come to mind? What would you title this collage? In response to these questions, participants reflected on their identity in becoming a mother, the hardships they have faced in getting to this point, and their focus on moving towards the future. One woman in particular shared the feeling of being overwhelmed and challenged by the version of herself she saw within the collage. Similarly, other participants shared about their identities and how they have shifted through motherhood. Through this intervention, participants' experiences were continually validated, and providing the space to acknowledge their challenges from the past, present struggles, and hopes for the future offered insight into their experiences.

Containing Complex Emotions. One out of sixteen participants engaged with the keepsake box intervention. The participant that completed this intervention was provided mixed

media materials and time to explore the ways in which they desired to decorate their box. During this time, the participant sorted through the materials, set items aside that might be used, and tested out other materials to assess their appearance (i.e. paint sticks, markers). This participant primarily worked silently, making occasional comments about chosen collage images or symbols she had drawn. First, she covered the lid with paint to create a colored background, and then wrote her daughter's full name across the top. She painted symbols across all four sides of the box and reflected that they represented hopes she had for her baby. Collage words were then adhered next to each of these symbols to further demonstrate their meaning. After dedicating some time to completing the outside, she opened the box to add selected collage images to the inside of the lid. Upon signifying she was finished, the participant shared what the words, images, and colors represented to her. She acknowledged both concern and optimism for the remainder of her pregnancy and for her daughter. In closing, she expressed excitement in being able to take this box home and to have a designated space to contain mementos from her pregnancy and beyond. As Farrell-Kirk (2001) stated, “[p]lacing something in a box can not only signify the inherent value of that thing, but can actually imbue a mundane object with newfound importance...this space allows a client to reduce issues to a manageable size without losing complexity” (pp. 89-90).

It should be noted that two additional patients expressed interest in this process but progressed into labor before the opportunity came to fruition. Participants, who did and did not complete this intervention alike, conveyed interest in creating a place to collect and preserve keepsake items. While these women were experiencing and coping with difficult circumstances, the keepsake box offered the space to honor and contain the complex emotions encompassing such an experience.

Discussion

Women who face high-risk pregnancies encounter a broad range of reactions to diagnoses and hospitalization that affect both emotional and psychological states, and often, experience higher levels of stress, anxiety, and depression (Isaacs & Andipatin, 2020; Tsakiridis et al., 2019). While experiencing a significant shift in life roles (i.e. from mother to patient), these women endure a transition to an unfamiliar, isolated environment, which may reduce their overall well-being (McCoyd et al., 2018; Byrne, 2020; Rodrigues et al., 2016). Considering the impact of such adjustments and stressors, while coping with a pregnancy that has been deemed high-risk, it becomes clear to see the potential mental health risk factors at play (Badakhsh et al., 2020; Mirzakhani et al., 2020; Hogan, Sheffield, & Woodward, 2017). As a means for processing these experiences, art therapy has been found to provide a creative outlet for expressing difficult emotions, promoting healthy coping strategies, decreasing fear and anxiety, and offering a relaxing diversion (Hogan et al., 2017; Kapitan, 2013; Sezen & Unsalver, 2019).

Recognizing the mental health needs of women coping with these circumstances, along with the extensive benefits of art therapy, provided an urgency in developing a method in hopes of better serving this population and offering insight for therapeutic work. To address the use of art therapy with women facing high-risk pregnancies, this capstone thesis evaluated the ways in which women engaged with specific arts-based therapeutic interventions while hospitalized. Through designing and implementing three interventions, it was established that art therapy has the potential to reduce anxiety, promote sense of self and maternal identity, provide a containment for complex emotions and experiences, and offer healthy coping strategies.

By and large, there were distinct themes and features that emerged through these findings that have implications for future research and application. At its core, this capstone thesis sought

to promote autonomy, since hospitalization generally restricts independence and control. Through offering a variety of materials and directives, participants determined the direction of art-making and how they engaged with art therapy services. In being presented these options, participants appeared to open up to exploring materials and entering the creative flow state.

Another component to consider would be the importance of allowing participants the space and time to externalize their experiences. Participants often vocalized their appreciation for not only providing arts-based services, but also for being present in their circumstances to listen, acknowledge, and normalize what they were experiencing. Moreover, through these interventions, participants were encouraged to explore their maternal identity and motherhood, which further acknowledged the self within the context of their experiences.

Despite some barriers to working with hospitalized women facing high-risk pregnancies, art therapy can grant this population with the space to validate their experiences, an emotional outlet, and an opportunity to reconnect with themselves. The literature and findings outlined here not only reveal the necessity for further research on the implementation of art therapy with women facing high-risk pregnancies, but also advocates for the inclusion of art therapy in addressing the mental health needs for this population.

Considering the research findings previously discussed, there are several limitations to evaluate. Time constraints proved to be the predominant limitation. Providing inpatient services in a medical setting can be incredibly unpredictable due to healthcare providers inconsistent schedules, unanticipated physical changes patients experience, and unplanned procedures or tests. In working with women facing high-risk pregnancies, labor and delivery can also occur suddenly and unexpectedly, as well as discharging, if they are deemed safe to return home.

Additionally, this capstone thesis was conducted within a limited time frame due to university

deadlines. In assessing the considerations for this unique population, the lack of extensive research for the implementation of art therapy posed notable limitations for this capstone thesis. Overall, the limited number of participants and barriers related to patient accessibility may limit the generalizability of relevant findings as well.

Reflecting on this research in its entirety, there are multiple recommendations for future research to be made. The first would be the continued application of the interventions explored in this capstone thesis. As mentioned, the use of art therapy with this specific population and setting still needs substantial research, therefore, continuing to integrate these interventions would not only offer insight into their generalizability but also their effectiveness when evaluated on a longer-term basis. Incorporating these interventions within group work may also prove to be beneficial and could be another area of interest for future research. Furthermore, these interventions could be slightly adapted and incorporated into continued care for mothers and parents who transition to the NICU. Exploring the ways in which women who experienced high-risk pregnancies may engage with art therapy as they adjust and cope with their infants' NICU stay could be an additional area of exploration. Last, including standardized tools, questionnaires, and assessments, in conjunction with these interventions, could further quantifiably confirm the benefits and outcomes found through this capstone thesis.

Ultimately, the findings established through this exploration offer insight into the ways in which women on a high-risk pregnancy unit engage with art therapy. While the integration of art therapy into provided mental health services for hospitalized pregnant women may require further research, the results from the present capstone thesis demonstrate the valuable impact therapeutic art-making can have on improving overall well-being for a vulnerable population.

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THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

Student's Name: Emili Sherfield

Type of Project: Thesis

Title: The Experience of Women on a High-Risk Pregnancy Unit Engaged in Art Therapy

Date of Graduation: May 22, 2021

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

Thesis Advisor: Kelvin Ramirez, PhD, ATR-BC, LCAT