



ELSEVIER

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi



Gaining hope and self-confidence—An interview study of women's experience of treatment by art therapy for severe fear of childbirth

Helén Wahlbeck^a, Linda J. Kvist^b, Kajsa Landgren^{b,*}

^aNajaden Midwifery Clinic, Region Skane, Drottninggatan 7, 252 21 Helsingborg, Sweden

^bHealth Sciences Centre, Faculty of Medicine, Lund University, Box 157, 22100 Lund, Sweden

ARTICLE INFO

Article history:

Received 10 May 2017

Received in revised form 9 October 2017

Accepted 16 October 2017

Available online xxx

Keywords:

Art therapy

Fear of childbirth

Phenomenological hermeneutical method

Pregnancy

Counselling

ABSTRACT

Background: Fear of childbirth is a serious problem that can have negative effects on both women and babies and to date treatment options are limited. The aim of this study was to elucidate the experience of undergoing art therapy in women with severe fear of childbirth.

Method: Nineteen women residing in Sweden, who had undergone art therapy for severe fear of childbirth, were interviewed during 2011–2013 about their experiences of the treatment. All women had received both support from a specialist team of midwives and treatment by an art therapist who was also a midwife. The women were interviewed three months after giving birth. The transcribed interviews were analysed with a phenomenological hermeneutical method.

Findings: A main theme and three themes emerged from the analysis. The main theme was *Gaining hope and self confidence*. The three themes were; *Carrying heavy baggage*, *Creating images as a catalyst for healing* and *Gaining new insights and abilities*. Through the use of images and colours the women gained access to difficult emotions and the act of painting helped them visualize these emotions and acted as a catalyst for the healing process.

Discussion: Art therapy was well accepted by the women. Through sharing their burden of fear by creating visible images, they gained hope and self-confidence in the face of their impending childbirth.

Conclusion: The results may contribute to knowledge about the feasibility of treating fear of childbirth by art therapy.

© 2017 The Authors. Published by Elsevier Ltd on behalf of Australian College of Midwives. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Statement of significance

Problem or issue

Fear of childbirth is a serious problem among women.

What is already known

Evidence-based treatment options are limited. Art therapy can be used for treatment of severe trauma, to reduce anxiety, increase self-esteem and facilitate coping strategies and communication.

What this paper adds

Art therapy was well accepted by the women with fear of childbirth in this study. They gained hope and self-confidence in the face of their impending childbirth. The results may contribute to the knowledge and understanding about the feasibility of treating fear of childbirth by art therapy.

1. Introduction

Fear of childbirth is a serious problem among women and evidence-based treatment options are limited.^{1,2} Severe fear of childbirth can lead women to terminate or to avoid pregnancy altogether, can complicate childbirth and adversely affect bonding with the baby.³ Art therapy can be used for treatment of severe trauma, to reduce anxiety, increase self-esteem and facilitate coping strategies and communication.⁴ Art therapy as treatment

* Corresponding author.

E-mail addresses: helen.wahlbeck@skane.se (H. Wahlbeck),

linda.kvist@med.lu.se (L.J. Kvist), kajsa.landgren@med.lu.se (K. Landgren).

<https://doi.org/10.1016/j.wombi.2017.10.008>

1871–5192/© 2017 The Authors. Published by Elsevier Ltd on behalf of Australian College of Midwives. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

for severe fear of childbirth is a novel intervention that requires scientific evaluation.

1.1. Fear of childbirth

The reported prevalence of fear of childbirth varies from 6% to 30% in international studies depending on definitions, methodology and cultural contexts of the studies.^{5,6,7} Fear of childbirth is generally classed as primary or secondary tokophobia. Primary tokophobia occurs in nulliparous women who may be so afraid that they dare not become pregnant. Secondary tokophobia occurs in parous women who in many cases have previously experienced a traumatic birth. They are fearful of uncontrollable aspects, the pain of childbirth, parenthood and they also fear loss of self-confidence and even death.^{8,9} An American study shows that 9% of new mothers met diagnostic criteria for post-traumatic stress disorder (PTSD) after childbirth.¹⁰ In Sweden women with severe fear of childbirth are usually referred to a specialist team of midwives and obstetricians for counselling and birth planning.

The most commonly used instrument to measure fear of childbirth in research is the Wijma Delivery Expectancy Questionnaire (W-DEQ), a well-validated instrument with high sensitivity. The scale indicates the degree of the woman's fear of childbirth from 0 to 165 points; the higher the score, the greater the fear of childbirth. A cut off point of 85 or more points has commonly been used to indicate an intense fear of childbirth and more than 100 points to indicate a phobic fear of childbirth.⁷

1.2. Art therapy

Art as a form of therapy was described by Margaret Naumburg in 1940. Naumburg's opinion is that art created during art therapy is a symbolic communication between therapist and patient. She named the phenomenon *art in psychotherapy*.¹² Another notable theorist, Edith Kramer, regarded therapy as emergent from the client's creation of the art product itself and named the phenomenon *art as therapy*.¹³ Drawing and painting are experiential, non-verbal ways to reach, express and communicate feelings to others. They reach across cultures and create an alternate language. In Sweden art therapy may be used as *art in psychotherapy* or as *art as therapy* by healthcare professionals in national health or private services. It is often a long-term treatment carried out solitarily or in a group, where the clients together with the art therapist decide how long treatment should continue.

Art therapy has been applied in the treatment of traumatized adults and good results in clinical practice have been reported.^{14,15,16} The importance of traumatized patients memories being more connected with emotions and images than with words has been highlighted.¹⁷ Many traumatic perceptions and emotions remain as memories without narrative organization or verbal coding. Art therapy provides tools for communicating with the non-verbal mind and translates nonverbal material into verbal description. Systematic reviews have revealed a lack of methodologically sound studies in the field of art therapy.^{18,19,20,4}

1.3. Art therapy for fear of childbirth

The use of creative interventions to improve well-being during pregnancy, in postnatal depression and perinatal loss is described in some small-scale studies.^{21,22,23,24} To date, there is no published research about the use of art therapy to treat fear of childbirth. The authors of the present study are currently collecting data in a randomised controlled trial (RCT) of art therapy for treatment of severe fear of childbirth in Sweden (ClinicalTrials.gov: NCT0145748). To give voice to the women participating in the art therapy group, this qualitative study was carried out with the

aim of elucidating women's experience of undergoing art therapy in relation to their fear of childbirth.

2. Methods

This is an inductive qualitative study of women who in an ongoing RCT had received art therapy as a part of the treatment for severe fear of childbirth. During pregnancy, participants had received five sessions of art therapy, either one-to-one or in a group setting as an adjunct to usual care (counselling). Three months after childbirth women were invited to participate in the present interview study about their experience of the art therapy. Interviews were analysed with a phenomenological hermeneutic method.

2.1. Participants, recruitment and ethics

Participants in the present study were recruited after they had participated in an on-going two-armed RCT examining the effect of art therapy on fear of childbirth. Participants in the RCT are randomised to either care by counselling or counselling and art therapy. The women were identified as having fear of childbirth by their midwife in antenatal care. At the health care district where the studies have been carried out, all women are routinely asked about fear of childbirth and those who score 7 or more on a 0–10 graded scale (where 0=no fear of giving birth and 10=worst possibly fear of giving birth) are referred to specialist care for fear of childbirth. When contact was made with the specialist team the women were asked to participate in the RCT. Those who signed informed consent then filled in the W-DEQ questionnaire to measure level of childbirth-fear in the RCT. Ranges and mean scores on the W-DEQ scale are shown in Table 1; all participants showed a high level of fear of childbirth. Women who were non-Swedish speaking, had a history of substance abuse, had a psychiatric diagnosis requiring specific psychiatric care or had physical obstacles for normal childbirth were excluded from the RCT. When the art therapy sessions in the RCT were completed, the women were given both verbal and written information about the current interview study and asked if they agreed to be contacted three months after childbirth. Of the first twenty-one women asked to participate in the present interview study, twenty agreed and an appointment was scheduled. Informants signed an informed consent form before the interview and gave written consent for the therapist to use photographs of their paintings for publication and dissemination purposes. A flow chart showing recruitment to both the RCT and the present interview study is presented in Fig. 1. Both the RCT and the present interview study were approved by the Regional Ethical Review Board in Lund, Sweden (Dnr 2010/422).

Table 1
Profile of the respondents (n = 19).

Age (years)	27–41 (mean 32)
Born in Sweden	17
Born in another European country	2
Single mothers	2
Completed upper secondary school	11
Completed university studies	8
Nulliparous	10
Multiparous	9
Seeing a psychologist	8
Had previous experience of painting and drawing	8
Type of birth	15 vaginal births 3 emergency CS 1 planned CS
WDEQ scores range (mean, SD)	85–165 (mean 130, SD 21.25)

Download English Version:

<https://daneshyari.com/en/article/8565970>

Download Persian Version:

<https://daneshyari.com/article/8565970>

[Daneshyari.com](https://daneshyari.com)