

The Use of Art Therapy Following Perinatal Death

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Abstract

Art therapy is a modality well suited to the needs of grieving women. During the bereavement period following a miscarriage, stillbirth, or abortion, complex emotional responses are often difficult to verbalize, leaving grieving women isolated and confused. This paper presents information on perinatal death and the usefulness of group art therapy as an intervention within the framework of the new psychology of women. Client art expressions illustrate how women have used art therapy to work through their grief and move toward a deeper sense of personal empowerment and connection with other women.

For years, the issues of the death of a baby due to miscarriage, stillbirth, or abortion surfaced in numerous art therapy groups which the author facilitated. Due to the frequency of this occurrence, a four-part, one-day workshop to specifically address perinatal death through art therapy was developed. Each part of the workshop was designed to address the various phases of the grief cycle. Simple art materials were used to: provide a spontaneous art expression as a graphic, metaphoric representation of the self; symbolically explore personal loss; work with the theme of reclaiming "the girl within"; and express connection and wholeness through creating group art expressions.

Perinatal Loss

Each year in the United States about 33,000 babies are stillborn (about one in 100) according to the National Center for Health Statistics. According to Friedman (1982), stillbirth occurs at the rate of 12.6 in 1000. A much higher percentage (about one in 10 pregnancies) ends in miscarriage and an unknown number in abortion.

Despite the large number of perinatal deaths, the mother's need for mourning often goes unmet (DeFrain, 1986). Perinatal death brings together two of the most emotional of human experiences: birth and death. Although women come together in the joy of the former, they are often left isolated in the grief of the latter. Friends and family generally feel uncomfortable and ill-equipped to address the subject, leaving the woman alone in her grieving. Furthermore, the mother may be left in "medical limbo" as her obstetrician views her/his job as finished and the pediatrician has no infant to attend (Peppers, 1980). Common medical and lay responses include: "You can have another one," "It's a freak of nature," and "It's nature's way of getting rid of defects." Doctors and nurses may further distance themselves from the emotional reality of this loss of a life by referring to the baby as the "product of conception," a sanitized term to go along with the medical procedures following miscarriage or abortion. These responses overlook the woman's need to grieve her loss and may inadvertently increase her sense of isolation.

With the suppression of grief, the mourning process is prolonged and may trigger compounding emotional problems. In addition to symptoms seen during bereavement (sadness, anger, depression, emptiness, and blaming), the mother often experiences guilt inadequacy and a sense that the perinatal death reflects her failure as a parent. There may also be serious behavioral ramifications including sleep disturbance, suicidal thoughts, marital turmoil, increased rate of divorce, substance abuse, family violence, and overprotection of surviving children (DeFrain, 1986). Also, with perinatal death there are no shared life experiences or memories, so a woman is left with a sense of unreality, further disconnecting her from others.

Physical symptoms are also present and are similar to those experienced following the death of an

adult. However, women often speak of deep physical pain, aching arms and/or chest during the months following the perinatal loss. These symptoms differ in some respects from those experienced following the death of an older person.

The Psychology of Women and Perinatal Loss

Even if a woman who has experienced a perinatal death is in therapy during the time of loss, traditional psychological constructs may not meet her needs. During the last decade, women have begun to study the ways in which their own psychology differs from that of men. Historically, men were not only the ones to construct the theories of human development, but they also served as the only subjects studied. It is perhaps because of this limited research population that Freud (1938), Erikson (1950), and Levinson (1978) all saw life as a struggle toward achievement and separation. It was assumed that when female clients did not mature along these lines they were deficient and, by definition, abnormal. Hancock (1989) writes that Freud assessed psychological development of the male by his separation from his mother and "thus he conceptualized development in terms of male norms and female deficiencies and pronounced women inferior in maturity" (p. 230). For this reason it was generally believed that the measurement for psychological and emotional maturity rested on the degree of separation and individuation one achieved.

Stiver (1991) points out that "the inflexible application to female development of a concept derived from male development, without sufficient attention to the quality and nature of women's experience, leads to a significant misunderstanding of women" (p. 86). Stiver, along with Jordan, Kaplan, Miller, Surrey and others at the Stone Center at Wellesley College, have brought to light new perspectives concerning the psychology of women. As a result, affiliation and connectedness are now considered important components of female maturity (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Their perspectives redefine what constitutes psychological health, taking into consideration the unique aspects of female growth and development.

Surrey (1991), in what she calls the "self-in-relation model of development," postulates a female-centered theory of maturation. She traces the development of identity through specific relational networks and uses the term "relationship differentiation" in place of separation-individuation. Surrey

uses the concept of differentiation in the sense of an embryonic cell becoming more highly developed. She states that "this is a process that encompasses increasing levels of complexity, choice, fluidity and articulation within the context of human relationship" (p. 60). Thus, development of relationships is central to female maturation and identity.

Surrey's concept is of particular importance in understanding women who are grieving a perinatal loss. This loss severs relational connection and cuts down the sense of choice, fluidity and articulation. Fortunately, these very qualities may be enhanced and nurtured within the art therapy process.

Specific Uses of Art Therapy with Perinatal Loss

Carol Gilligan (1982) observes that a woman's identity is threatened by separation. Art expressions created at the time of perinatal loss, and for months afterwards, often graphically express a lost sense of self; Figure 1 is an example of this lost sense of self, a collage figure with the head removed and arms outstretched. The creator stated that "it feels like I'm reaching for something or someone, like I need to connect." Thus, in creating this figure, the woman could express her loss and, in seeing similar symbols created by others, reduce her sense of isolation.

With the loss of a fetus, clients express a sense of being cut off from their own bodies (Figure 2). This woman, whose mother took diethylstilbestrol (DES) when trying to conceive her, now finds herself unable to carry a baby to term and has had repeated miscarriages. She shows graphically the blocks she has in experiencing a sense of her own body. Due to the visual and kinesthetic richness of color, texture, scent, and sound, clients' senses are often stimulated. They frequently feel more connection to their bodies through the process of pounding, tearing, painting, and gluing.

Because women tend to fuse their sense of identity with intimacy and connectedness, their assessment of self is measured by the standard of their relationships. Miller (1976) observes that a "woman's sense of self becomes very much organized around being able to make, and then maintain, affiliations and relationships. . . . Disruption of connections is perceived not as just a loss of a relationship, but as something closer to a total loss of self" (p. 83). This is expressed in the repeated hand-print motifs (Figure 3) as women speak of not only being unable to touch their babies, but also of not feeling real themselves. The hand symbolically says, "this is me." Several cli-

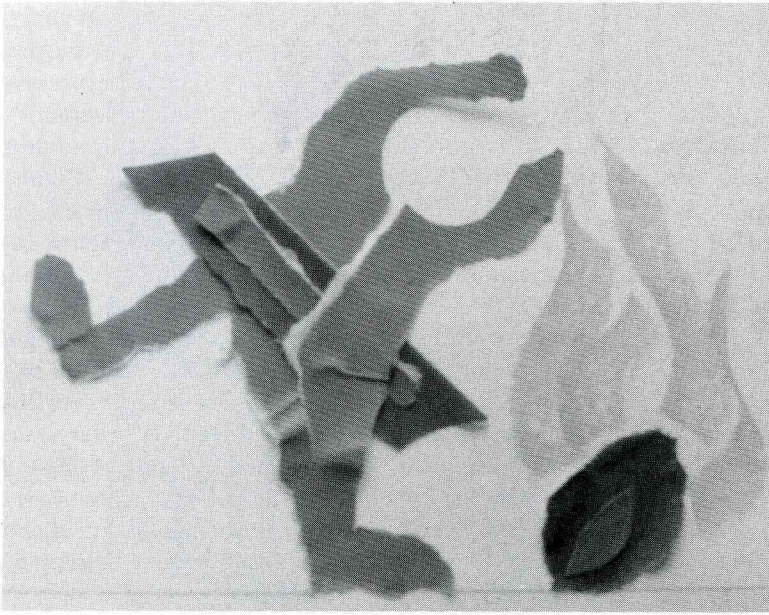


Fig. 1

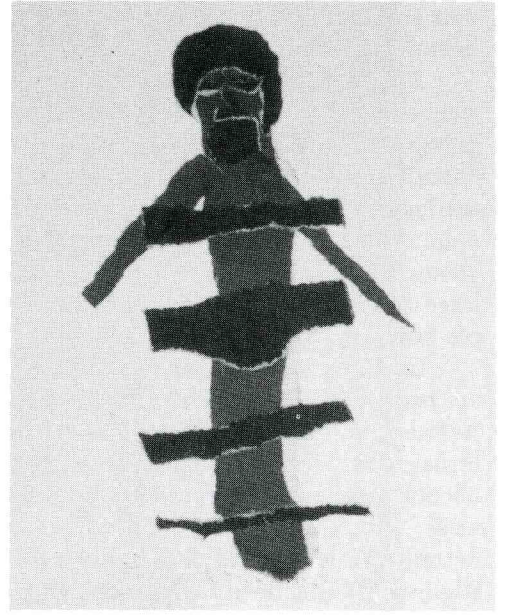


Fig. 2



Fig. 3

ents also told of making impressions of their stillborn babies' hands to create a tangible object to preserve.

A woman who has lost her fetus naturally experiences a feeling of confusion over her loss. Art expression provides her with containment for this often chaotic outpouring (Figure 4). For example, the tearing of paper and flinging of paint provides an avenue of release while simultaneously structuring the chaos. Background paper had been placed inside a large tray which served to contain and give a tangible boundary to the flood of emotion.

In contrast, feelings of depletion and isolation are expressed. Many women speak of feeling lonely, isolated, and empty and use the art to fill this internal void. Surrey (1991) observes that "if the connection feels severed, there can be a sense of deadness, blackness, and even terror; some have described this experience as a 'black hole'" (p. 172). Figures 5-7 illustrate the working through of emptiness and vulnerability. A clay body was ripped open and brightly colored tissue pieces were first placed inside the womb/wound, then removed and later were again placed inside. As this woman worked through her loss, she felt a need to cover and protect her clay self using dryer lint and the shredded tissues from her tears. She also added "a brain to help understand it all." Finally, removing the protective blanket and acknowledging the pain as part of herself, she used the tissues to surround rather than cover herself.

Lost babies are created over and over again in a wide variety of media (Figures 8 & 9). Clay, plasticene, and cloth can have soothing qualities, due to their tactile richness and the ability to form an object product which can be held. With the art product, there can be a feeling of connectedness to the lost babies, keeping them a part of the woman's life. The women in the perinatal loss groups often speak of the need to have a tangible and lasting part of their lost child. One woman stated that the plasticene baby (Figure 8) which she now keeps in a visible place at home helps to say to others, "You might not be dealing with it (the stillborn baby), but I am."

As previously stated, for many women there is not only a need to be in a relationship in order to experience a complete sense of self, but they may also need to feel competent and in control. The death of a fetus may create a feeling of incompetence and loss of control which can be addressed through art therapy. Because of the contained, concrete quality of art making in a structured, therapeutic context, women are able to take risks, practice new behaviors, gain control, and develop a sense of mastery. The art

product may then be placed at a distance and viewed more objectively. Although alone in the art making, the woman has allies in reviewing the art expression and can try out new ideas with the encouragement of others in the group. For example, the various changes the artist made in the sculpture (Figures 5-7) provided her with a greater sense of control.

Art expressions often reveal rage (Figure 10); clay, as a resistive medium, is helpful in releasing this rage. The outpouring of anger may be a response to the unfairness of life, a woman's feeling of incompetence, her inability to control what has happened within her own body, the lack of sensitive medical response, or other frustrations. After creating the piece, the woman stated, "I am pushing myself up out of the block and screaming." The block is styrofoam, which she stated is, "fake and cold, but the clay is warm and real . . . my rage is helping me push out."

Clay is also effective in relieving some of the pain in the chest and arms which mothers complain of following a stillbirth. With the force necessary to form clay, clients reduce the somatic component of their pain directly through body movement. Arms are now productively active rather than passive, at least during the session. Additionally, women speak of experiencing greater energy and less depression during art making, despite the sad content of their work.

Hancock (1989) observes women's needs to meet "the culture's expectation of the perfect weight, the perfect curl, the perfect makeup, the perfect orgasm, perfect childbirth, perfect children. . . . The demand for perfection is yoked to that for nurturance in the ideal of perfect nurturance that drives us all" (pp. 187-188). The creative process provides the opportunity to express a woman's authentic self, lifting the layer of external, social expectations for perfection and conformity to roles. Art making allows the grieving woman to focus inward and to express and release emotions that family, friends and others have been unable to accept.

Lastly, the loss of a fetus is often experienced as the loss of the (pro)creative self. This shift in the sense of self from full and creative (as during a wanted pregnancy) to loss of the creative potential may mirror an earlier loss of confidence.

Miller (1976), Gilligan (1982), and Hancock (1989) have studied the diminished sense of autonomy and self-confidence during normal female adolescent development. Hancock (1989) discovered that confident, self-assured nine-year-old girls often became conformist, hesitant and self-doubting only a

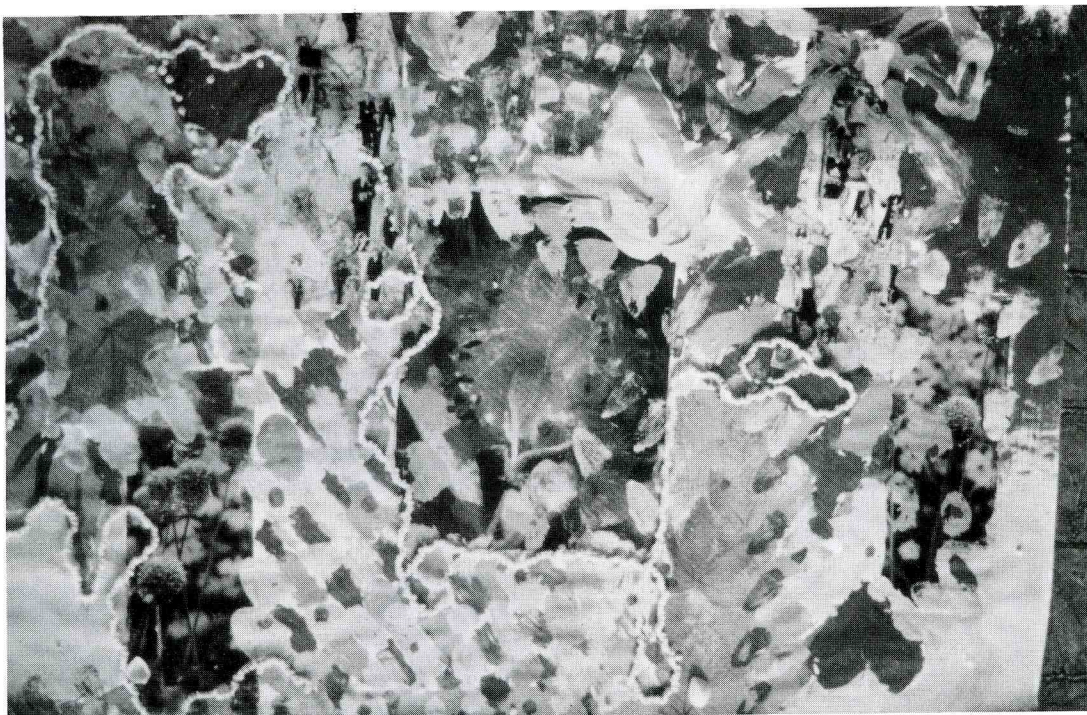


Fig. 4

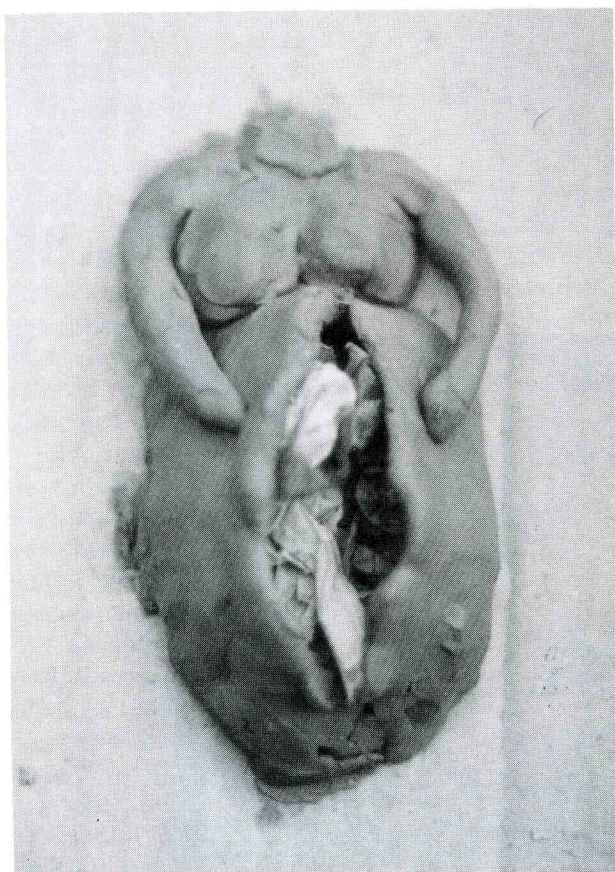


Fig. 5

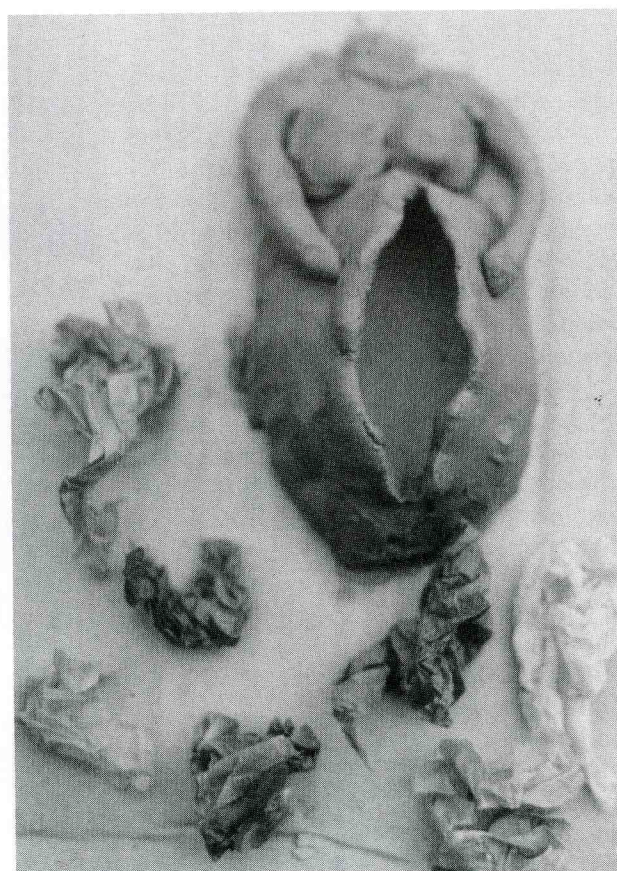


Fig. 6

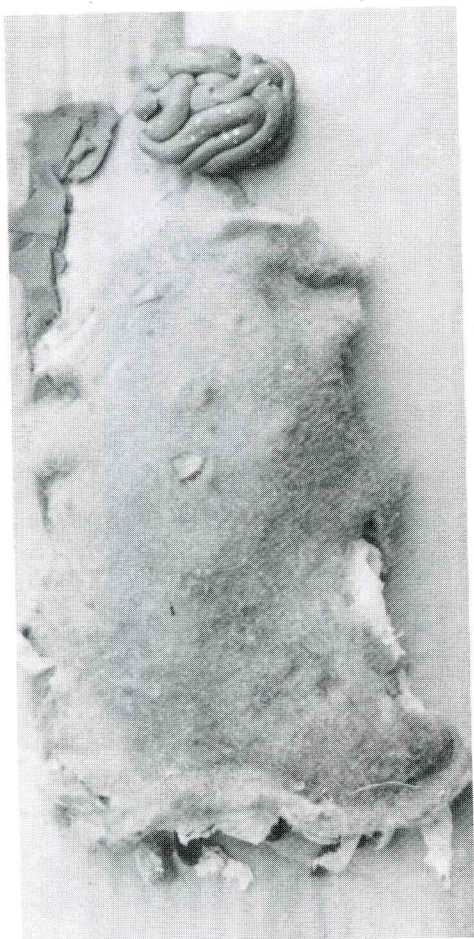


Fig. 7



Fig. 8



Fig. 9

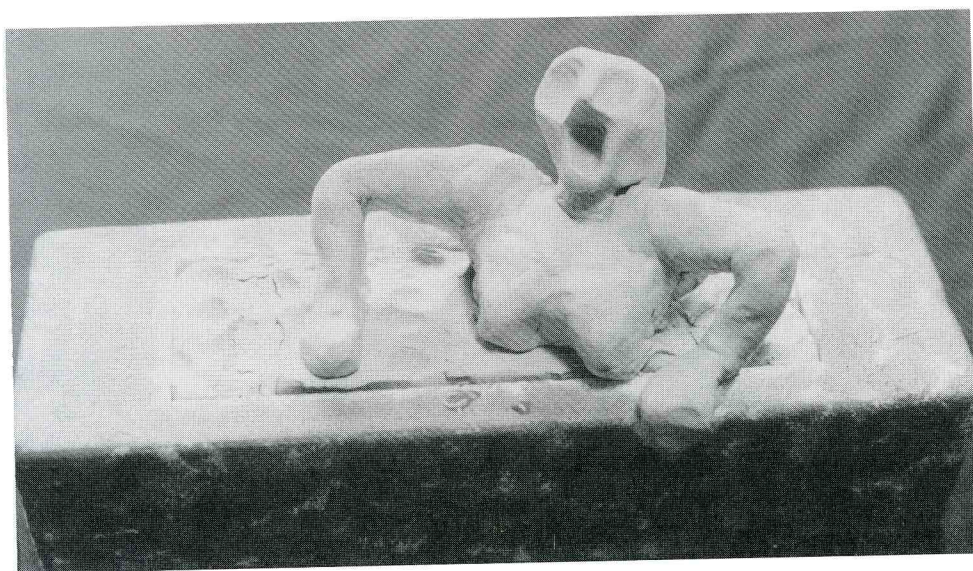


Fig. 10

few years later. Something in society gives females the message that creativity and confidence is no longer to be trusted or valued after age 12 or 13. Hancock refers to this creative, confident individual as the "girl within."

The creative process can enhance self-esteem and revive a personal sense of purpose. Art making may symbolically rekindle this "spark" as women again see themselves having the capacity to create. The creative process can renew the "girl within" while simultaneously working through the grief process.

Loss → Creativity Workshop: Techniques

In the workshops conducted by the author, simple art materials are introduced first. One of several warm ups is presented: wet paper and paint technique (finding an image to develop out of paint dropped on wet paper), wrinkling up paper and developing an image out of the fold lines, or simply finding an image to develop out of a scribble. During this warm up there is often talking, sometimes even laughter. This may be due to the newness or awkwardness of the art making, as many clients state they have not made art since grade school.

Next a process is used which the author developed. First, each woman is asked to tear a shape to represent herself from a color that feels right for her. Fadeless paper is provided because of its wonderful colors and the deckle edge produced when torn. Second, she chooses a color to represent her loss and tears it into an appropriate shape. Third, she uses rubber cement or glue stick to attach these, in their appropriate relationship, onto an 18" × 24" piece of white cardboard or heavy paper. Lastly, she draws with oil pastels what is needed to bring comfort, wholeness, or peace to the torn-paper images.

During this process the room is silent, in contrast to the warm up which preceded it. Women often comment later that they had forgotten they were in a group and that they felt totally alone as they worked. The group then spends as long as is needed talking about the process and product.

The third phase of the workshop is designed to focus on the creative "girl within." Each woman talks of a time when she felt free to explore and express herself. An individual collage is then created by each participant using a variety of materials such as feathers, cloth, glitter, nature objects, tissue, paint, etc. The wide selection of art materials encourages exploration and evokes early feelings of creativity and freedom.

After talking about these individual collages, a group mural is assigned, incorporating each woman's sense of her own child within. This process puts the women in connection with others in the group. There is often a visual interconnection of symbols and lines, and the process is far from silent. By this stage in the workshop, the women have established connection and intimacy with others in the group.

Art making, by the nature of its two-step process of expression and reflection, allows both the isolation of internal focus and the connectedness with others. As the visual symbols of loss are shared with others in the group, they also promote deeper self understanding as well as connection.

Summary

The creative experience of using the art for self exploration during the time of traumatic loss provides a tremendous opportunity for growth. It is the author's experience that connection (the female voice of "we" rather than the male voice "I") is a critical factor in the shift to a sense of empowerment and eventual growth. The trauma of a fetal death may be healed by a new sense of relatedness both with others as well as with the self.

Miller (1976) states that there is the "... absolute necessity of, and absolute existence in human beings of, the potential for both cooperation and creativity ... the intense personal creating that we each must do all through life. Everyone repeatedly has to break through to a new vision if he is to keep living" (p. 44). Indeed, clients demonstrate these elements of cooperation, creativity and the re-creation of their personal vision by struggling with the art media. Through this work each woman fashions a stronger identity.

Perhaps female clients can be better served by framing interventions and the entire structure of their treatment in terms of a relationship model, supporting connection rather than autonomy. As Surrey (1991) observes, "the joining of visions and voices creates something new, an enlarged vision ... thus the sense of connection and participation in something larger than oneself does not diminish, but rather heighten the sense of personal power and understanding" (p. 172). This author increasingly utilizes the workshop and group format of treatment in place of individual therapy. As Kohut's view of treatment is to help patients feel that "the sustaining echo of emphatic resonance is indeed available in the world" (1984, p. 78), so this writer finds the group therapy format provides more reflective sur-

faces to both contain and mirror each women's experience of loss and validate her sense of self. The echos, in this way, can be heard not only through the therapist and the artwork, but through the other group participants. The feminist psychological approach of mutual empowerment and connection continues to be studied at the Stone Center (Jordan et al, 1991), and further research based on this work is needed on group art therapy models.

The Loss → Creativity Workshop is designed to stimulate a deeper, more personal response in working with women experiencing perinatal death. As Johnson (1989) writes of our role as therapists that we "are constrained by the greater value our society places on control versus empathy, external versus internal concerns, managing versus caring. . . . In this sense our struggle is part of a larger, even more important struggle, not merely that of the women's movement, but supporting the values women have come to represent" (p. 236). These feminine values of empathy and connectedness are enhanced by the process of creating art together in a group format.

Further support for the group therapy approach comes from DeFrain (1991), who has spent many years observing and working with families suffering perinatal loss. He states, "The death of a baby is clearly not an individual loss . . . though individual treatment is on occasion warranted, we believe that in most cases it would be wise to encourage group solutions to many of the dilemmas the death imposes" (p. 229).

As health professionals, art therapists must support the need to express and creatively transform the issues of grief and loss with our clients to prevent some of the psychological, sociological and behavioral problems resulting from unresolved grief. We must not shy away from connecting with this pain

and loss. As we are learning from the new psychology of women, a sense of connection is an essential part of addressing the needs of grieving women, particularly those experiencing the unique trauma of perinatal loss.

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