Abstract

This paper describes the CONNECT Group Art-Therapy Program, a post-natal group therapy intervention for distressed mothers and infants/toddlers. The paper reflects on pregnancy and birth as life-changing events for women-mothers, made vulnerable through gestation, parturition and the demands of relating to, and caring for, the new baby. Each woman-mother is seen as in a process of ‘becoming’ occurring in relation to her just-born baby — a ‘Journeying to Connect’.

The CONNECT Program uses singing/play, art-expression and talking therapy to promote post-natal healing and relationship formation. Group parameters include a time-limited, closed, eight-week structure, with a conjoint/parallel format.

By providing a safe therapeutic space for the women-mothers, the therapists encourage participants to reflect on their motherhood journeys, and to give visual form to these experiences through collage and painting. Through examining society’s ‘motherhood myths’ and pregnancy/birthing stories, in words and in art, the group hears about difficult and traumatic aspects of lived-maternity. Affirmation is provided by mothers and therapists.

Qualitative outcome measures indicate that participation in CONNECT fosters healing, engagement, enhanced well-being and improved relationships with their baby and other mothers.

Examples of art-expression pertaining to pregnancy/birthing, anger and depression/loss are shown, as are statements by women-mothers about their experience of CONNECT.

Keywords: CONNECT Group, mother–baby group, therapy, art therapy, creative expression, journeying, healing, post-natal depression/anxiety, maternal distress, mother–baby relationship, mother–infant/child bond, maternal and child health nurse.

Journeying to Connect: Promoting post-natal healing and relationship formation through the CONNECT Group Art-Therapy Program for distressed mothers and infants

A clinical practice article

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**Introduction**

“Pregnancy, childbirth and bringing a baby home from the hospital do not instantly create a maternal subjectivity …”


The peri-natal period is recognised as a time of enormous change and challenge for procreative women and their partners. Birthing brings mother and baby face-to-face for the first time after a period of many months of imaginative contemplation. The delivery can offer excitement and wonder, whilst also challenging expectations and confronting society’s ‘motherhood myths’ with the actual realities and limitations of each mother’s particular circumstances.

For the woman, pregnancy and birth are life-changing events, accompanied by loss. Analyst Joan Raphael-Leff (1982) has understood this from her years of therapeutic work with pregnant and newly delivered mothers:

“… no longer only a daughter, she is becoming a mother … the woman will no longer be as she was before”


Adjustments and challenges for parents include feeling overwhelmed and unprepared for the responsibilities of parenthood, traumatic births, death or near-death experiences, caesarian section, medical and surgical complications in mother and/or baby, psychological and mental health problems (either appearing de novo, or re-emerging, or presenting as an exacerbation of already-existing mental health problems), sleep deprivation, anger, ambivalence, irritability, feeding difficulties and relational problems with the other parent. Any combination of these factors may confound the motherhood journey and the developing connection between the woman-mother and her baby.

For both mother and baby, the post-natal period is a time of emergence or ‘becoming’, the hallmark of which is relationality. The mother is searching for her maternal self through connection with the newly arrived baby, and the baby is primed from birth to respond to human stimuli and cues (Dewar, 2016). In this way, the mother–baby bond develops through two-way experiencing and experimentation to promote the growth of maternal subjectivity and the development of the infant’s sense of self and relatedness. Each woman-mother is involved in a process of ‘becoming’ that occurs in relation to her just-born baby — a ‘Journeying to Connect’.

British analyst and child psychiatrist John Bowlby (1958), the first attachment theorist, studied the child’s connection to its mother. In 1958 he published a paper ‘The Nature of the Child’s Tie to his Mother’, in which he describes the relatively immature state of the human newborn compared to other primates. He comments on the proportionally greater burden that accrues to the human mother (compared to non-human primates) for helping to ensure the infant’s survival. He wrote, “… in Man the survival of the young is dependent on the exertions of the mother” (p. 367).

Such maternal exertions, elicited at a time of particular vulnerability, impact on women-mothers — taxing their minds and bodies, influencing their motherhood experiences and sometimes interfering with the evolution of healthy maternal–child relationships. Maternal and child health nurses occupy a particularly important and powerful place in the Australian context to witness the plight of new mothers and their babies, and to support and intervene where needed.

This paper reports on an important and valued, community-based, creative group intervention for distressed mothers and babies, originating in the Outer Eastern area of Melbourne, Victoria. The CONNECT Group Art-Therapy Program was conceived and developed by the Yarra Ranges Council (YRC) enhanced maternal and child health (EMCH) nurses. The YRC EMCH team consists of team leader and EMCH nurse Lynne Bishop, EMCH nurse Bernice Boland, and early childhood parent educators Viv Miller and Emma Woodford, who all collaborate with Dr Sophia Xeros-Constantinides, an artist and practitioner in psychological medicine, in the provision of the CONNECT Group Art-Therapy Program. The support and contribution of relieving EMCH staff is vital.

**The CONNECT Group Art-Therapy Program**

Community-based group programs are integral to the suite of therapeutic services offered to mothers, babies, children and families, by the YRC EMCH Service. The CONNECT Group evolved to address the needs of both primiparous and multiparous women (and their infants and children), where more intensive support and therapy was needed for ongoing distress.

The types of problems encountered in these referred families include difficulties adjusting to motherhood, impaired maternal–infant relationships, including attachment disorders, physical and psycho-emotional hostility towards baby/toddler, enmeshment with marked inability to separate from baby, post-traumatic stress from difficult and traumatic pregnancy and birth experiences, relationship difficulties with partners including domestic violence, and other mental health problems such as anxiety/panic and post-natal depression. Early on in their work with new mothers the EMCH nurse team recognised the transformational potential of a combination of group-work and art-expression, and they harnessed this powerful formula for therapeutic change in the CONNECT Group format.

Participants meet weekly for a two-hour closed group, and sessions extend over an eight-week period. The focus is on providing a safe and supportive environment for new mothers and their babies, in which art-expression and sharing through talking promote recovery from what are often complicated pregnancy and birth experiences. The group also aims to promote maternal well-being and positive maternal–infant interaction. In this way, positive connections are fostered between mothers and babies, and between the mothers themselves in the context of the relative isolation that accompanies new motherhood.

The CONNECT Group performs the dual function of being both a creative expression group for the mothers and a therapeutic group for two subsets of clients. We are working psycho-emotionally with each mother in her own right, with each young infant (the index client) in his/her own right, with each mother–infant pair (on their relationship/bonding), as well as with any/all of the other young toddler-siblings who accompany the mother to the group.
The CONNECT Group is conducted on a “conjoint-parallel group” format, where everyone (including staff) starts the session together in a large group circle, sitting on rugs on the floor (for greetings, maternal feedback on the past week and singing songs with the youngsters). After this, the group splits into two parts, each subgroup conducted in parallel, in adjacent rooms. The mothers take leave of their children, separating into the adjacent room with art-tables and chairs to talk about their motherhood journeys and to create artwork (with the support and guidance of two staff members). The babies and children remain behind in the care of the infant/toddler therapists, where they are held, observed and engaged-with in play with staff and each other. After approximately one-and-a-quarter hours, the mothers reunite with their babies/toddlers for the final ‘goodbye’ song with billowing tent/parachute (which marks the end of the group for that week). Throughout the two-hour session, staff use their skills and expertise with mothers, babies and children to facilitate interpersonal connection and understanding, to improve trust and care and to assess and foster development, bonding and mental health, drawing on the use of play, singing, talking and art-making in a safe and containing space.

Aims of the CONNECT Group Art-Therapy Program

As professionals working with new mothers and their infants, we are cognisant of the life-changing and precarious nature of new motherhood, where anticipation and daydream meet the real baby from inside. In the process, the woman-mother may find herself under-resourced to manage the many and competing demands of new parenthood. By containing and supporting both mother and baby, the CONNECT Program facilitates each party in their journeying to relate.

Here are 13 aims that we have elucidated pertaining to the CONNECT program:

1. **To establish a safe and secure therapeutic space and structure**, into which mothers and their babies/toddlers can come each week and join with others also experiencing post-natal difficulties. Mothers are usually known to a staff member, and may have already been seen by an EMCH visiting nurse and been recommended to the group. It is important, in establishing such a space, to build a relationship of trust with the clients through empathic communication, explaining and reassuring as needed, and listening to their concerns. The space needs to be physically safe and welcoming, with appropriate furnishings and warmth/cooling, and secure doors to prevent toddlers wandering off. Participants are encouraged to come into the room, and to be seated in a circle together, mothers with babies nearby or in their laps. The space also must offer psycho-emotional containment, with staff friendly and experienced in maternal–infant work, and reasonable consistency of staffing, wearing name badges to assist with familiarity, and providing an explanation at the first session that the CONNECT Group is different to a social group, in that participants are all experiencing distress or problems from which they seek relief. To that end, important rules for the group are discussed early on, and these include confidentiality, mutual respect and turn-taking.

2. **First segment of each session: To promote ‘settling-in’ together for mothers and their babies.** Mothers are encouraged to come to the group, even if they are running late. We begin the session with a “Hello” song, in which each baby/child and their mother are introduced by name in turns around the circle. This is followed by mothers reflecting with the group about how their week has been, and how baby has been. This segment of the group is important in alerting staff to possible vulnerabilities and stressors that may impact on feelings and behaviours in the mother–infant pair. We then join together in singing songs and nursery rhymes for the babies and toddlers, such as “Twinkle, twinkle, little star,” where there may be hand-movements or face-to-face engagement to facilitate mutual pleasuring and connection. Finally the “cuddle-song” is sung by the group, as a signal to the imminent separation of mothers from their babies, as mothers prepare to move to the adjacent art-making room for some mothers’ group creative expression time. At this stage the infant/toddler is fully aware of the impending departure of the mother. Mothers are encouraged to say goodbye to their youngster and to hand him/her over to familiar infant-therapists who remain in that room with the babies/children.

3. **To facilitate separation of mother from baby in a supported fashion as appropriate**, so that each mother can have the experience of time for herself and her own needs, with the recognition that her baby is able to survive the separation. This is particularly important where there is high anxiety around separation, and where the mother finds it hard to get time to herself. Where the separation proves difficult, we support the mother with reassurance that should the infant-therapist be unable to settle the baby through cuddling, feeding, reassurance or distraction, then she will bring the baby in to the mother in the adjacent room so they can be reunited. The ‘separate time’ for infants/toddlers, where they are in the care of the infant therapists, can prove invaluable in understanding more about the infant and their attachment to parental figures. It allows observation of toddlers’ and babies’ general feeding, development and sociability, it allows the infant-therapist to understand their counter-transference reactions to the infant/toddler, and it provides an opportunity for encouragement of socialisation.

4. **Middle segment of each session: To provide a safe therapeutic group space for mothers in which to reflect on and share their motherhood journeys, through talking and art-expression using collage and paint.** The art-making room has one large table-surface made up of many smaller tables, with chairs around the circumference, where the women can take their preferred seat. Often there are between five and eight participants in each session, with two therapists in attendance. The table is piled with art-making materials — each week we provide either materials for collage, or materials for painting, depending on the exercise set by the therapists. Materials include either paper/magazines and pregnancy/birth/parenting books (with pictures) from the op shop, pencils and textas and pads of A3 cartridge-paper for collage, or acrylic paints, brushes and canvases for painting. The therapists explain that the art materials are there to assist with creative expression, as another way to get in touch with feelings, rather
than always using words to describe experiences and feelings. Participants are advised that they do not need to be an artist in order to communicate through drawing, collage and painting. The room is well lit and carpeted, with heating/cooling and access to a kitchenette with tea/coffee facilities and biscuits provided for participants if they wish to eat morning tea. There is a CD player for the provision of music or taped lectures as required.

5. **To explore society’s ‘motherhood myths’ and to hold these up to the actual experiences reported by the real mothers in the group:** We usually begin in Week One with an exploration of society’s ‘motherhood myths’, which are read out by the women-mothers in turn from a list provided by us, and commented on as participants feel the need to speak from their own experience. This first session sometimes involves only talking rather than art-expression, as women take the time to become accustomed to each other, to the group and to the therapists, and accustomed also to the idea of revealing what may hitherto have been taboo subject matter. It is important that the two therapists work together synergistically, not competitively, to hear the material offered by the mothers, to be able to articulate the universalities of the material offered by members, and to also grasp something of the associated emotional experience, which may be obvious or hidden. Where there is very powerful emotional outpouring, it is important that the therapists empathise with the woman-mother, that they use words to demonstrate an understanding of the person’s distressing experience, and that they help to contain the individual in their distress, as well as working to contain the anxiety and feelings that the group itself may be experiencing. We have a box of tissues on the table to offer mums who might be distressed and crying in the group. Sometimes other group members offer the tissues, which assists with group cohesion. It is important that the women-mothers’ experiences are affirmed, and that allowance is given for diversity within the group, for different experiences and different interpretations within the group, but always giving room to think about the feelings that people bring, and to foster a ‘thinking space’ in which the group may start to contemplate together about how traumatic or difficult perinatal experiences have impacted and changed them.

6. **Mothers’ art-making, Weeks Two to Eight:** To allow consideration and discussion around other important topics relevant to motherhood: including the demands of parenting, mother-guilt, bonding with baby and attachment ideas including the ‘Circle of Security’, understanding and expressing anger, managing the expectations of others including in-laws, making time for one’s self and one’s own needs as a woman-mother, and renegotiation of the partner relationship in the face of parental demands. Throughout the program, therapists are working to affirm the post-natal struggle, whilst helping to normalise it, and to reduce the sense of dislocation and isolation that new mothers often experience.

7. **Art-expression exercises: To assist participants in finding their ‘visual-creative voice’ pertaining to their motherhood journeys.** This is achieved through suggested set visual exercises and encouragement and participation in the group process, where stories are heard and made visual work is viewed, shared and discussed. Participants may be invited in the first week to give visual expression to their response to a ‘motherhood myth’ as discussed in the group. Often collage is a good place to start with a new group, especially where participants lack confidence with their visual expression, as the visual message may easily be made up of text and pictures cut out from magazines (Figure 1).

We may show the group some pieces of artwork which women in previous groups have made, and read the accompanying statements which the makers wrote. We always encourage participants to write a few sentences or a paragraph about the artwork, after they have finished making it, as a way of clarifying their thoughts and impulses and motivation for making the visual message.

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**Figure 1:** “My Pregnancy” collage by Leanne.

I tend to compartmentalise my thoughts — so I broke my collage into parts. Top left is how I felt before/during my pregnancy. How I felt amazing and that it was going to be wonderful. I spoke about looking the perfect pregnant woman — bound for glory!

Then I had a 12-week bleed. This brought on a huge influx of anxiety and fear. I wrote ‘Head case’ because I honestly believed that I was going crazy — I was just so scared of anything going wrong. Next was Burn Baby Burn — heartburn was my constant companion — not fun! I had low iron, which affected my ability to work, ended up finishing a week earlier due to just being so exhausted. The specialist midwife team (SMC) worked closely with me to counter my anxiety and I saw a psychologist to do some meditation and visualisation when baby arrived. I had a lot of anxiety around labour and arriving at the hospital on time, so I had a lot of thoughts about getting there and having a safe labour.

I worked through this extensively for the last part of my pregnancy.
work. We also try and make time for each participant to talk about their work to the group and encourage comment and questions, which can be most affirming and enlightening for the women-mothers. We have found this to be a very powerful process for the women-mothers, as they come to put words to their emotional experiences, sometimes gaining insights and perspective that they never had previously (Figure 2).

Other art-expression exercises include “Myself as a Tree”, where participants are asked to use the idea of a tree as a metaphor for themselves in the world. They are asked to think about and to envision, were they a tree, what sort of tree would they be? (Figure 3).

Some examples of ‘Treeworks’ from earlier CONNECT groups have been exhibited in the “Myself as a Tree” art exhibition, held in conjunction with the Sophia Xeros-Constantinides’ Exhibition “Bedlam: The Bitter-Sweet Embrace of Motherhood” in 2010. These ‘Treeworks’ are illustrated in the ‘Bedlam’ catalogue (Xeros-Constantinides, 2010, pp. 23–7). Other ‘Treeworks’ from early CONNECT groups have been acquired by the Dax Collection in Parkville, Melbourne, a public gallery dedicated to showing art pertaining to mental ill-health and psychological trauma.

8. To support discussion and education pertaining to postnatal depression, anxiety, panic attacks and post-traumatic stress disorder, including exploration of options for diagnosis and treatment such psychiatric assessment, medication, relaxation/mindfulness and psychological support.
9. To allow discussion pertaining to past or present experiences of abuse — verbal, emotional, physical and sexual — and to support members of the group in accessing appropriate advice and care (Figure 4).

10. To enhance access to further assessment and services where indicated.

11. To foster a mutually satisfying reunion between mother and infant towards the conclusion of the group each week. Socialisation of baby has been cultivated by the infant therapists through one-on-one care and play during the separation period, as well as through group playground activities with other toddlers.

12. To facilitate clinical care decisions, by engaging in weekly CONNECT post-session review. This occurs with all staff present, and it is particularly relevant to and informative for clinical care and decision-making. It is here for at least one hour post-group that clinical staff are able to collaboratively build a holistic picture of the maternal–infant relationship, informed by the observation of mother and infant together in the first part of the group, enhanced by the mother’s verbal and art-expressive communication, and further informed by the observations and counter-transference experiences of the infant therapists. Decisions pertaining to mental state and clinical care, of both mother and infant/toddler, can be made with the benefits of information gathered from many useful sources.

13. To engage partners/fathers in the CONNECT Program. Where possible, attempts are made to engage partners/fathers in one or more evening sessions exploring their fatherhood journeys with an experienced (male) parenting-therapist. Mothers and babies are in an adjacent room, and time is spent all together before the end of the evening. We believe this type of intervention fosters engagement of fathers in supporting the family, and in exploring their own changed circumstances.

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Figure 4: “This painting is about anger” by Nicole
This painting is about anger.
The red and orange represents the anger-infused environment in which I live. Namely the anger of my partner which is directed inappropriately towards me.
The blue is my anger which is internalised and which I feel I am pregnant with and try to analyse and rationalise.
My approach is to try to resolve things in a logical way but my partner does not seem able to understand.

Figure 5: “The Blue Swirls” by Justine.
[Painting about the CONNECT Group experience]
The blue swirls represent each of us in the group.
The pink swirls are the things I have learnt and become during the group:
Love, laugh, vulnerable, friendship and trust.
What do women-mothers report back about their CONNECT art-therapy experiences?

As therapists working in the CONNECT Group Art-Therapy Program over the past 15 years, we have witnessed the transformational power and therapeutic potential of creative expression offered withing a group context to women entering motherhood territory. We use the term ‘art therapy’ as it is defined by the British Association of Art Therapists (see the <baat.org> website):

Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as medium to address emotional issues which may be confusing and distressing.

Dr Susan Hogan is an art therapist living in the United Kingdom, who has written extensively about this approach, as well as about pregnancy and childbirth as narrated through art therapy. Hogan (2003, p. 164) has observed:

The reactions of women to their pregnancy and birth experiences are exceedingly complex and the art therapy group gave scope for a multi-levelled exploration of emotions and reactions. The women were able to give each other support and compare and contrast experiences. The use of art materials gave opportunity for the exploration of emotional states and bodily experiences which could not otherwise be articulated. Sometimes the images produced were a springboard for a group discussion, other times the focus was on unravelling meanings. For some women the images were more about emotional release. Empathy was apparent between group members, through motifs appearing in images or styles of expression creating echoes between works.

We are pleased to report that the CONNECT Group Art-Therapy Program has proven itself to be a popular and effective treatment option with almost all distressed mothers who participate, as judged by their informal comments and their formal feedback responses to our anonymous, written, post-group Feedback questionnaire, administered at the end of each eight-week program.

We know from Leahy-Warren and McCarthy’s work (2007, p. 91) that in the order of 13% of new mothers suffer from postnatal depression, and experience “loneliness, hopelessness and loss of control at a time when expectations of joyousness are anticipated”. Our mothers reported that they appreciated the opportunity to make friends, share their stories and cope better with getting out of the house with baby. The CONNECT experience helped many women-mothers to manage anxiety symptoms better and to feel an increased confidence, and they appreciated the “really healing kindness of the other mums and the group facilitators”.

When asked what difference it made having the art materials compared to sitting and talking without the creative approach, mothers responded: “(It was) More relaxed”, “Gave us something to do with our hands, which made us more comfortable”, “It got us doing things”, “Better way to express myself. Good way to face what I am going through”, “I think it broke down barriers far more quickly, allowing us to heal and share”, “I think the art activities made it easier for us to give ourselves permission to have this time, which we may not have done for ‘tea and chat’ “ and “It gave me the opportunity to produce something visual which could show me what was going on inside of me”.

The CONNECT Art-Therapy program addresses the needs of distressed mothers and their babies through its group structure, safe therapeutic space formation, regular weekly meetings, informed and supportive interactions from trained staff and other mothers, attention to mental health symptoms and opportunities provided to talk and create art pertaining to women’s motherhood journeys. In some instances, mothers decide to maintain supportive contact with each other post-group through meeting up and through the use of social media.

Some participant feedback on their involvement in CONNECT:

I feel this group is the only space where I feel normal, not unusual. It has changed the way I respond to social images/pressures around being a mother and I don’t readily compare myself negatively to them (now). I can reflect and say that it is just a projection and not real.

I have enjoyed the deep conversations — exploring the roles of mothers, depression, anxiety and anger. Hearing other people’s troubles helps to keep my own worries in perspective. There is comfort in knowing other people are experiencing the same anxiety or pressure.

I really enjoyed my time, found it very helpful to reflect on my experiences and then to be able to go home to share with my mum and husband to help them understand where I am at — otherwise I was struggling to find the words.

It has made me feel less alone, less crazy, less failing as a mother. It provides an opportunity to express how I am feeling. Some weeks I haven’t felt like I was really able to share all I needed to due to time and space.

The group has given me something to look forward to in a time of struggle adjusting to parenthood. I have learned of my vulnerabilities and to be mindful of my triggers. It’s also been helpful to have a safe space to share.

Talking about our feelings and listening to other people helped. Often people don’t understand what you are going through therefore don’t know what to say, so they ignore or make you feel that your feelings are unwarranted. This group made me feel supported and it gave me something to look forward to. Reminded me how much I love to be creative. Made me more confident that I am doing the right thing. I’m not alone in my struggles.

Through art expression I have learned much about myself, my triggers and how my anxiety operates. This group has encouraged creativity at home.

Painting feelings was helpful and then sharing with everyone. There is a visual aspect that makes it easy to understand and talk about. Has helped me realise that others have same or similar issues. I can (now) do more to feel better when I am down.
Art is an area of therapy I haven’t done and I have been feeling ambivalent about returning to regular talk therapy as I’ve run out of words.

The collage was helpful and enabled me to define and understand my pregnancy and birth experience. The ‘Myself as a Tree’ painting was great as it allowed me to relax and focus and not feel scattered.

I enjoyed seeing the artwork by the others in the group, it’s their way of expressing themselves — we are all different. I think it was good to have the art materials as a way of expressing myself — it was like it was a more effective tool rather than sitting around talking.

Most of the benefit came from (art) expression for me. However, it also helps to see others’ expressions. It can be a form of meditation for me. My mind is focused on the task at hand, clear of any worries. I also find art relaxing. Therefore, having a clear mind and relaxing state has definitely assisted in some “breakthroughs” with my anger and anxiety.

It would be great if something like this were available for our other half. Encouraging partners to understand their roles as fathers — they may also benefit from learning about things like the “Circle of Security” and anxiety/anger management/adjusting to fatherhood.

Conclusion

Pregnancy functions in women’s lives as a marker of upheaval and change, challenging the status quo and breaking down previously accepted norms. The woman-mother’s identity must undergo revision, along with her intimate relationships. With the birth, the ‘dreamed-of’ or imagined baby meets and greets its mother in the flesh for the first time. Here begins the dance of relatedness that I call the ‘Journeying to Connect’. Many women are ‘undone’ by their gestation and parturition experiences, and pressures are exerted by society, as well as by mothers themselves, to perform in a ‘mother-perfect way’, that belies the reality of maternity in the real world. Such mismatch between the anticipated experience of motherhood and the actual experience can cause enormous distress and despair for women-mothers trying to find their way with their new infant.

The CONNECT Art-Therapy Group understands these things, and works to provide a therapeutic space for needy mothers and their babies, where being together in a group, singing, talking and partaking of art-expression relieves the burden of isolation and stigma, allowing each mother to articulate her journey and to be heard and affirmed.

The progress of mothers and their children during the course of the group has provided testament to the power and suitability of this intervention for post-natally distressed mothers and babies. Mothers consistently report that they appreciate the creative aspect of the group as something to assist them in the task of opening up and processing their painful issues in a safe, supportive environment. The peer support is very much appreciated by mothers, and at times mothers have been persuaded to seek ongoing psychological/psychiatric help for themselves and for family members from outside the group. Examples of art-expression have been used here to illustrate the synergy of image and word in what is frequently a cathartic experience for our women-mothers.

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- The Yarra Ranges Council.

- The Dax Centre, which promotes the art of mental ill-health and psychological trauma, and has acquired artwork from the CONNECT Art-Therapy Program.

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