THE BIRTH PROJECT: 
Using the Arts to Explore Birth

Final Research Report
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The Birth Project

The Birth Project is an arts-based research project, which has employed visual methods throughout, both as a means of elicitation, but also as a mode of dissemination of research results. It forms part of a larger investigation that has examined how creative practice, in the arts and humanities, can promote the kinds of connectedness and reciprocity that support ‘mutual recovery’ in terms of mental health and well-being.

Headline Finding

Overall improvement in self-reported well-being measures with a significant increase in the overall scores for both of the arts interventions with the mothers (37%). This is such a substantial improvement that we believe it will have long-term consequences for both the mothers and for their infant’s development.

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 more rarely death) of babies or mothers may also be traumatised - including 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 has been filmed by Sheffield Vision and that the films are edited in such a way as to address the research questions, to be used as training aids and in research dissemination.

Images produced include those which both represent and defy cultural expectations. This report will outline the basis of the project, articulate its research questions, discuss the methodology employed and then articulate some of the discourses that arose in the groups.

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 [potentially] 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?

Key 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 that is of crucial importance to mother’s birth experience and sense 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 allowed them to reflect ‘holistically’.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) showed highly noteworthy improvements in pre-and post intervention assessments, with a significant difference in scores.
Professor Susan Hogan has been asked to speak to the All-Party-Parliamentary Group on Arts Health and Wellbeing. Events have been held at The Circle, Sheffield; The Enterprise Centre, Derby; Lakeside, Nottingham and QUAD, Derby (the latter event included invitations to over 100 community organisations). A commissioned play, Labour Intensive, was performed at Derby Theatre and attended by members of the general public, then reworked as Partus, on tour during 2017 (reaching audiences who might not usually engage in looking at research findings, or thinking about these issues).

A suite of films is available free online as a training and teaching resource, and is already being used in the training of health visitors, midwives and therapists. For example King’s College Medical School is now using our films as part of standard medical training. One of the films, Mothers Make Contemporary Art, was shortlisted for the AHRC Research in Film Innovation Award 2017. Publications arising from this research are listed at the end of this report.

The project has been presented at major events and the films have had plenary film viewings at the following: Paris-Sorbonne University, Ecole des Hautes Etudes en Sciences Sociales; The 5th International Health Humanities Conference; The Creative Researcher Conference at Keele University, School of Psychology; Northern Arts Therapies Conference, York; the Interdisciplinary Centre of the Social Sciences (ICOSS), Sheffield; Faith & Feminism Symposium, Derby; Talking Bodies – Identity, Sexuality & Representation at the University of Chester; The Motherhood Initiative for Research and Community Involvement (MIRCI); and the London Art Therapy Centre. The project findings have also been shared at the American Art Therapy Association Conference; the European Consortium for Arts Therapies Education Conference (ECaTE) and the International Visual Sociology Association (IVSA).

Other dissemination includes the viewing and discussion of the project films with student healthcare practitioners (i.e. midwives, medical students, health visitors, trainee therapists). The Birth Project was invited to hold an exhibition space at the Medsin Global Health Conference 2017, in London. The audience was predominantly medical students who showed a keen interest in the overall research and the project films. Discussions explored assumptions relating to iatrogenic birth practices and ideals of motherhood. Further information about the project was provided via the interim report and project flyers, directing students to the project webpage and films. Encouraged by this, a Likert scale has been developed in order to understand and capture the impact that the project resources have on students’ learning and understanding of birth experiences, including planned changes to practice. Various screenings have been scheduled. This work is ongoing into 2018, so not fully represented in this report. The final symposium presented and explored the latest research and provided an opportunity to share evidence-based practice, through a series of workshops, debates and networking opportunities.

Approach and Methods

Researchers have worked in collaboration with 16 mothers, 7 midwives and 1 birth worker, (and a group of young mothers, who were already meeting in a support group), using a range of qualitative visual methods to produce knowledge and understanding of birth experiences from different perspectives. An additional focus group with dads, as well as one-to-one interviews have been undertaken to inform an original theatre piece created by Third Angel (a theatre company based in Sheffield), in response to the research aims, entitled Labour Intensive. This theatrical performance captured a wider range of voices, including those of dads and obstetricians (www.thirdangel.co.uk).

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.

Theorising the Process

During the twentieth and twenty-first centuries, there has been an increase in interest in representations of gender and their significance in generating scripts for us to live by which are potentially constraining, but also of significance in challenging entrenched ways of seeing. Representations of gender have come under analysis. More recently there has been a burgeoning of interest in the kind of experiential knowledge that can be conveyed by images and image making processes, as routes to ways of knowing, which may not be immediately accessible though conventional text-based methods (Hogan & Pink 2011). The rich ways of knowing generated by performance, art and art therapy techniques are now being considered and used in arts-based research methods. Guillemin & Westall (2008) assert that that visual methods are a humane approach when dealing with sensitive subject matter, which might involve the articulation of painful experiences, as well as offering a novel and powerful means of accessing women’s interior worlds.
Furthermore, people often give expression to their experience in metaphorical discourse, which can better conceptualise and articulate their situation. In ideological struggles, metaphors are commonly used around a contested site of meaning. This can take the form of pictorial or linguistic strategies to establish one meaning rather than another. When one looks at pictures with these ideas in mind, they can be seen as providing women with a tool for carving out a self-identity, which might challenge dominant representations or those representations connected with their particular socio-economic or gender status (Hogan 1997, 2012; Hogan and Warren 2012). The transition to motherhood, especially the birthing event, is a particularly contested site with regards to male/female power relations, and the application of practices. Historically every aspect of the management of the event has been potentially highly inflammatory, and subject to rival proscriptions (Hogan 2003, Hogan 2008, Hogan 2012b; Hogan 2013, Hogan 2016).

**Rationale**

Post-natal depression, trauma and psychosis is expensive in every sense, with long-term consequences for women and the development of children. Recent figures for perinatal depression, psychosis and anxiety suggest a global figure, with long-term costs at £8.1 billion per year in the UK (Bauer et al. 2014). Around a quarter of women may have symptoms of psychological trauma following birth and some actually experience post-traumatic stress disorder (PTSD) (Czarnocka and Slade 2000). Moreover, it is estimated that about half of all cases of perinatal depression and anxiety go undetected (Bauer et al. 2014). The quality of life and wellbeing of women can be adversely affected, with long-term consequences for them and their children. Unresolved or traumatic birth experiences appear to be one of a number of triggers of post-natal depression (PND). The main cause of maternal death in the UK is suicide (Oates 2013). Effects of poor maternal mental health can have an impact upon foetal, child and adolescent health (NICE, 2007). Prenatal anxiety has also been strongly linked to possible later child and adolescent mental-health problems (O'Donnell et al, 2014). There is no consensus about the cause of PND, and the complexity of contributing factors is one justification for further research (Hogan et al. 2017). Indeed, current classifications ‘may not adequately address the range or combination of emotional distress experienced by mothers’ (Coates et al. 2015 p.1 my italics). This is a key point. Childbirth is complex, and women, in the UK, experience often unprecedented pressures and constraints in their lives during pregnancy and after birth (Hogan 2016). Childbirth and all of the practices surrounding it are highly contested and this contestation has perturbing effects. I would like to suggest that it is helpful to view the risk factors affecting women as social produced rather than as located within the individual woman. These could be viewed instead as a matrix or field of conflicting social forces which act upon women in a destabilising manner (Hogan 2016). In particular, a number of hospital practices are illness inducing: iatrogenic. Iatrogenic illness is affliction caused by the adverse effects of medical treatments, procedures and practices. This project is interested to look at how hospital practices result in distress for women, and to regard this distress as understandable rather than ‘irrational’ or pathological. So whist is it hard to shake off the rhetoric of post-natal ‘illness’, there is an underlying interest in institutional practices evident in the research project and the impacts these have.

Coates et al. (2015), in a small qualitative study involving in-depth interviews with new mothers, found that women wanted support to be on offer (regardless of whether a mental-health diagnosis had been made) and that the availability of post-natal support should be ‘normalised’ and universal. Coates et al. (2014) note that therapeutic support could explore psychological processes such as ‘distancing, guilt and self-blame’ across different types of emotional difficulties. They noted breastfeeding and birth trauma as key areas with which women felt they needed more support that was not readily forthcoming, as the ‘postcode lottery’ continues with women in about half the regions of the UK not having access to specialist perinatal services (Bauer et al. 2014). Women not necessarily diagnosed as depressed may benefit from support in ways which then has developmental significance for infants, therefore universal provision of social-support packages could be considered (Hogan et al. 2017).
Workshops

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. 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. 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, drawing on techniques from art therapy, with seven midwives and one birth worker (a hypno-birth specialist), over a 12 week period. Although the workshop series was led by a HCPC registered art therapist, all participants had signed a consent form stating that they understood this was not art therapy, as above. However, art therapists are practiced in facilitating group work, including handling interpersonal tensions and are skilled in containing strong emotions, so lend a high-level of expertise to the process of facilitating group work. It was for these reasons that an experienced HCPC registered art therapy practitioner was selected to run this workshop series. Participants were invited to reflect on what it feels like to be a midwife (or other birthing professional). This group was non-directive 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 an artwork that may or may not elaborate a point of that discussion. It was made clear by the facilitator that they could explore any topic they chose in relation to their practice and their personal experience of their practice. Birth professionals found the arts useful as an analytic tool for helping them to think about their practice and found engaging in a supportive art group experience allowed them to reflect ‘holistically’ on their practice.

Workshop Series 4: Indoors
Artist, Lisa Watts, also worked with a pre-existing support group for younger parents, who met with their babies. Due to the social nature of the group and presence of children and babies, as well as changing group membership, a collective approach was taken, with two large works created, to which a number of parents contributed. Participants were also interviewed and these interviews informed the verbatim piece of theatre developed. Well-being scales were not applied to this group, due to the inconsistent membership.
Outcomes and Impact

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 that 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 (Mothers Make Art & Art Elicitation Group), 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 Enterprise Centre (University of Derby). This event allowed the three sets of workshop participants to come together in a ‘mutual recovery’ setting, exchange perspectives about their experiences and art work in an informal way, whilst viewing the films and art work together.

A number of art works are on permanent display on the project website and art works are also featured in the project documentary. A final symposium event is forthcoming.

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 spoke 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) and 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 has also toured in 2017.

http://www.thirdangel.co.uk/shows-projects/partus

Well-being Scale

Mental well-being has only recently been measurable with valid and reliable measures.

We used the most popular scale of mental well-being in the UK, the short version of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), which was developed by mental well-being experts and 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-being.

WEMWBS is now widely used and this therefore increases the comparability of this research. Based on available evidence, it seemed to offer the most robust and reliable tool to measure any changes in well-being throughout the duration of the workshop series. These measures were applied to Mothers Make Art and the Art Elicitation Groups.
Qualitative Comments from Participants About What They Valued (from Mothers Make Art and the Art Elicitation Group):

“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”.

“Playfulness gave us confidence in our own abilities, imagination and creativity. Grateful for this opportunity”.

“Helped me enormously work through my own issues – issues I wasn't necessarily aware existed! How much tension and worry was within me. That I am not alone. Forgiving myself.”

“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. Having dedicated regular time to learn and be creative alongside other women has been such a luxury” and to “explore my experience of mothering... I gained insight into my own situation, learned about contemporary art and connected with some lovely people and it has been a spiritually valuable and a mothering time for me – thank you”

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

“Shows how important art-practice can be to explore experience and trauma”

“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”.

“Lifting the lid on my grief (a little lift of the lid) and the start of the ways of how to express it.”

“Please, please, please can we have more? Please can we explore the process of mothering children growing up and letting go?”

“It has been life giving... I have engaged and benefitted from meeting, talking and making art with other mothers. Becoming aware of formal aesthetics as a concept – [learning] I could be more playful, daring and imaginative. It is a revelation that everyone is having similar experiences and that this inspires invention and creation... Transformations happen in the making of the art as well as in the viewing and speaking. Being brave enough to do it. It is such a potent time”.

“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”.
Medical trainees respond to Mother’s Make Art:

“I have much more of an understanding of just how traumatic hospital births can be, and one of the mothers mentioned not knowing the names of their doctors and the people who were doing things to her body which will make me much more intent on introducing myself and making sure patients know who I am” (second year medical student, King’s College London).

“I feel that I will definitely be able to change my practice because I am more aware of the importance of mental health in mothers post-partum. Healthcare has been fantastic in caring from the physical health of mothers and babies during delivery, however, I feel that the mental health needs to be looked into more and taken care of with as much priority as physical health; for example, ensuring the woman’s dignity is preserved as much as possible” (second year medical student, King’s College London).

“I think that it has been an amazing opportunity to listen to the stories of birth and the post natal period of the different women in the video. I think it is important to learn the perspective of women who have given birth, since it should be there experience that helps to shape clinical practice, as this will help us to make them feel more comfortable” (second year medical student, King’s College London).

“Before watching the video, I saw childbirth in a medical manner, thinking only about the physiology and anatomy behind it all, after clinical exposure and watching the video, I see how it’s very much a big part of life and affects people
everyday in the biggest way. Even how the new mothers were talking about the element of guilt they feel and how they battle within themselves to try and not feel that way was enlightening. It made me realise that there's a level of deeper complexity to caring for women, mothers, and people in healthcare that goes beyond treating symptoms” (second year medical student, King's College London).

"Perhaps naively, childbirth in my head was associated with beautiful words such as 'welcome to the world' or 'skin-to-skin' or 'tiny hands curling around fingers' and although I knew that complications could occur and mothers could go through post-natal difficulties, such as depression, I hadn't thought of words such as 'guilt', 'self-blame', 'birth rape', 'out of control', 'loss of dignity'. This video reminded me of our responsibility as healthcare professionals to do as much as we can for mothers to help them feel comfortable, respected and safe. I would also like to look further into hypno-birthing (second year medical student, King's College London).

"I thought that it was very striking to hear the mothers talk of their guilt surrounding difficult births; they often blamed themselves for complications that had arose. It also made me realise how important it is to give the mother as much control as possible, many spoke of feeling powerless, and pressurised into doing things the 'right' way" (second year medical student, King's College London).
What role might arts engagement have to play in ante-natal and post-natal care?

Art-based support groups could play an important part in giving women crucial social support. Though a fairly short intervention (and therefore relatively inexpensive), women found the workshop series to be important to them.

Two workshop series: Arts Elicitation: Exploring the Birth Experience and the Mothers Make Art both ran for twelve weeks and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was applied before and after the experience. This scale allows evaluation of projects, which aim to improve mental wellbeing. It explores both feeling and functioning aspects of mental well-being with before and after scores generated by the questions. A total of 16 mothers (eight in each group) completed measures of mental well-being 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 overall improvement in self-reported measures across most fields and an extremely noteworthy increase in the overall WEMWBS scores for both of the arts interventions with the mothers (37%). This is such a substantial improvement that we believe it will have long-term consequences for both the mothers and for their infant’s development. It would be interesting to work with a larger sample-size so that sub-analyses of the questionnaire data could be undertaken, to examine in further detail which aspects of wellbeing are most touched by the intervention.

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 provide promising evidence of gains in mental well-being and social inclusion. The question of longer-term benefits beyond the duration of the workshops remains, but these results tentatively add further support to the use of participatory arts in promoting mental health and well-being for new mothers.

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

Findings from analysis, based on the groups with mothers, would appear to support existing research that is it 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. This is an important finding for health-care practices, which are increasingly stretched with temporal pressures on professionals, leading to challenges in forming and maintaining caring compassionate relationships with birthing mothers and their partners.

However, findings show that institutional practices did have negative (iatrogenic) impacts. So-called ‘routine induction’ was forced in a way that left one mother (a medic herself) feeling disempowered and angry. Another mother had her baby removed after the birth and taken out of her sight, and when the baby was returned to her she had difficulty believing it was her own. Conducting routine checks within the mother’s view would be humane and relatively easy to achieve. The discomfort of cannulas (a cannula being a thin tube inserted into a vein to administer medications, which may or may not be part of ‘routine’ induction) and feeling unable to remove them was a theme, as well as medical interventions getting in the way of the much-wanted experience of holding the new baby skin-to-skin. Feelings of disempowerment were to the fore in much of the personal testimony. The birth professionals also reflected, in interesting ways, upon those aspects of institutional service, which diminish their ability to give mothers the level of care they clearly aspire to, and this is evident in the film footage.

What, in particular, does an arts-based approach offer in exploring birth experienced and the transition to motherhood?

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. Interrogating their experiences allowed women to develop enhanced self-acceptance and self-compassion. Whilst verbal support groups might work well for some women, inchoate emotions can be captured in art, in ways which are fundamentally different to that of a language-based approach (see Hogan 2017 for a detailed analysis of how visual expression is different from verbal expression in general terms, with examples from this project).

The use of art materials was important for some of the participants in terms of self-expression, revealing their feelings, or allowing their feelings to emerge, as captured in the film footage. The transformational quality of art making was emphasised by a number of participants, as well as their increased sense of volition: their capacity to make a creative act happen and to take risks in the process was liberating, exciting and life-enhancing.

Understanding those emotional processes, and the way they impact on the wellbeing of mothers and consequently their children, is recommended as a rewarding avenue for further detailed research. Making time and space for personal reflection in a moment of transition was also noted as enriching. Finally, well-being scales showed significant results, warranting a larger scale use of art-based support groups for new mothers. Birthing professionals also found the art-based experience gave them new ways to think about their practice.
To what extent is ‘mutual recovery’ possible through engagement with the arts, and if so, to establish what form this may take?

The supportive nature of the groups and a sense of shared experience was important. Our findings concord with what women say they want, which is a supportive group experience with other mothers. Previously, new mothers had noted a safe space as of crucial importance (one in which medical professionals were not seen as judging them, or potentially reporting on them) and they also mentioned, valuing having a space in which they could explore feelings not articulated elsewhere, including disturbing or shameful feelings (Hogan 2003; Hogan 2008b; Hogan 2012b). As new motherhood is supposed to be a joyous time, some new mothers find it difficult to find a place in which they can explore more troubling feelings associated with a difficult birth experience, or the adjustment to motherhood.

McLoughlin (2013) notes that health professionals should validate women’s emotional responses cautioning that, dismissal of feelings, or attempts to ‘normalise’ can reinforce perceptions of emotional life as not relevant within health care, or worse infer that such feelings are shameful. As noted in our literature review, unresolved, distressing, or traumatic birth experiences appear to be one of a number of triggers of PND and many cases of trauma go unrecognised (Hogan, Sheffield and Woodward 2017). It appears logical that offering validation, support and opportunities for self-reflection is potentially helpful in enabling women to explore and ameliorate their feelings of birth-related distress.

In terms of ‘mutual recovery’, a shared experience with other mothers was a key aspect. This concords with other recent research, which has found that “the opportunity to meet with other pregnant women was a simple but important mechanism of support” (The Birth Companions Literature Review, 2015 p.5). The unique aspects of using the arts are evident in the women’s testimony. One example is cited above, “Transformations happen in the making of the art as well as in the viewing and speaking”. Making art is about articulating feelings non-verbally, but also about making things happen and this volition via the materials can feel important.

The value of the larger event (in which midwives and mothers came together) was undoubtedly interesting in generating a discourse between different groups associated with the birth experience. The final analysis of transcript material may generate further insights here, which will be communicated in the final project publication. One of the distinctive aspects of this project is the way it has been structured to enhance communication between different participatory groups concerned with birth.

To re-cap, firstly, group members shared with each other in the ongoing group settings. Participants practiced talking about their art works to each other, their ideas and developmental processes, as well as the end products. This was particularly evident in the Mothers Make Art group in which the group’s aesthetic reflection on work in progress was an on-going feature.

Then mothers in the Mothers Make Art group met with the mothers from the Art Elicitation Group at a “mutual recovery” event, in which women exhibited their work in a gallery space and then reflected upon their art, ostensibly explaining it to the other group. This was done with great sensitivity, with an interior room available for art works that participants wanted to be less ‘exposed’ (and which remained closed to guests during the set-up period). Some women were self-conscious in front of the camera (as parts of the event were filmed), but generally women who participated were excited and intrigued to see other women’s work and pleased to share their own experience. One participant found the event very emotionally challenging and was given extra support, as we had qualified art therapists to hand. A conflict resolution specialist facilitated part of this event, though her particular expertise was not needed, as a tone of mutual tolerance and mutual respect prevailed.

In a further event, birth professionals and mothers exhibited their work together, and sharing was less structured, but continued informally around the viewing of the art works in the exhibition space. The different groups also got to watch and discuss each other’s films at this event (a film having been produced about each of the first three groups). For these screenings we also had discussants, who viewed and then commented on the films from an outsider’s perspective, followed by the debate between participants: mothers and birthing professionals, enabling and enhancing communication between the different groups concerned with birth.

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

Overall, the Birth Project has offered arts-based interventions in a non-stigmatising, open and warm environment. Through not focusing on pathology, we were able to create communities in which experiences could be collectively shared, without recourse to formal services, which may have been potentially difficult to access, given the stigma of asking for support identified by McLoughlin above. The midwives too articulated how asking for support within the workplace can lead to questions about their ‘capability’, making it hard for the birthing professionals to get appropriate levels of care.

The larger events served to generate a discourse between different groups associated with the birth experience. A focus group with participants from the groups conducted in 2017 will report shortly. The final analysis of transcript material may generate further insights here, which will be related in the final project publication.
I will end with the words of one participant from Mothers Make Art:

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

A major output of this project has been the project films. The aim was to produce films as resources which can be used in the training of health professionals, such as midwives and health visitors, including those who might end up treating women defined as suffering from trauma or post-natal depression. The films are available via links from the website.


Links to Films & Film Descriptors: derby.ac.uk/health-and-social-care/research/birth-project or google 'The Birth Project’ University of Derby.

For further Information About the Films: Film Descriptors (please see the Appendix A).

Impact: Further Information

The project films are being shared with a wide range of audiences, especially medical professionals and trainees, who may come into contact with pregnant women and new mothers. As well as giving opportunities for comment and discussion a Likert scale is being applied, so that we can collect data about changed practices as a consequence of exposure to our research resources. This work will continue throughout 2018, but preliminary results are as follows.

The Likert scale explored the views of those who had watched one or more of the project films. The results include medical students (n=65), Art Therapists (n=40), and Midwives (n=7). The Medical students watched the Mother’s Make Art film, the Art Therapists watched the Mother’s Make Art film and the Birth Professionals Make Art, and the Midwives watched The Birth Professionals Make Art film. Each participant was asked to indicate how strongly they agreed to each statement, the scale included options which ranged from ‘strongly disagree’, which was attributed a score of 1 to ‘strongly agree’, which attributed a score of 5. The questionnaire included a series of open-ended questions that prompted the participants to share their views relating to the statements included in the Likert scale (see appendix B for the open-ended questions utilised in the questionnaire).

![Likert Scale Results](image)

1. My assumptions about ante-natal and post-natal practices have changed as a result of this session
2. I have a better understanding of how an arts-based approach could support new mothers or birth professionals as a result of this session
3. I feel that hospital practices are implicated in post-natal distress
4. I feel emotionally moved by the films
5. I feel that I am able to change my practice as a result of this session
6. I can imagine using resources produced by “The Birth Project” in education and training sessions

[Graph showing Likert Scale results]
Graph 1: Likert Scale Results to March 2018

Assumptions about ante-natal and post-natal practices

Graph 1 shows that the participants disagreed that their assumptions about ante-natal and post-natal practices had changed as a result of the film viewing session and discussion (medical students 2.6 mean score; art therapists 2.7 mean score; midwives 2.5 mean score). The qualitative data provides more detail in relation to the participant’s views of ante-natal and post-natal practice. For example, one of the art therapists reported how their views had not changed, as they were aware of the implications of post-natal distress, indicating why they had disagreed with this statement:

“My views have not changed as a result of viewing this session (it is an area I have some understanding of already) but it did reiterate to me the need for post-natal support like this and the potential of Art Therapy in this context.”

The thematic analysis revealed that 16% of the comments provided by the medical students referred to an increased understanding of ante-natal and post-natal care, as a result of this session.

“I hadn’t realised that birth could be so traumatic, and that the mothers could feel so out of control while they are being treated. I also hadn’t realised the lasting effect that this would have on them.”

“It was eye-opening to see how mothers are affected after birth and the support they need, but also how small acts of kindness and help from hospitals and healthcare professionals can bring huge benefits to them in the short term but also the long term.”

“I have never considered that mothers may feel violated or raped by their birthing experience. I think that no-one should feel like this and maybe more information for mothers should be available. Most reported having increasing numbers of random healthcare professionals attending them, which can be daunting, overwhelming and most said disempowering. Particularly not knowing who these people were or why they were there…”

“I really enjoyed it, it was very interesting to see a patient perspective. We’ve had several lectures on birth, but it was always been from the perspective of the healthcare system. I think it’s extremely relevant to know how the people we treat are feeling about the treatment they receive.”

These comments also relate to item number 3 whereby hospital practices are implicated in post-natal distress. Many students commented that their views of birth had changed as a result of watching one of the project films. One of the key themes from the medical students group was their development in view of understanding birth from a physical/medical perspective to also understanding the psychological and emotional journey related to the birth experience.

“Mothers making art video had highlighted to me the thoughts and stress a woman in labour goes through. I made me change my views by changing this idea that labour is a physical stressor to it being more of an emotional journey.”

“Before watching the video, I saw childbirth in a medical manner, thinking only about the physiology and anatomy behind it all, after clinical exposure and watching the video, I see how it’s very much a big part of life and affects people every day in the biggest way. Even how the new mothers were talking about the element of guilt they feel and how they battle within themselves to try and not feel that way was enlightening, it made me realise that there’s a level of deeper complexity to caring for women, mothers, and people in healthcare that goes beyond treating symptoms.”

“I think from a medical perspective it is easy to assume that NICE guidelines etc. are always the best way to go ahead in the interest of the child and mother. However, hearing the mothers use words such as ‘rape’ and ‘violated’ reminds us that allowing a doctor or midwife into your birth is opening up to them the most intimate part of your body. It is important to remember that, at the end of the day, birth and pregnancy are a distinct kind of medical intervention as they so heavily involve how a woman might feel about her body.”

“This kind of material I think is really beneficial to medical students as it helps to see things from a different perspective, without a scientific lens. I believe projects like this help evoke empathy in medical students, particularly for conditions we may not fully understand from the patient point of view.”

“Many of the medical students have never seen a woman in labour or have been themselves, so hearing a collection of stories from these women makes the experience seem very real and not at all as clinical and mechanical as we are taught.”

Whilst the students indicated that their assumptions about ante-natal and post-natal care had not changed as a result of watching the ‘Mother’s Make Art’ film, many of the comments related to a change in views and an increase in understanding. In the small sample of midwives (n=7) this group did not discuss ante-natal or post-natal care in the open-ended questions.
Arts-based approach supporting new mothers and birth professionals

Graph 1 shows that the participants agreed that they had a better understanding of how an arts-based could support new mothers or birth professionals (medical students 4 mean score; art therapists 4.3 mean score; midwives 4.9 mean score). The thematic analysis revealed that the participants discussed ‘art’ and its value in 21% of the comments. This theme was most prominent in the art therapist group of participants with 11% coverage in the comments. A selection of comments from the art therapist group are shared below:

“I feel more positive that there is a possibility of a safe space to process the trauma of giving birth through art in a very individual based way.”

“The way in which working towards a more developed ‘final’ art piece appeared to be a very powerful (and empowering) experience for the women in the group.”

“Deeper understanding of how directed art therapy sessions can prevent development of PTSD, i.e. appropriate art therapy as preventative intervention.”

However, some of the art therapists indicated that they felt unsure about the approach used within the research and had some reservations about the practice used.

“The degree of violence in childbirth and a lack of comfort for the women was really shocking. The intervention led by an artist was clearly powerful though I have some reservations about potential to be untherapeutic - some aspects of the intervention. An art-focused intervention could be led by an art therapist with added benefits of training.”

“I feel slightly ambivalent about the use of “contemporary art practice” rather than any other style or type of art practice in the 2nd film?”

The medical student group also commented on the value of an arts-based approach for mothers

“For me, I think the video highlights the importance of talking about ones birthing experience or expressing one’s feelings about it rather than keeping them in particularly if it was a difficult birth. There are lots of different ways to do this, art being one of them. I think that art is an invaluable tool as it allows the artist to express themselves but at the same time their art can be used to help other people who may be feeling the same/have gone through similar things”

The midwives group also commented on the value of an arts-based approach for birth professionals:

“Art therapy can be used to release and reveal feelings and tension”

“It made me feel like crying because the midwives were so generous, caring, kind and they cannot be the midwives they want to be because of the system. The frustrations are making them unhappy. Clear how much the art therapy helped them.”

Hospital practices are implicated in post-natal distress

Graph 1 shows that the medical students (3.7 mean score) felt less confident that hospital practices are implicated in post-natal distress whilst the art therapists (4 mean score) and midwives (4.7 mean score) agreed to this statement. However, the medical students commented on their increased awareness of post-natal distress being implicated in hospital practices.

“I didn’t know it could be such a traumatic experience for the mother. Now I realise that they can undergo a lot of pain and not understand why and may feel like all the hospital equipment can come between them and the bonding with their baby.”

“Mental and emotional health play a very big part in post-partum care and these can be either enhanced or diminished as a result of hospital practices and care for the patient. Each individual experience is different even though the process of delivery can be seen as the same from a health carer’s perspective.”

“It opened my eyes to the experience from the mother’s perspective and how in many cases the whole experience can be traumatising, despite the fact that it can be prevented by better practice.”

The midwives and art therapists did not comment on this theme.

Emotionally moved by the films

Graph 1 shows that the medical students felt that they were less emotionally moved by the films (3.8 mean score) in comparison to the art therapists (4.6 mean score) and the midwives (4.4 mean score). Some of the medical students did feel emotionally moved by the films, one the students reported that although watching the films was an emotional experience, they felt that the films were relevant to their practice:

“I did enjoy it, but it was quite hard to hear at times and very emotional. I think it was relevant and I think it would be a good thing to repeat later on.”

One of the midwives also commented

“Thank you it was very emotional and interesting.”

An Art Therapist identified with the experiences of the mothers and indicated their reasoning for providing post-natal support through Art Therapy:

“It has re-ignited my personal memories of pre and post-natal care, the last one being 4 years ago, and put me in touch with some of the raw emotions and why I was interested as an Art Therapist to run a post-natal group. Also, about how systematically the pre and post-natal care needs to change.”
Changes in practice

Graph 1 shows that the three groups attributed similar scores on all items of the scale except for item 5, which relates to how much they feel they are able to change their practice as a result of watching the film(s). The medical students (2.1 mean score) and midwives (2.8 mean score) reported that they felt less confident about changing their practice in comparison to the art therapists (4.6 mean score). The thematic analysis below explores changes in practice further.

Whilst the mean score of the Likert scale indicates that the medical students felt the least able to change their practice, importantly the thematic analysis reveals that 46% of the students discussed changing their practice by providing comments outlining an intention to make changes when they are practicing. One of the ways that the medical students felt that they could change practice was by increasing the communication between themselves as healthcare professionals and the mother, often indicating it can be the small things that can help.

“I think I will make sure that I have a good rapport with the women, that I always will check in to make sure she is ok. Making myself known to the women, may make them feel more empowered, trusted and less violated.”

“I have much more of an understanding of just how traumatic hospital births can be, and one of the mothers mentioned not knowing the names of their doctors and the people who were doing things to her body which will make me much more intent on introducing myself and making sure patients know who I am.”

“I think I will be able to change my practice because to help the mother feel safer and more respected, it can start with small things such as introducing yourself, closing curtains, keeping quiet, making sure they have everything they need in reach, asking if they need anything etc. I think so much goes on in a mother’s head and if we are able to encourage her to share or try and understand more, it would go a long way.”

Some medical students indicated the importance of listening to mothers’ experiences so that practice can be changed; this was also viewed as part of their professional development and responsibility.

“I think that it has been an amazing opportunity to listen to the stories of birth and the post-natal period of the different women in the video. I think it is important to learn the perspective of women who have given birth, since it should be there experience that helps to shape clinical practice as this will help us to make them feel more comfortable.”

“I definitely enjoyed it and found it very interesting to watch. I think being able to see the mother’s perspectives of their pregnancy, and their representation of pregnancy in art form was fascinating. I think it would be a useful session to repeat in later sessions. It gives the mothers perspective and a medical professional must have an understanding of the mother’s experiences of pregnancy and emotions to be a good medical professional.”

“This video reminded me of our responsibility as healthcare professionals to do as much as we can for mothers to help them feel comfortable, respected and safe.”

The midwives indicated that they felt that they were unable to make changes to their practice due to hospital protocols. As such, the two following comments were provided:

“Due to management constraints. Trust policies and ‘guidelines’.”; “The restraints of the service”.

One midwife commented that they will make changes to their practice by trying “[n]ot to be too pressured by systematic things which make me cut corners and try to be present more”. The midwife therefore acknowledges that hospital protocols can create pressures, which, at times, override ante-natal care. One of the medical students also indicated that they would prioritise the experience of the mother over hospital protocols by stating the following:

“I will make sure that I really listen to women in labour and make sure that I am doing everything for them rather than to please the hospital or my colleagues”.

Some participants indicated that they felt that they could not change practice because they were retired (midwife) or that they haven’t begun practicing yet (medical students). One medical student indicated that although they were not practicing yet they hoped to change their practice as a result of watching one of the films:

“As I am not yet practicing I will ensure I retain this empathy that I feel for these women by remembering to treat the woman and not the labour”.

This comment indicates that medical professionals can view the birth as a medical procedure, at times ignoring the mother’s experience of medical procedures. This was one of the key themes amongst the medical students, discussed under ‘assumptions about ante-natal and post-natal practices’.

The art therapists felt the most able to change their practice, this may be because they are able to work with women to explore their birth experiences and are not restricted by hospital protocols that the other participants have suggested to experience. For example, one of the art therapists indicated that they will “[a]ttach greater importance to feelings of mother arising from birthing experience”, indicating that they are able to implement their understanding from the project to their practice. Another art therapist reported that they “…feel more encouraged about the beliefs and the resources to consider this work myself”.

“Due to management constraints. Trust policies and ‘guidelines’.”; “The restraints of the service”.
Using ‘The Birth Project’ Resources

The art therapists (4.3 mean score) and midwives could imagine using the resources produced by ‘The Birth Project’ (4.1 mean score) in education and training sessions. The medical students were asked if they felt that the project films were useful as part of their course and were asked if the films should be used in future training, most of the students agreed (92%). The following comments are provided by the medical students in relation to the project films and future training.

“I really enjoyed it, it was very interesting to see a patient perspective. We’ve had several lectures on birth, but it was always been from the perspective of the healthcare system. I think it’s extremely relevant to know how the people we treat are feeling about the treatment they receive.”

“Yes, it was very interesting, and I feel it is relevant to all individuals in healthcare as the points raised can be relevant to many areas of healthcare. I feel it would be useful to repeat this later.”

The midwives and art therapists indicated that they would use The Birth Project resources. One midwife provided the following comment:

“I think it would be great if lots of midwives watched the video because the midwives articulate how many midwives feel and it is really good to see how absorbed they are in creating their art.”
Summary of Likert Data to March 2018

Whilst the participants indicated that their assumptions about ante-natal and post-natal practices had not changed, the comments regularly discussed that they had an increased understanding about ante-natal and post-natal care.

The participants agreed that they have a better understanding of how an arts-based approach could support new mothers or birth professionals as a result of the session (medical students 4 mean score; art therapists 4.3 mean score; midwives 4.9 mean score). The medical students (3.7 mean score) felt less confident that hospital practices are implicated in post-natal distress whilst the art therapists (4 mean score) and midwives (4.7 mean score) agreed to this statement. The medical students felt that they were less emotionally moved by the films (3.8 mean score) in comparison to the art therapists (4.6 mean score) and midwives (4.4 mean score).

The medical students (2.1 mean score) and the midwives (2.8 mean score) did not feel that they were able to change their practice, whilst the art therapists felt strongly that they were able to (4.6 mean score). Whilst the mean score of the Likert scale indicates that the medical students felt the least able to change their practice, importantly the thematic analysis reveals that 46% of the students discussed changing their practice by providing comments outlining an intention to make changes when they are practicing. The art therapists (4.3 mean score) and midwives could imagine using the resources produced by 'The Birth Project' in education and training sessions. 36% of the medical students also indicated that they found the session interesting and 92% reported that the films should be included in medical training.

In summary, the results indicate that the participants had gained an increased understanding of ante-natal and post-natal care. 46% of the medical students had intentions to change their practice as a result of watching the project films.

Reflections on the Research by Dr David Crepaz-Keay, Head of Empowerment and Social Inclusion, Mental Health Foundation

“The use of both art and art therapy made the project accessible to more people that would have been possible with either alone. I was impressed by the way both mothers and birth professionals were able to stimulate responses in themselves and each other that had clearly been held silently before. The art was moving, but the way participants responded to each other, regardless of their roles, backgrounds and previous experiences was much more so. The process of creating art, proved to be of great value not only as a tool for expression, but also as a catalyst for discussion.

It acted as a medium for both effective and emotional communication between everyone involved and has the potential to create much stronger therapeutic relationships between mothers and birth professionals and to improve professional practice in a way that benefits all”.
Publications Exploring these Qualitative Research Findings in Further Detail

Publications about the workshops:


A summary article about the research project, with the film descriptors included.


This piece summarises the main issues that are discussed in the Birth Professionals Make Art film.


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.


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

Other Related Publications that Discuss the Project Findings:


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I have been particularly pleased to have involvement from the Mental Health Foundation. Dr David Crepaz-Keay, Head of Empowerment and Social Inclusion, Mental Health Foundation, has been instrumental in viewing the project from an independent perspective and conducted a focus group allowing for a more longitudinal view. Workshop leaders and mutual recovery event facilitators: Shelagh Cornish, Deborah Gibson, Marian Liebmann, and Lisa Watts, need acknowledgment, as do current researchers Emma Joyes and Kate Phillips and Emily Bradfield and Dr Charlie Baker for their feedback on this report. Charlie has been a critical friend to the project. Last, but not least, Eve Wood of Sheffield Vision has exercised huge amounts to patience in dealing with my editorial requests in my role as executive producer of the film series.

Appendix Film Descriptors

Creative Practice and Mutual Recovery. Visual Methodologies

In this film art and performance based methods are elucidated, and illustrated. As well as giving context for this project, it is hoped that this film will be a useful resource for research methods training, especially for those practitioners who are thinking of employing visual methods or collaborating with artists as part of social science research projects; indeed, it is already being used in the training of sociologists.

The film discusses the nature of participatory research. It delves into analytical techniques and collaborative approaches developed within visual anthropology to enable individuals or communities to represent themselves or to challenge dominant representations. The notion of visual elicitation is explained, in which visual data, which have been found or made by respondents, are used in conjunction with interviewing techniques to elicit responses, (Newbury, 2005).

Performance-based social science methods are becoming increasingly employed. These include participatory arts, art elicitation using techniques from art therapy and re-enactment phototherapy, but also include monologues, dance, art installation, poetic and theatrical performance; such work provides new ways of engaging audiences, and exploring research questions. This project will be working with a theatre company, which is used to interrogating complex topics theatrically, often producing pieces which straddle the line between theatre and art-installation. An installation space, which invites the viewer to move within it, offers more bodily engagement with the art work and a more immersive experience. From a research perspective, we might view the separate strands within this project as complementary, and as generating different perspectives, as well as bringing different issues for interrogation to the fore to create a dialogue (Masson, 2006). This a discursive approach.

Consequently, the ‘findings’ from the projects strands will form an interchange between different constituencies.

Here is what some theorists have said about the benefits of using arts and performance-based methods. The particular quality of the work produced is important, suggests Maggie O’Neill:

‘Knowledge is produced forcing us to abandon instrumental rationality and reach towards a more sensuous understanding that incorporates feeling involvement as well as cognitive reflection’ (p.9).

Helford & Knowles 2005 p.1 assert that: ‘working visually involves a significant shift away from the often oddly lifeless and mechanical accounts of everyday life in textual representation towards engagements that are contextual, kinaesthetic and sensual: that live.’

Hogan and Pink (2010 p.160) discuss the validity of using the arts in research:

‘...the act of art making can be a moment of ontological uncertainty, and potentially liberating. Consequently art making can become a route through which interiority might be considered not simply as something that comes to the surface and is recorded as a static event, or crystallized and made static, but rather, and importantly, it offers ways of understanding interiority through an anthropological paradigm that views inner states as being in progress, rather than ever static... Art in art therapy is of significance not only as a representation of the feelings of the individual at a particular moment in time—an inner ‘snapshot’, if you like...The self of art therapy does not become crystallized anywhere...’

Running time: 20 minutes.

Keywords: visual research methods; participatory art and motherhood; arts and health; health humanities; transition to motherhood; performance-based methodologies.
Mothers Make Art

In The Birth Project we are exploring women’s experience of childbirth and the transition to motherhood using the arts and then presenting the research findings in films and exhibitions. Our overarching questions are concerned to explore what role arts engagement might have to play in antenatal and postnatal provision, especially where post-birth trauma is being translated into bodily symptoms. The Birth Project is also interested in exploring to what extent clinically-related birth practices are implicated in iatrogenic outcomes and post-natal distress. Furthermore, we are concerned to investigate what is distinctive about an arts-based approach in terms of expressing narratives about the transition to motherhood.

A participatory arts group, ‘Mothers Make Art’, has been facilitated by the artist Lisa Watts. Watts has a distinctive art practice called Live Art, described by Gorman as ‘an art practice that presents the living body to encourage a self-reflective exploration of subjectivity, art and knowledge production’ (2014 p.6). One aspect of this way of working is that it ‘engages with how the audience experiences the performing body’s interaction with objects and materials’ (Watts 2010 p.2).

Mothers Make Art, asks questions in two ways: what are the effects of participation in workshops for the makers of the art and then what are the effects on others who experience the art that is produced as viewers. The Mothers Make Art group comprised eight women who live in a city in the north of England. They self-selected to participate in a series of twelve workshops. Some of the women were trained in the arts, some not, but all had an interest in visual arts, and an openness to learn and to make. The brief was to use a participatory framework to enable the women to explore any topics they wished with respect to the birth experience and motherhood.

In Mothers Make Art, structured techniques were used to enable the participants to explore the nature of meaning making and to construct and deconstruct works (physically and metaphorically). An important method employed was the use of everyday objects, (ornaments, clothing, mothering paraphernalia, toys), to help to create stories. There was also an opportunity to be meditative with everyday objects (cling-film, tin-foil, kitchen paper). Rather than making a representation or literal object referring to their birth or mothering, the women focused on the formal aesthetic qualities of the materials. This way of working explores objects with a focus on their material capabilities, rather than having a predetermined vision of where the art making might lead. This not only provided a self-reflective space, but functioned to give the women the skills and confidence to manipulate materials to be able to create their own original art piece at the end of the series.

The art works were varied; one woman pegged up her boys’ clothes, from the tiny newborn garments to the larger ones, representing fads and crazes. She acknowledged the preciousness of each stage with an acute awareness of the fleeting nature of the experience, a heightened awareness of temporality, with poems and a monologue.

Another of the installation pieces explored the maker’s sense of stability, with a series of finely balanced and delicately poised fragile mixed-media pieces, comprising living plant bulbs, glass and plastic containers, wire and wood and other materials. Rachel, a medical consultant, spoke of valuing the time and space to make art work. She said that the work was about seeking equilibrium between the domestic, professional and personal realms of her life, as well as exploring notions of what it is to be a good mother. She invited the group to say what her piece evoked: precariousness, balance, complexity, giving the bulbs space to grow, were a few of the reactions.

Running time: 41 minutes.
Keywords: birth and art; participatory art and motherhood; arts and health; transition to motherhood; post-natal distress.
Art Elicitation. Exploring the Birth Experience

In The Birth Project we are exploring women’s experience of childbirth and the transition to motherhood using the arts and then presenting the research findings in films and exhibitions. Our overarching research question wishes to explore what role arts engagement might have to play in antenatal and postnatal provision, especially where post-birth trauma is being translated into bodily symptoms. The Birth Project is also interested in investigating to what extent clinically-related birth practices are implicated in iatrogenic outcomes and post-natal distress.

Furthermore, we are also concerned to investigate what is distinctive about an arts-based approach in terms of expressing narratives about birth and the transition to motherhood, so we are interested in thinking about different sorts of arts-based methods.

This film is about the art elicitation group which comprised a group of mothers who had been traumatised by their birth experience. The group and was facilitated by a Health and Care Professions Council (HCPC, UK) registered art therapist and used a thematic approach, as this was felt to offer necessary containment for the strong feelings being expressed.

Birth Professionals Make Art

The facilitator, Debra Gibson, used a participatory art approach, drawing on techniques from art therapy. Some of the participants perceived that midwives were not always viewed favourably by the general public, and it was felt that this may be because of women having had bad birth experiences. Putting the women at the centre and the difficulty of this was articulated. There was a definite acknowledgment and wish expressed that birth should be a positive event for women, though acknowledging the pain and possibilities for complications. One experience midwife worried that some women left the ward feeling “assaulted mentally”. She wanted to make women feel she was one their side.

In one of the images the midwife places a plasticine figure of the birthing women in the centre of the piece and herself unobtrusive, and “not interfering”, at the side, “hopefully she’s at the centre”, she says. The mother is depicted “upright” (though on the bed). The midwife depicts herself as brick-like shape, “confident and solid” and “making it feel safe”.

I there is also a big pictorial presence of the medical nature of the birthing room. Medical expertise was acknowledged as amazing and life-saving, but not always necessary and shouldn’t be what “dominates and guides” the midwife and all the practice. However, an underlying anxiety was also acknowledged. One trainee midwife noted regarding the possibility of emergencies, “We’re trained to recognise every eventuality and you can’t un-know that...”. It seemed that the possibility for trauma coloured the entire event. Certainly the medical symbol dominates the art work.

The film shows the group making art and talking about their support in a supportive setting. Women in the group explored their expectations of childbirth and new motherhood and their idealism contrasted with the often very different reality of their actual birth experiences and their emotions association with these, including feelings of guilt and shame, disillusion and loss. The exploration gave the participants an opportunity to come to terms with their experiences which were not aligned with their hopes. In one session on the myths of childbirth, participants investigated some of the conflicting messages surrounding childbirth and the ways that these put women under pressure to do birth and motherhood in certain ways.

The footage has been edited to pick out discussion and action which particularly answers the project’s research questions. For example, there is one section which is very powerful, as the speaker is herself a trained medical doctor. She talks about the birth of her first baby and asking to discuss the pros and cons of the proposed induction with the doctor on duty and recalls being completely overruled and then is angry with herself for not having been more assertive. The disempowering nature of the hospital environment is explored.

Running time: 24 minutes.

Keywords: birth and art; participatory art and motherhood; arts and health; health humanities; transition to motherhood; arts and health; transition to motherhood; post-natal distress.

The pace of work was also acknowledged as having risen as birthing professionals are now managing more people with the same resources as previously. The example of a piece of equipment breaking and then having to be shared with a larger number of people was given; this could interfere with the flow of work and complicate the midwife’s use of her time. The consequences of this greater workload is having to spend more time prioritising where to spend ones time, she said. One hospital midwife put it like this, “I don’t feel I can be with women because I’m doing midwifery... being a midwife is about connecting with the person while you are carrying out physical care” and that is what was felt was being lost because of having to rush from one person to another.

With more than one women in active labour in a labour suite, the midwife noted that she completed one observation, and then wrote it up and then has to “run” to the next women, as observations should be completed every fifteen minutes. This prevented her from being with any of the women in a meaningful way, she felt. This left the midwife feeling guilty and angry.

One area which was highlighted as particularly problematic was breast feeding support. One midwife described new mothers on a drip, having had an unwanted Caesarean-section, as exhausted, and frightened, but also as feeling under pressure to breast-feed, and feeling that they’ll be a “bad mum” if they don’t. The midwife wanted more time to give emotional care.

Another midwife was very explicit about feeling constrained in her practice by hospital policies, with the fear of litigation always at the back of her mind, and actually “doing things as a precautionary measure”, when it was felt that it would be better not to intervene. She described this.
as a culture of intervention, in which midwives felt that it was better to feel they were doing something rather than nothing, when not intervening would be better. She felt that hospital environments carried with them the expectation of management, and noted concepts such as “bed blocking” - that a women taking up a bed for longer than the hospital protocol might be seen as blocking it for the next person. This added pressure to make unnecessary interventions, such as offering to break the waters, when if progressing normally, there should be no need for this.

She was unequivocal that she could not practice in the way she would like to do because of temporal pressures and policies. Her art work shows a mask suffocated with a layer of cling-film and with a red-cross over the mouth, indicating that it cannot speak. It is an uncomfortable piece to view. The same midwife suggested that home births were preferable because that’s where the women is likely to feel more comfortable, able to eat and drink as she chooses, have visitors, “and hugs” interjected a hypno-birth specialist. There seemed to be a consensus that more homebirths would improve the quality of experience for women experiencing normal labours.

Not articulating ‘negative’ feelings in the workplace was also discussed, and a suggestion that if one did see one’s supervisor too often that one’s professional capability might be brought into question. A “Let’s get on with it” culture meant that emotions tended not to be shared. Furthermore, burnout and bullying were recognised as reasons why midwives leave the profession. Acknowledging that one is not coping with one’s workload, can lead to harrying rather than supportive responses. Being able to discuss issues and make images to express different layers of experience was articulated as useful.

Complex Art Work

Some of the artwork produced was very complex. One midwife created a double-faced mask-like sculptural piece. On one side was a mass of snake-like pipe-cleaners representing a tangle of thoughts, but also different paths of birth experiences, including one that had ended in a fatality. This was shown with a black blockage or full-stop. On the other-side is depicted the midwife who is calm and reassuring and positive. Her demeanour can help to relax the women in labour “so that everything can happen more naturally”.

This midwife persona is surrounded by images of positive or ideal childbirth, such as a man kissing his new-born baby or a woman at home in front of her fire with her cat. These are images of what people hope for. She acknowledged the importance of the event and expressed sadness that sometimes it can be “a horrible experience” for a couple and that this “can’t be put right”. However, she hoped she might be able to influence how they felt about it.

Another image, made by a hypno-birthing practitioner, was a picture of a party scene with a woman in bed holding her new baby, but this was covered in layers of plastic, so barely visible – “blurred”. The piece is entitled ‘Celebration of Life’ and she articulated how childbirth should be celebrated, but has become a medical condition fraught with anxiety and fear. She wanted to see it celebrated in the home with friends and family and a party atmosphere and regarded as special, but it is hard to see that because of the pervasive nature of the medical model (represented by the plastic overlaying the entire image).

The film overall illustrates how the arts enabled midwives and other birthing professionals to explore their practice in multifarious ways.

Running time: 30 minutes.
Keywords: birth and art; participatory art and occupational stress; arts and health; transition to motherhood; post-natal distress.

Mothers Make Contemporary Art

This is a shorter and edited version of Mothers Make Art (above). The rationale was for a briefer film, which could be more easily employed in class-room settings. This was shortlisted for the Research in Film Innovation Award 2017:

http://www.ahrc.ac.uk/newsevents/news/research-in-film-innovation-award/

Running time: 30 minutes.
Keywords: birth and art; participatory art and motherhood; arts and health; transition to motherhood; post-natal distress.

References
Guillemin & Westall (2008)
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