

1996

## Exploring infertility through art

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# **EXPLORING INFERTILITY THROUGH ART**

By

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A Thesis Submitted in Partial Fulfilment of the Requirements

for the Award of

Master of Arts (Art Therapy)

at the Academy of Performing Arts, Edith Cowan University

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## ABSTRACT

This study, entitled "Exploring infertility through art" focuses on researching the use of art to explore the psychogenic, psychological and physiological aspects of infertility and the psychosomatic avenues of expression possibly resulting in, or contributing to, infertility. The term psychogenic means "pertaining to disorders which are functional in origin" (Chaplin, 1973, p. 391), or "term usually employed of disorders which originate in mental conditions, though they may come to involve physiological changes, as a result of these mental conditions" (Drever, 1978, p. 231). A psychogenic disorder is "a functional disorder which has no known organic basis and is therefore likely to be due to conflict or emotional stress" (Chaplin, 1973, p. 391).

An initial literature review suggested that this specific topic has not been researched previously, and very little literature is available on the use of art therapy with clients with fertility problems. Although there is very little within art therapy literature, however, studies that exist in the wider psychological literature directly related to the subject area have been investigated.

A phenomenological method of research was employed to investigate the links between creativity and fertility, and to establish the plausibility of using art therapy interventions within a

medical and/or therapeutic setting treating an infertile client population. It was found that art therapy as a healing modality has much to offer women wishing to transform their feelings of loss and grief into creativity and personal power.

## DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature....

Date.....11<sup>th</sup> December 1995.....

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Olga Gibson

December, 1995

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## INTRODUCTION

"I can never really know what it is like to see wrapped up over there in the cot a bit of my own self, a bit of me living an independent life, yet at the same time dependent and gradually becoming a person. Only a woman can experience this, and perhaps only a woman can imaginatively experience it, as she has to do when by bad luck of one kind or another the actual experience is lacking." (Winnicott, 1975, p. 15)

Although this statement was made by paediatrician and psychoanalyst, Dr. Donald W. Winnicott (1975) in a chapter entitled "A man looks at motherhood", this experience is also that expressed, through images and verbally, by the women who took part in this study.

This research study was designed to examine infertility using art therapy. The study includes four aims: (1) to explore the possible psychogenic factors in unexplained infertility and the psychological blocks to fertility, (2) to enable clients to come to terms with infertility and to explore the validity of using art therapy as a healing process, (3) to explore the possibilities of implementing art therapy intervention as part of the client's overall treatment programme, and (4) to investigate the possibility and validity of using art therapy as employed by Dr. Bernie Siegel M.D. (1988). In line with Siegel, art therapy was used as a diagnostic tool in this study in determining emotional attitudes and blocks toward

treatment, in locating physical obstructions contributing to infertility, and to explore the mind/body relationship.

Art therapy is already regarded an effective means of addressing and exploring the psychological blocks and psychosomatic expressions of repressed inner conflict in psychiatric patients. It is reasonable therefore to hypothesize that art therapy may be a valuable tool to explore the emotional aspects of the experience of infertility in clients who are unable to conceive. It is important to note that the women who were involved in treatment in this study were not necessarily psychiatrically disturbed.

It is my contention that there are two main ways in which art therapy may be of use in the case of infertility. These two may be characterized respectively following art therapist Diana Halliday (1988, p. 22), as "curing" and "healing".

The first such use is an extension of the work of psychiatrist George L. Christie (1994) which is elaborated in the Literature Review of this thesis. There it is suggested that appropriate intervention may modify psychic resistances to such an extent that the physical inability to conceive is removed. The many causes of infertility remain mysterious in their origins and operations but it is widely recognized that psychic factors play a decisive role in some



cases. It is not expected, however, that such a result would be commonplace.

The second way in which art therapy can be useful in this context is in the way such intervention can enable infertile women to come to terms with their situation. This can be achieved through the power of art therapy to enable women to fully recognize their situation (which is characteristically accompanied by resistance and denial) and, through the ensuing process of acceptance, regain their emotional "balance". It is anticipated that this second use of art therapy would be the most commonly applicable.

This study is based on artwork produced during a series of art therapy groups and individual sessions especially facilitated at a therapeutic centre for the purpose of exploring issues surrounding infertility (see appendices 4 & 5).

The motivation behind my choosing this topic for my thesis is that of personal experience with infertility. It became apparent from my attempts in seeking help for this problem, that there was no counselling using art therapy to explore the source or origins of infertility or psychogenic blocks to fertility offered anywhere in Western Australia. This issue was compounded whilst on placement at Niola Private Hospital for two semesters, and in my

employment as an art therapist. I often came into contact with individuals who had no space to focus specifically on the issue of infertility within an art therapy group framework with other women. As a result of this, my interest in exploring this topic using art therapy grew increasingly stronger.

I started drawing and journalizing my thoughts and feelings regarding my infertility. By working in this way I found it enabled me to move through and understand my feelings of grief and loss. However, I was aware of the isolation in working on my own, which sometimes led me to feel that I must be the only one who feels this way about not being able to conceive. This is a danger I believe we all face when working in isolation. Human nature being what it is, I felt the need to talk to other women and to share my thoughts, feelings and fantasies. It was from this sense of isolation, comments from patients, and the personal experience and knowledge of the healing aspects of art therapy, that I decided I would like to form a group to explore infertility through art.

From my own experience and training, I believe using art images to explore one's issues to be a very powerful and meaningful way of accessing information from the unconscious via uncensored images. And yet at the same time, it is also my experience that working with images can be a very gentle way of allowing

awareness into consciousness. Art therapy is also very effective as a gestalt, i.e. to work through here and now issues relating to infertility such as resistances to investigations or treatment. I feel I am particularly suited to researching this topic because I believe the art therapy process opens up a dialogue between what is created and the creator and enables an internal processing via the merging of word and image. What is created, actually embodies and concretizes the experience of the client and facilitates ownership and possible resolution of feelings and thoughts expressed. It is also my experience, from working creatively with images and from my observations working as an art therapist, that this process can be very healing. The image can become a container for the expression of unexpressed feelings and energies and it can also facilitate experimentation, play and regression. As I mentioned earlier, it is from my own interest, personal studies and research in this topic that I felt able to participate in the development of women who are facing conflicts, resistances and their issues of loss and grief. I believe that in combining my knowledge, training and personal experience with art therapy, and with my empathy for this topic I would be able to facilitate a nurturing environment for women in this population to explore their issues surrounding infertility using art therapy in a safe, supportive group framework and also in individual sessions.

Professionally this research and inquiry has highlighted the needs within the community for art therapy intervention with women suffering with fertility problems. This has been confirmed by my involvement and discussions with co-ordinators from the relevant infertility agencies in Perth. Their encouragement and support for this study made it clear to me that there was an obvious gap in services offered for women wanting to explore the emotional aspects on infertility. I would hope to be involved in developing this service beyond this study in the future not only for women but also for men and couples.

During the course of these groups and individual sessions I gained confirmation of hunches and ideas I previously held. The artworks produced and shared by the women in this study began to echo theories and ideologies that I had gleaned from my investigation of psychoanalytic and art therapy literature. This study also raised valuable questions for further exploration with a larger client population over a longer time span.

I have researched literature on the topic of infertility, and to date, have been unable to obtain documentation regarding any work or research specific to art therapy being carried out in Australia or in other countries. I began to come across writers whose orientation led me into a number of associated areas. From these diverse,

related fields I have attempted to construct a theoretical framework in which to locate my particular study. Initially my interest was purely to do with the biological aspects of infertility reading the work of Herbert Goldfarb, M.D. (1995) and Roger Neuberg, consultant obstetrician and gynaecologist and director of infertility services at Leicester Royal Infirmary (1994). As my own processes progressed I became aware through reading the works of psychiatrist George L Christie (1994) that the issues of infertility were far more complex. To Christie's insights I have added the experience of Bernie Siegel, M.D. (1988) in using art therapy with cancer patients.

Fundamental psychoanalytic theory has been provided by the work of psychoanalysts Melanie Klein (cited in Segal, 1979, p. 65) and Nancy Chodorow (1978) with particular reference to the mother-child relationship. This has been augmented by the theoretical contributions of psychoanalyst Dinora Pines (1990) and clinical psychologist Jane Ussher (1989).

Finally a more specific focus on the theory and application of art therapy is drawn from the work of art therapists Ellen Speert (1992), Lucia Capacchione (1994), Cathy Malchiodi (1992) and others. From this literature I was able to make connections between the issues surrounding infertility and the therapeutic use

of images to bring out conflicts, resistances and feelings of loss and grief. Alongside this, Bruce Douglass and Clark Moustakas's (1985) notion of heuristic inquiry gave me the theoretical orientation from which to explore and apply these different theories, ideologies and methodologies.

In facilitating and documenting these groups and individual sessions I was in a position to observe trends and patterns that occurred in the artwork and the group processes. To my knowledge such a specific application of art therapy to women's infertility has not previously been attempted. I believe the exercise has been fruitful both from the point of view from the individual participants and, importantly in the context of this study, from the point of view of the theory and application of art therapy intervention in general.

## REVIEW OF LITERATURE

### Introduction

The plausibility of using art as a therapeutic intervention with infertile clients is not specifically addressed in any areas of psychological literature. Because of the lack of research on this topic, I have referred to psychiatric and psychoanalytic studies as the basis of this literature review and focused on the psychogenic, psychological and physiological aspects of infertility and the psychosomatic avenues of expression possibly resulting in or contributing to infertility. Related literature on the topic of psychotherapy with infertile clients was explored in the work of psychiatrist George L. Christie (1994) and psychoanalyst Dinora Pines (1982 & 1990). Also explored was related literature by psychoanalysts Nancy Chodorow (1978), Hanna Segal (1979) and Donald W. Winnicott (1958, 1971, 1975). The works of clinical psychologists Rollo May (1969) and Jane Ussher (1989) and author Naomi Wolf (1995) have also been investigated in regard to exploring infertility from a feminist perspective. Authors Hope Edelman (1995) and Susan Ripps (1995) have been addressed and researched for their writings on interpersonal relationships.

Treatment and care of the physically ill is addressed in the work of Bernie Siegel, M.D. and his notion of the mind/body relationship

where the patient uses art to work with physical obstructions in the body. Art therapy literature was also investigated in regard to theories, ideologies and methodologies employed by art therapists in other medical settings. These methodologies were looked at in consideration of how they might be modified and utilized to work with a specific population. Also researched were the works of art therapists Lucia Capacchione (1994), Caroline Case (1992), Tessa Dalley (1992), Michael Edwards (1987), Josef Garai (1987), Diana Halliday (1988), Marion Liebmann (1986, 1990), Cathy Malchiodi (1992), Marion Milner (1977), Judith Rubin (1984, 1987), Mary Jane Rust (1987), Janie Rhyne (1987, 1984), Ellen Speert (1992) and Edith Wallace (1987).

This literature review includes six sections each devoted to exploring the literature areas related to this topic. The sections include art therapy with the physically ill, art therapy as a healing process, the psychogenic factor in infertility, the psyche and infertility, art therapy approaches and infertility from a feminist perspective. These sections evolved out of my studies in the literature section and become categories into which information related to my topic could be classified logically.



### Art Therapy with the Physically Ill

In this section I will be exploring the literature which focuses on the diagnostic aspects of art therapy. I will be discussing how drawings can be used as an aid in diagnosing patients and contributing to their treatment.

Bernie Siegel, M.D., paediatric and general surgeon, works with exceptional cancer patients. (Siegel, 1988). He believes in the mind/body relationship of the disease and in treating his patients he uses a specific form of individual and group therapy. This therapy utilizes patients' dreams, drawings, visualizations and images. He also relies on his patients' drawings to inform him of the patients' conscious and/or unconscious feelings, which enable him to access where a patient is within themselves in relation to their disease, therapy and treatment, and to determine the appropriate treatment for the patient at the given time.

In his book *Love, medicine and miracles*, (1988) Siegel talks about creating a "relationship of trust" between the doctor and the patient and states that "a doctor's confidence in a certain treatment can be negated by a patient's unspoken rejection of it" (p. 37). He says,

"This is why I study patients' drawings and dreams to learn unacknowledged feelings about therapy...The patient may not have wanted this therapy from the first but didn't have the courage to tell me, or may be rejecting it at an unconscious level. However, if I have a drawing showing that the patient perceives the treatment as a poison or injurious, we can proceed from that point. .... A positive drawing done by a fearful patient may also help allay fears and allow therapy to commence." (pp. 37-38)

He speaks about visualizations and meditations and discusses case histories and how he encourages his patients to use meditation and mental imagery to combat their diseases. In addition, Siegel describes how art therapy has contributed to remission in some patients and gives a very specific example of a drawing done by one of them. Of this patient's drawing he says,

"This gentle man taught us all a great deal about healing through love. His white blood cells are carrying his cancer cells away instead of killing them. I feel that images of attacking the disease may work for about 20 percent of patients, but 80 percent need a different approach to heal."  
( p. 155)

Diana Halliday, an art therapist, writes about her own experience of the body/mind relationship with reference to her illness and subsequent hospitalization and surgery. In her article "My art healed me" (1988), she discusses both the healing and the exploratory aspects of art therapy in relation to her own processes during her illness and convalescence. Halliday writes about her ordeal and discusses the notion of being "cured" of cancer but "not

healed". She writes, "cured I might have been, but healed I certainly was not. Only art could bring about my healing" (p. 22). For confirmation of this instinctive knowledge, Halliday turned to Dr. Rosemary Gordon's paper "Reflections on curing and healing" and quoted,

"The process of healing - that is ... the evolution towards greater wholeness, a process in which the subject takes a particularly active part, more active than is usual in the process of curing." (p. 22)

Halliday states, "This says it all. Creativity is life-giving and restoring" (p. 22). Halliday also points out:

"Looking back at this process of self-healing through spontaneous painting .... enabled long-repressed emotions to surface and take shape .... 'free play' .... gave me access to much that was unconscious. I did not discover I had painted the semblance of a carcinoma until much later." (p. 21)

It is in relation to this aspect, that is, the mind/body relationship which Halliday explored through art therapy, that there are similarities to the work and writings of Siegel (1988).

In relating her experience to others, Halliday cites Dr. Gregg Furth, a Jungian analyst, (1981) and his paper entitled "The use of drawings made at significant times". In discussing the artwork of one of his patients, Furth writes,

"I believe that her drawing brought to consciousness issues that needed to be processed in order to heal her psychological wounds. This healing was necessary before her psychic energy could be freed to function creatively for her. Empirical studies on the use of drawings as an aid to diagnosis and treatment indicate that extemporaneous drawings reflect both psychological and somatic processes." (p. 22)

As is suggested by the above literature, the link in the mind/ body relationship may become accessible through the use of drawings. This is evidenced in artwork produced by patients who have unconsciously drawn their illness, or their attitudes toward their disease and/or treatment. This lends credence to the uses of art therapy because it is through accessing information from the unconscious through drawings such as these that suitable treatment for these patients may be developed.

### Art Therapy as a Healing Process

This next section deals with exploring the healing aspects of art therapy. Bearing in mind Halliday's distinction between curing and healing, healing here refers to the larger question of psychological health. This literature is relevant to my study because the women in the programme needed to access a way of coming to terms with their infertility by expressing their feelings of loss and grief.

In her paper "The use of art therapy following perinatal death" (1992), art therapist Ellen Speert discusses the use of art therapy to facilitate the expression of loss and grief through art images. As a result of her work Speert claims,

"The creative process can enhance self-esteem and revive a personal sense of purpose. Art making may symbolically rekindle this 'spark' as women again see themselves having the capacity to create. The creative process can renew the 'girl within' while simultaneously working through the grief process." (p. 127)

Speert's line of thought supports the notion of the art therapy process being used symbolically for healing, in that infertile women have an avenue to direct their "need to create". Speert also claims that women working together in a group sharing a common theme of loss, represented in art images, are able to achieve a sense of empowerment within themselves which can lead to eventual growth. The artwork and the art therapy process aids the women in coming to terms with perinatal loss. This way of working with art therapy is in many ways no different to working with psychiatric patients, although many clients in this population would not necessarily present as psychiatrically disturbed.

The issue of infertility is addressed in Kaplan and Sadock's *Synopsis of Psychiatry* (1991) which includes the statement,

"Professional intervention may be necessary to help infertile couples ventilate their feelings and go through the process of mourning their lost biological functions and the children they cannot have. Couples who remain infertile must cope with an actual loss." (p. 465)

Art therapist Cathy Malchiodi's (1992) paper entitled "Art and loss" reiterates and supports Speert's belief that "art therapy is a modality well suited to the needs of grieving women" and expands on this notion further by citing other art therapists who have "investigated the specific use of art expression in therapy with those clients who have experienced a loss" (p. 114). These art therapists include Simon, 1981; Junge, 1985; Case, 1987; Raymer & McIntyre, 1987; Rubin, 1987. Malchiodi also cites other therapists who have used art therapy with the seriously or terminally ill to help them face their situation and express their feelings surrounding their own death. These art therapists include Perkins, 1976; Fleming, 1983; Jeppson, 1983; Cotton, 1985; Minar, Erdmann, Kapitan, Richter-Loesl, & Vance, 1991 (p. 114). Malchiodi points out that these art therapists are constantly observing patients working through the process of loss and grief using art expression and are aware of the "power and potential" of art to help these patients "identify, cope with, and/or heal the pain experienced during the process of recovery from loss" (p.114).

She discusses her own experience of loss and how she worked through her issues of grief surrounding the death of her cousin.

Through a process of journal writing investigating her feelings and fears about death, and by piecing together images encompassing a "patchwork of events" that "entwined" the life of her cousin and herself, Malchiodi created a quilt thereby "creating a visual memorial to remember, record and immortalize" (p. 117) her cousin who died. She saw this creative experience as a meaningful ritual to help her deal with her loss. With regard to the notion of ritual, Malchiodi cites Gantt (1991) and states, "Gantt suggests that the art therapist can assist the grieving person in the development of an appropriate ritual, shaped by the client for his/her own situation" (p. 117).

The women who participated in my study also found themselves dealing with issues of loss and grief as a result of exploring the images they drew. I will further elaborate on this process in Chapter three, Procedure and Session Report.

In their book *The handbook of art therapy*, (1992) art therapists Caroline Case and Tessa Dalley argue that,

"Images in art therapy continue to reveal new meanings or suggest different thoughts and feelings as one works with them throughout the therapy process. They are a concrete product at the end of the session that can be referred to later or seen afresh as they take their place within a sequence of images made." ( p. 98)

It is with this notion in mind that I would like to review the artwork with the participants of the study in three months time to see how these women view their images after a given space of time.

The above literature reiterates art therapy being used as a healing modality. Using artwork to express and work through feelings of loss and grief supplied this healing modality to the women participating in my study. This gives further credence to the use of art therapy with this population.

### The Psychogenic Factor in Infertility

This section is especially important to include in my literature review because it defines the psychological aspects of unexplained infertility. I feel it was important for me to be aware of the complex nature of infertility when working with the women in my study.

Psychiatrist George Christie (1994), in his article "The psychogenic factor in infertility" postulates,

"We all have to come to terms with the powerful forces that exist within us, and cannot hope always to manage these creatively. As a consequence, psychosomatic disturbance is a part of our everyday life. The expression of psychic conflict through altered body functioning prevents it from entering the conscious mental sphere."  
(p. 382)



In his work Christie discusses unexplained or insufficiently explained infertility. He talks about the power of the human psyche in relation to infertility and believes that in certain cases there is an unconscious link between infertility and the psychosocial, interpersonal or intrapsychic aspects of a person's life or life situation. With regard to the first of these three aspects, (i.e. the psychosocial), Christie makes a clear statement when discussing the sociocultural aspects of human fertility and infertility.

"So the lessons of history, the findings of anthropologists and sociologists, and the clinical experience of psychoanalysts all support a view that there is a balance, in all of us, between the human wish to let a child come and nurture it, and the human wish to prevent it coming, to abort it or otherwise destroy it. This is a balance that can shift towards one side or the other, thereby influencing levels of both voluntary and involuntary childlessness. In these shifts individual psychic functioning is responsive, as always, to large and small group forces as well as to intrapsychic forces." (p. 381)

A brief sample of these forces can be found in my later section, *Infertility From a Feminist Perspective*. With regard to the second aspect, (i.e. the interpersonal), work done by author Hope Edelman in *Motherless daughters*, (1995) and author Susan Ripps in *Sisters: devoted or divided*, (1995) is significant.

Womens studies author, Hope Edelman in *Motherless daughters*, (1995) addresses the legacy of loss. Edelman discusses histories

and experiences of women's losses in various types of mother-daughter relationships. She surveyed 154 motherless women to write her book and backs her findings in each category with other surveys, statistics and psychological literature. The most important areas of interest for the purpose of my study, are those relationships dealing with the death of the mother and abandonment by the mother. Stemming from their artwork, these two topics were important subject areas explored by the women in my study.

Edelman talks about the different reactions daughters have to their mother's death. She states that the way the mother dies plays a big part in the type of response the child has and the feelings she grows up with. Edelman claims that no matter how or when the mother dies "one [type of death] is not necessarily more traumatic than another, but the child's growth is affected in different ways" (p. 67). She states that the "different causes of death provoke sufficiently different responses - focused anger toward suicide victims, blame in the case of homicide, hopelessness and fear with terminal disease" (pp. 67-68). Edelman discusses at length experiences portrayed by women whose mothers have died from terminal illnesses which have sometimes spanned over many years. She writes that these women state they felt "helpless", "angry", "fearful", "rejected", "frustrated", "inadequate", "ashamed", "repulsed", and "abandoned".

Edelman talks about the insecurities and fear of abandonment some women are left with as a result of unresolved grieving for the mothers', and how these unresolved feelings can dictate their lives. She cites an example of a forty- four year old woman and says,

"... she delayed marriage and childbirth until her forties because she spent her twenties and thirties afraid to form lasting attachments. The deep rejection and abandonment she felt ... when her mother suicided ... made her terrified of losing another loved one." (p. 76)

Edelman claims that "sudden deaths, more than any other form of loss, teach children that relationships are impermanent and liable to end at any time, an awareness that can dramatically shape their emerging personalities" (p. 76). However she implies that this feeling of abandonment does not necessarily apply only to women whose mothers died suddenly, but can also apply to those whose mothers died over a period of time from a terminal illness. She quotes one of the interviewed women as expressing, "Your mother is your *mother*. How can she not be there?" (p.76). Edelman also states that "death has a finality to it that abandonment does not" (p. 83). In discussing abandonment Edelman argues,

"A daughter whose mother chose to leave her or was incapable of mothering may feel like a member of the emotional underclass, like a dispensable part of society

whose needs the government has ignored. As a result she often develops a sense of degradation and unworthiness even more profound than that of the daughter whose mother has died." (p. 83).

She states that when a mother dies, at least that can be recognized as something concrete. The daughter can identify it. But this is not the case when a daughter is abandoned. In addressing this issue Edelman says, "Whether a mother leaves physically or emotionally, the result is invariably a blow to the daughter's self-esteem" (p. 83). Edelman discusses the case of a woman whose mother abandoned her at an early age. She quotes this woman as saying, "So from a very young age, I really felt that I was on my own" (p. 86). This woman finally gave up her hope and illusion that "her mother will one day become the mother she always needed" (p. 86). Edelman goes on to say that,

"As Evelyn Bassoff explains in her book *Mothers and Daughters: Loving and Letting Go*, a major step in the abandoned daughter's healing process is to acknowledge that her mother did not love her properly, or did not love her at all." (p. 86)

Another case history which Edelman cites is that of a thirty-five year old woman, Shari, who grew up with a mother who was "erratic in her parenting behaviors" (p. 88). Edelman points out that, "The fear of identifying with one's mother as a mother is particularly profound in daughters such as Shari" (p. 89). She goes

on to quote Phyllis Klaus as saying, "Women who've had bad mothering often get very frightened, .... They wonder , 'Will I hurt like my mother? Will I get angry like my mother?' They'll often do many things to be the opposite of their mother" (p.89).

I found Edelman's book to be an extremely good source of psychological literature discussing the relationships of mothers and daughters. Many of the case histories referred to and referenced in her book were relevant to my study and relevant to exploring some of the issues revealed within the artwork .

Another important issue which came out of exploring the artwork of the clients in this study was that of relationships with sisters. Exploring these relationships seemed at times, to demand as much space and attention as relationships with mothers. Therefore I felt this topic also warranted research.

Author Susan Ripps in *Sisters: devoted or divided*, (1995) focuses on many different types of relationships with sisters. Two areas of interest to this study are "competitive sisters" and "jealous sisters". Ripps' book portrays histories written by women who give their accounts of their relationships with their sisters. Ripps gives a commentary at the end of each story.

In part one, "the power of sisters" (pp. 13-53), in discussing competitive sisters, clinical psychologist Dr. Ronnie L. Burack, Ph.D, (1995) states, "Competitive sisters take action. Suffering from an intense need to be number one in their parents' eyes, they are driven to top one another" (cited in Ripps, 1995, p. 17). In part two, "the prevailing bond" (pp. 229 - 263), he discusses jealous sisters, in search of power, and claims, "Jealous sisters have not resolved their feelings of childhood rivalry" (cited in Ripps, 1995, p. 229).

As with relationships of mothers and daughters, that of sisters are also very complex and have many facets to them. Some of the stories written in Ripps' book have close resemblances to those expressed by the clients in this study. The comments cited above are certainly relevant in exploring the artwork produced by the women in my study.

Christie's belief in the unconscious link between the psychosocial or interpersonal aspects of a person's life and infertility is borne out by the responses of the women in this study. The same responses, however, clearly signal the intrapsychic aspects of a person's life as the most profound influence of the three. I shall therefore deal with this in some detail.

### The Psyche and Infertility

My examination of the intrapsychic forces at work is posited on the primacy of the mother-child relationship in the process of psychic formation. The paramount significance of this relationship became very apparent as the women in the study produced and explored their images. Both Nancy Chodorow, a psychoanalyst, (1978) and Jane Ussher, a clinical psychologist, (1989) identify the mother-child relationship as being "of central importance in the development of a woman's identity" (Ussher 1989, p. 33).

Nancy Chodorow states that what a mother feels, the baby picks up, absorbs and reflects, and as such the experience of these feelings become a part of the person's psyche. At this point Kaplan and Sadock's (1991) comments on identification and introjection are worth noting. On identification they say,

"Identification, which plays a crucial role in ego development, may also be used as a defense mechanism under certain circumstances. Identification with the loved object may serve as defense against the anxiety or pain that accompanies separation from or loss of the object, whether real or threatened." (p. 183)

On introjection they say,

"Introjection. In addition to the developmental functions of the process of introjection, it also serves specific defensive functions. The introjection of a loved object

involves the internalization of characteristics of the object with the goal of establishing closeness to and constant presence of the object. Anxiety consequent to separation or tension arising out of ambivalence toward the object is thus diminished. If the object is a lost object, introjection nullifies or negates the loss by taking on characteristics of the object, thus in a sense internally preserving the object. Even if the object is not lost, the internalization usually involves a shift of cathexis, reflecting a significant alteration in the object relationships." (p. 183)

Nancy Chodorow postulates,

"The infant develops its sense of self mainly in relation to her [the mother]. Insofar as the relationship with its mother has continuity, the infant comes to define aspects of its self (affectively and structurally) in relation to internalized representations of aspects of its mother and the perceived quality of her care." (1979, p. 78)

In her book *Klein*, (1979), psychoanalyst Hanna Segal points out that the concept of internal objects was central to Klein's work. Klein expanded on Freud's notion of an internal object in the mental structure, the superego, being an introjected parental figure and discovered, says Segal, "that in phantasy the infant introjects such objects as the mother's breast, ... and other parts of the parental bodies .... and eventually the parents as separate people are internalized" (p. 64). Segal argues that "these internal objects are experienced as having relations both to one another and to the child itself. The child may identify with such objects, or feel itself as being in a relationship with them" (p. 65).



Having established this theoretical foundation I will now return to the more specific focus on infertility provided by Christie (1994). He talked about the balance between desire and dread of fertility versus infertility. This issue is often addressed by the women in this study. Christie helped clarify for me the complex nature of unexplained infertility.

He states that "women presenting with relatively unexplained infertility appear to separate out clinically into three main groupings, differing in depth and stubbornness of resistance to conception" (p. 383). He defines these three groupings as such: The first group of women are those whose infertility and resistance to conceive presents as being "relatively superficial", although persistent. He states that in many cases conception is facilitated if these women receive reassurance, caring, understanding and a sense of hope from the investigatory agency. The second group are those who "exhibit a more resistant barrier to conception" (p. 383). These are the women who have been through the investigatory procedures and have not responded to investigation or the reassurance and hopeful gestures expressed within the investigatory facility. Christie points out that this is sometimes due to the fact that a woman unconsciously experiences her external life situation to be unsuitable or unfavourable for giving birth to, and nurturing a child. He states that this psychic unreadiness to

have a baby may embody or imply an interpersonal problem involving her relationship with either her partner, her family or her partner's family (p. 383). Note, however, that while this unreadiness may originate in an interpersonal problem, once this problem is internalized it becomes 'intrapsychic'. Christie claims that it is more likely for this situation to occur if the woman has not adequately worked through the separation-individuation process from her own family and in particular from her mother. The last group of women are those who "possess a deep and persistent intrapsychic barrier to conception" (p. 383). Christie believes that this barrier blocks any willingness to give birth to and nurture a baby. He recommends that the appropriate choice of treatment for women in this grouping is psychoanalytic exploration and/or psychotherapy (p. 383).

In his paper Christie (1994) discusses three case histories giving a clinical vignette of each of the three groupings mentioned above. In summation he states, "In each of these cases there has been a difficulty experienced by the patient in achieving a healthy separation from her own mother" (p. 387). He sees these cases as being somewhat analogous to the ancient Greek myth, Persephone and her mother, Demeter, who, he states, were "initially inseparable" and asks the question, "Has this myth a possible relevance for the stories outlined above?" (p. 388). His advocacy of

combining objective and intuitive approaches, as already mentioned in the Research and Design section of this thesis, enables a valid interpretation in line with the notion of heuristic inquiry.

Christie also cites psychoanalyst Dinora Pines' article "Emotional aspects of infertility and its remedies" (1990), in which Pines discusses in detail her work with two infertile women and reports her analytic findings from this work. She talks about the difficult and conflicting maturational tasks a woman needs to deal with as she enters her child-bearing years; that of identifying with the woman in her mother while at the same time working through a separating and individuation process from her emotionally. Pines informs us that the majority of infertile women she has worked with have experienced discordant and conflict ridden relationships with their mothers.

Author Marcia Starck (1994) also discusses infertility in terms of the psychogenic and psychological factors involved. Starck's view is similar to that expressed by Christie (1994) and Pines (1990) when she states,

"More often there is a need to do some deeper psychological and spiritual work. What are one's fears in bringing in a child? There may be unresolved conflicts with one's own mother and a wish to not repeat those patterns. Often there are fears that one's mate would not stay around and help support the child." (p. 57)

Starck sees the medical procedures woman need to endure in ascertaining whether they are able to conceive as "painful or humiliating procedures". In addition she believes that women need to be aware that sometimes "dietary changes, nutritional supplements and certain herbs" (p. 57) can be helpful in overcoming infertility. She also discusses the notion of unresolved grief resulting in resistance or the inability to conceive.

It should also be remembered that psychic formation does not necessarily begin at birth. There is a body of work which suggests that much of this structuring is begun in utero. This contention is supported by art therapist Lucia Capacchione in her book *Creating a joyful birth experience* (Capacchione & Bardsley, 1994). She speaks of this phenomenon and talks about her experiences of working with clients who "regressed to early childhood or infancy and recounted emotional wounds that needed to be healed. Sometimes," she says, "my client regressed to a time before birth *in utero*" (p.11). She supports her contention by citing the work of "David Chamberlain, Thomas Verny, and other psychologists [who] showed us that babies remember their *in utero* and birth experiences and that, as adults they have access to these memories" (pp. 11-12).

This then is the task confronting the art therapist: to access and negotiate these conflicting forces to facilitate the healing process in the subject. I shall now examine various more practical approaches to this problem.

### Art Therapy Approaches

Already discussed in previous sections of this thesis is the work of art therapists, Capacchione (1994), Halliday (1988), Malchiodi (1992), Speert (1992) and Case and Dalley (1992). In this section I will be focusing on an eclectic approach to art therapy. I feel an eclectic way of working was appropriate to my study as it enabled me to blend the approaches in line with the notion of heuristic inquiry. I will be discussing the theories, ideologies and methodologies used by Humanistic/Existential, Gestalt and Jungian therapists. In addition to this I will also examine how the different theories and techniques have been interpreted and adapted in the practices of various art therapists.

Firstly I would like to discuss the Humanistic/Existential theories and approach to therapy, as I believe the relationship between the therapist and the client to be a very important one. The work of clinical psychologist Rollo May (1969) is of particular interest. In his book *Existential psychology*, May defines existentialism as,

"standing for emphasis on the reality of the immediate experience in the present moment" (p. 15). He also states,

"In psychology and psychiatry, the term demarcates an attitude, an approach to human beings, rather than a specific school or group. It is doubtful whether it makes sense to speak of 'an existential psychologist or psychotherapist' in contradistinction to other schools. Existentialism is not a system of therapy but an attitude toward therapy. Though it has led to many advances of technique, it is not a set of new techniques in itself but a concern with the understanding of the structure of the human being and his experience that must underlie all techniques." (p.15)

Psychologist Carl Rogers' (1991) concept of "a therapy of love" is important to note here. In his paper "The influence of the humanists", Rogers notion of "love" is defined in Greek philosophy by the Greek term *agape*. He states,

"Agape, ...is characterized by the desire to fulfill the beloved. It demands nothing in return and wants only the growth and fulfillment of the loved one. Agape, is a strengthening love, a love that, by definition, does not burden or obligate the loved one." (p. 37)

Art therapist Josef Garai addresses humanistic art therapy in his paper "A humanistic approach to art therapy"(1987). Garai states, "The atmosphere the humanistic art therapist attempts to create reflects the total absence of moralistic judgemental attitudes" (cited in Rubin, 1987, p. 190)

These approaches and attitudes enable a feeling of trust to develop within the therapeutic relationship between the therapist and client and allow the therapist to meet with the client where the client is within themselves, and to work with what the client brings into the session. In other words the therapist does not manipulate the client to work with the issues that the therapist may want the client to work on, but allows the client to pave the way in his/her own personal growth. The therapist facilitates the client's growth in awareness and taking responsibility for his/her own life.

Gestalt therapy is a form of existential therapy (Corey 1990). Gerald Corey, a licensed psychologist, is quoted by art therapist Janie Rhyne (1987) as stating,

"The basic assumption of Gestalt therapy is that individuals can themselves deal effectively with their life problems. The central task of the therapist is to help clients fully experience their being in the here and now by becoming aware of how they prevent themselves from feeling and experiencing in the present. Therefore, the approach is basically non-interpretive, and clients carry out their own therapy as much as possible. They make their own interpretations, create their own direct statement, and find their own meanings. Finally, clients are encouraged to experience directly in the present their struggles of 'unfinished business' from their past. By experiencing their conflicts instead of merely talking about them, they gradually expand their own level of awareness ... (Corey 1982: 98)." (cited in Rubin, 1987, p. 171)



The emphasis in Gestalt therapy is on awareness of the present (i.e. the here and now), self awareness and on accepting personal responsibility for one's own life. In his book *Theory and practice of group counseling*, (1990) Corey writes, "It is awareness that allows clients to recognize and reintegrate parts of themselves that they have disowned and, thus, become unified and whole" (p. 319). The notion of wholeness is a key concept of Gestalt therapy. This notion is recognized by the *Penguin dictionary of psychology* (1978) which gives the definition of Gestalt as, "Form, pattern, structure, or configuration; an integrated whole, not a mere summation of units or parts" (Drever, p. 108).

Gestalt is an experiential therapy. Gestalt art therapy has its roots in both Gestalt psychology and Gestalt therapy. Rhyne (1987) defines these two approaches as "Gestalt psychology, developed from laboratory research in perception and learning; ... Gestalt therapy, evolved from applications in psychotherapeutic practice." (cited in Rubin, 1987, p. 167). Rhyne's work, known as the "Gestalt art experience, has incorporated ideas from both areas and aims for their integration in a Gestalt approach to art therapy." (cited in Rubin, 1987, p. 167). Rhyne sees her work as being "ideologically related" to both Gestalt psychology and Gestalt therapy approaches. In her book *The gestalt art experience*, (1984) Rhyne states



"Gestaltists ... seek ways to recognize what we have hidden away - and to integrate our disowned parts into our total personality" (1984, p. 4).

Rhyne (1987) also discusses dream work, and describes Gestalt work with dreams as "similar to the way a Gestalt art therapist evokes clients' awareness of meanings expressed spontaneously in their visual imagery. " (cited in Rubin, 1987, p. 172) She states that in Gestalt therapy:

"Dreams are assumed to represent existential messages that reflect current ways of being in the world. Clients recognize that the dream configuration is their own creation; they are asked to 'work through' their self-created images by 'taking the part' of each person and thing in the dream. For gestalt art therapists, this is an effective way to elicit more awareness of personal meanings made graphic through art media." (cited in Rubin, 1987, p.172)

Corey (1990) refers to therapists who use the Gestalt approach in working with dream work, and cites Fritz Perls (1969) as one of these therapists. Corey describes the process of dream work carried out within groups, and explains that the dream is not reported in the past tense, but relived and acted out in the present, where key elements of the dream are transformed into a dialogue which becomes a part of the dream. He states,

"Perls assumes that each part of the dream is a projection of oneself and that all the different parts are expressions of one's own contradictory and inconsistent sides. Therefore dreams contain existential messages, They represent our conflicts, our wishes, and key themes in our lives." (pp. 342- 343)

Psychoanalyst, Mary Mattoon (1981) also discusses dream work in her book *Jungian psychology in perspective* and states that Jung called this way of working with dreams "Subjective Characterization". She quotes Jung as saying,

"Subjective interpretation, ... is that 'which refers every part of the dream and all the actors in it back to the dreamer himself' (CW7, par. 130). Subjective in this usage does not mean what is ordinarily meant by the word: insubstantial, personal, biased, one person's opinion; it means, rather, that 'all the figures in the dream [are] personified features of the dreamer's [i.e., the subject's] own personality' (CW8, par. 509)." (p. 255)

Finally, art therapist, Michael Edwards (1987) addresses the therapeutic relationship between art therapist and client from a Jungian perspective. In his paper "Jungian analytic art therapy" Edwards discusses the notion of "the personified image in art therapy" (p. 99). He points out that by constantly pointing the clients' attention to, and directing their dialogue directly with, the artwork, some of the transference is deflected. Edwards claims,

"The relationship takes place partly through the artwork, which can variously be described as a buffer, filter, screen, or container. In this triangular situation, the artwork

mediates between patient and therapist. ... the art therapist remains a representative of symbolic communication through art; he or she is "the art person" throughout. .... A dialogue takes place parallel to, and somewhat independently of, the relationship to the art therapist." (cited in Rubin, 1987, p. 99 -100)

This concludes my survey of the existing theoretical therapeutic approaches. I believe each of the approaches described above, practised with experience and knowledge, can and do contribute enormously to art therapy as a profession, in that each approach can be used as a vehicle to access images from the unconscious so that the maker can use these images to explore conflicts, relationships and various aspects of the self etc. toward the therapeutic goal of individuation. Ultimately awareness, contact, and experiencing the present (i.e. the here and now) are merely different aspects of one and the same process - that of self-realization.

In referring to her own work as an art therapist Judith Rubin (1987) states,

"Freudian theory does not adequately explain for me all of the richness, mystery, and beauty of the creative process which is at the heart of art therapy. In search of a theory that could shed light on that realm, I have delved briefly into analytic (Jung), Gestalt, existential, and humanistic psychotherapy. And I have found that each of these approaches, these different sets of lenses, illuminates slightly different aspects of human personality and growth." (p. XV)

These sentiments clearly sum up the experiences and inclinations of my own that have led to my adoption of an eclectic theoretical position.

The literature of art therapy does not consist of theory, case histories and speculation only. There are also workbooks which have formulated a more concrete methodology involving the active participation of the subject. Among these are the work books created by Capacchione and by Capacchione and Bardsley. In their book *Creating a joyful birth experience*, (1994) Capacchione talks about her techniques of creative journal writing with co-author Sandra Bardsley, a nurse, childbirth educator and mother. Creative Journal writing is a technique developed by Capacchione which encompasses a series of exercises, such as writing with the non-dominant hand, to access memories that have been stored in the right brain.

In her work Bardsley saw that there was a need for right-brain activities in educating women to prepare themselves for childbirth and parenting, and to help her students "deal with the fear of pain and other emotions typical of pregnancy" (p. 15). She also saw in these techniques an aid to building "a strong emotional bond between the mother and baby" (p. 15).

Another such technique is that of Mark Olsen, a professional actor, director, drama teacher and author and Samuel Avital, a mime and theatre artist, director, teacher and author. They have also devised a work book designed to use right-brain activities through creative and journal writing and art activities. As in Capacchione and Bardlsey's workbook, Olsen and Avital's book entitled, *The conception mandala - creative techniques for inviting a child into your life*, (1992) reiterates and reinforces the importance of right-brain activity and works through several exercises addressing issues of conception and childbirth using the motif of the mandala. Olsen and Avital also incorporate meditation into their overall exercises.

Akin to their meditation techniques is the the notion of guided imagery and active imagination as addressed by Edith Wallace in her paper *Healing through the visual arts - a Jungian approach* (1987). Wallace states "The stage needs to be set for listening to that inner voice; to make it heard or visible requires stillness." (cited by Rubin, 1987, p. 119). Here Wallace is referring to internal stillness and not external movement. Wallace postulates "In active imagination the initial material is that which arises from the unconscious, from inside" (cited by Rubin, 1987, p. 119).

Wallace then explains this notion of active imagination further, and advises that we need to dialogue with the image and let the image speak to us, "... we need to 'listen' ... we need to know *what* has manifested, to catch the message. ... Let it speak back to you; what does it say to you?" (cited in Rubin 1987, p. 121). She calls this *looking* and states that it is a three step process:

"First: 'Looking' ... realizing that something has been produced. Second: 'Noticing' ... a different kind of perceiving, but still connected with actual experience. Third: 'Seeing'. This is a true recognition, a revelation: there is more than meets the eye. This hits me, it has meaning, it tells me something that I did not know before. I received a message. I see the world anew, my world; I perceive a truth. Only this third step is a step into depth." (cited in Rubin 1987, p. 121)

Separation and individuation are the ultimate goals in the psychological work of the client, as mentioned in the work of Christie (1994), Pines (1990) and Wolf (1995) and others. In her book *Jungian psychology in perspective*, (1981) Mattoon states,

"For some people the individuation process works primarily through spontaneous inner images: dreams, fantasies, and sometimes visions. These images can contribute to individuation if the person pays attention to them, reflects on them, and interacts with them in 'active imagination'. Through this process the unconscious components of the psyche, such as the shadow, can be experienced and perhaps assimilated." (Mattoon, 1981, p. 185)

It is through a process such as that described here that I believe the issue of intrapsychic forces and infertility can be not only addressed but also engaged with. The individuation process for women is traced from early childhood through to adulthood and beyond. In this study I saw women mapping out for themselves some of that history within the artworks and with each other. Such explorations of course, do not happen in a cultural vacuum. Important work on the larger dynamic surrounding the production and modification of womens bodies is being done in the context of feminist analysis to which I will now turn.

### Infertility from a Feminist Perspective

Jane Ussher (1989) examines the problem of infertility using a feminist perspective and discusses the effect infertility has on the lives of infertile women. She states,

"Childless women are a devalued group in society, seen as unnatural and unfulfilled: in failing to become mothers they fail to become women (Woollett 1987). .... Society pities those women who are childless against their wishes and the pity reinforces their sense of worthlessness. The language which positions these women within the discourses of woman and mother is negative and degrading: barren, unfruitful, addle, arid - they all mean 'of no effect', or unproductive." (p. 100)

Ussher states that "women are defined by their reproductive capabilities" (p. 100) and raises the question "If women are expected to receive their status and identity through childbearing, what is the fate of childless women?" (p. 100).

The notion of womanhood and the pressures upon women in today's society are explained in the works of Naomi Wolf in *The beauty myth*, (1995). She discusses anorexia and infertility within a feminist framework. She talks about womens' body image and how this is associated with low self-esteem in that women are controlled by dieting. She states ,

"One fifth of women who exercise to shape their bodies have menstrual irregularities and diminished fertility. .... infertility and hormone imbalance are common among women whose fat-to-lean ratio falls below 22 percent." (p. 192)

Wolf discusses various theories that "abound to explain anorexia, bulimia, and the modern thinning of the feminine" (p.188). She states,

"Susie Orbach in *Fat Is a Feminist Issue* 'reads' women's fat as a statement to the mother about separation and dependence; she sees in the mother 'a terrible ambivalence about feeding and nurturing' her daughter. Kim Chernin in *The Obsession* gives a psychoanalytic reading of fear of fat as based on infantile rage against the all-powerful mother, and sees food as the primordial breast, the 'lost world' of female abundance that we must recover 'if we



are to understand the heartland of our obsession with the female body' .... In *The Hungry Self*, Chernin interprets bulimia as a religious rite of passage. .... Rudolph Bell in *Holy Anorexia* relates the disease to the religious impulses of medieval nuns, seeing starvation as purification." (pp.188-189)

Although development of a political analysis of the forces at work on women's bodies falls outside the scope of this study, it is important to maintain an awareness of this cultural context.

### Conclusion to the Review

In this literature review I have quoted many writers who support the notions of the use of drawing and artistic expression as a means of healing, self-exploration and expression and of art therapy groups as a framework for support groups. I have drawn from various sources in an effort to construct a viable framework from within which to examine the uses of art therapy in the content of women's infertility. I have drawn on the notion of the mind/body relationship and its applicability in specific treatments as expounded by Siegel and Halliday. I have then examined the notion of healing in its larger holistic sense as represented by Speert, Malchiodi, Case and Dalley and others. A focus on the psychogenic aspects of infertility follows, embodied by the work of Christie and his distinction between the psychosocial, interpersonal and intrapsychic influences on infertility. I paid considerable attention

to the question of intrapsychic forces using the work of Christie, Chodorow, Ussher and others. From a discussion of general philosophical theories and methodologies I progressed to specific art therapy approaches which covered the work of Rhyne, Edwards, Wallace and others. The literature review concluded with a brief reference to the feminist perspective on women's bodies.

Images made in art therapy embody thoughts and feelings (Case & Dalley, 1992). This is why I argue that art therapy is an extremely valid way of working with infertile clients, to bring some of these conflicts into consciousness through artistic expression as demonstrated in the discussion of the artwork later in this thesis.

This literature review is not meant to be an exhaustive account of the literature researched. It does, however, touch on very important notions surrounding the issues of infertility as revealed and explored in the artwork of the clients who took part in this study.

## THE RESEARCH DESIGN

### A Qualitative Approach

The proposed research is an exploratory study using a phenomenological methodology to investigate the effectiveness of using art therapy interventions with an infertile population to facilitate clients' coming to terms with infertility and/ or to aid in working through emotional blocks contributing to, or causing, infertility.

A heuristic study seems an appropriate way to proceed with this research, as little to no research has been done using art therapy within a medical setting in this specialized field. I have found very little specific documentation about the different types of art therapy interventions which have been used with or are appropriate to an infertile client population, or on art therapy's effectiveness with regard to specific aims, as mentioned earlier in this proposal, with this population, i.e. working through emotional blocks, art as a healing process, art used to locate and isolate physical obstructions. However, much information has been documented on the effectiveness of art therapy intervention with medical problems for other populations. This approach synthesizes the heuristic method as expounded by Douglass and Moustakas (1985), the theoretical study of this process done by Michael Polanyi (1967) and his notion

of "tacit dimension" and Madeleine Leininger's (1988) exposition of qualitative research.

Douglass and Moustakas (1985) describe heuristic research in their paper "Heuristic inquiry: the internal search to know". The foundation of such research is to be found in human experience. Heuristic research begins as a subjective process and after a process of reflection and self questioning, a systematic knowledge is developed. The phenomenon that is being studied is examined with all the resources available to the observer. These include hunches and ideas as well as already available knowledge and dialogue with others. Fundamentally it is "a search for the discovery of meaning and essence in significant human experience" (p. 40).

The observer is ultimately involved in this process. Douglass and Moustakas speak of the "autobiographical" nature of the data that emerges from this process, and stress the need for both "passion" and "discipline" (p. 40) in this search. They claim that, "Self experience is the single most important guideline in pursuing heuristic research" (p. 46).

Their exposition of the three step heuristic process comprises of (1) immersion in the question, (2) acquisition of data and (3) the emergence of realization. For this process to be successfully

executed it is necessary, they say, for the investigator to accept without reservation the way the knowledge is revealed. This is particularly applicable to the field of art therapy. It seems to me that this method of inquiry is doubly relevant in that not only is the art therapist using this process, but the subject of the therapist's inquiry is working in the same way simultaneously.

The work of philosopher Michael Polanyi (1967) underpins the theory of heuristic inquiry. He has coined the term "tacit dimension" to signify the totality of subjective resources that are available to produce and comprehend knowledge. His statement, "I shall reconsider human knowledge by starting from the fact that we know more than we can tell" (p. 4) catches the sense of this nicely. Polanyi sees the initial problem that sparks the investigation as a "promise" of knowledge and stresses the importance of allowing this "promise" to manifest itself in all its vagueness and richness. The aim of heuristic inquiry is to allow this knowledge to then be

"... revealed, be it through metaphor, description, poetry, song, dance, art or dialogue. Heuristics encourages the researcher to go wide open and to pursue an original path that has its origins within the self and that discovers its direction and meaning within the self. It does not aim to produce experts who learn the rules and mechanics of science, rather, it guides human beings in the process of asking questions about phenomena that disturb and challenge their own existence." (Douglass & Moustakas, 1985, p. 53)

Madeleine Leininger (1988), professor of nursing and anthropology, discusses the validity and reliability of qualitative research in her book *Qualitative research methods in nursing*. Leininger contends that,

"... validity in qualitative research refers to gaining knowledge and understanding of the true nature, essence, meanings, attributes, and characteristics of a particular phenomenon under study.... knowing and understanding the phenomenon is the goal. Qualitative validity is concerned with confirming the truth or understandings associated with phenomena." (p. 68)

Leininger's method needs to be qualified due to the lack of available data in this field. To this end I have drawn on the work of Sarantakos (1993) who advocates the use of an "exploratory study" in such situations. Exploratory studies are used to provide additional data about the issues or subject in question. Allan (1991) points out that effective qualitative research must include a substantial appreciation of the perspectives of the informants (pp. 177-178). Under these circumstances the exploratory study is necessary to validate the observers knowledge of the subject's situation and experience.

The approach that I have outlined above is well illustrated by Nancy Lyerly (1994), a certified expressive therapist at the New York Hospital Medical Centre of Queens Department of Psychiatry. She talks about phenomenological research methods in

her book review of *How the arts make a difference in therapy: papers from a conference at La Trobe University, January, 1992*. (Lett, 1992). She discusses the work of Andrew Moorish, a dance educator completing his Masters Degree in Education with a focus in arts therapies (p. 225). She states,

"Andrew Moorish, ... draws on the work of Betensky and Leventhal to support his phenomenological study of 'the engagement of a client in a process involving parallel activities in dance and drawing.'" Moorish states, "... phenomenology ... as a research methodology offers enormous promise as a way to examine the previously considered subjective aspects of therapeutic arts experiences. It will encourage arts investigators to focus on the experience of clients. This will perhaps help them to move away from the analysis of arts products and the creation of theoretical systems of meanings towards the examination of the personal language of the client embodied in both the art experience and art product." (pp. 225-226)

In direct relation to this study, psychiatrist George L. Christie (1994) works with women with infertility problems and discusses the analogy he sees between myths and the life stories and psychic work of his patients. He speaks in particular of the ancient Greek myth Persephone and her mother, Demeter, with relation to issues of separation, individuation and barrenness, which most of his patients with unexplained infertility have to face and work through. He feels to ignore the lessons in folk stories can be detrimental and that we can learn much from the old folk tales.

Christie goes on to argue this point in relation to his clinical experience and findings and its relevance to research studies. Christie supports qualitative research studies and suggests "that we bring our objective and intuitive approaches into some sort of creative relationship with each other, while continuing to assess our findings from the broadest possible perspective" (p.388).

### Conceptual Framework Upon Which This Research Is Based

In his article "The Psychogenic Factor In Infertility" (1994) psychiatrist George L. Christie discusses the power of the human psyche in relation to infertility. Christie states,

Freud once wrote that the purpose of psychoanalysis is not to provide answers, but to open, or reopen questions. The questions I would like to reopen emerge from my experience with several women in analytic forms of psychotherapy who have conceived, carried, and successfully delivered babies after varying periods of infertility or sub fertility, and sometimes following protracted and unsuccessful fertility investigations and treatment. (pp. 378-379)

Christie postulates "that the role of unconscious psychic factors upon human fertility levels is continually underestimated" (p. 378) and states that although the fundamental causes of infertility in many cases remains obscure, he believes



"... that a link exists between infertility and a sensitivity, at an unconscious level, to some situation rendering it an unsuitable time or place for the individual or couple to allow a baby to come. Such a situation may be intrapsychic, interpersonal, or psychosocial in nature. These unconscious processes are, of course, quite subtle, going deeper than anything represented in currently popular concepts of stress and its management. I am referring to a deep readiness to allow a baby to come, or the inhibition of the readiness." (p. 379)

Christie also believes that not enough information is cross referenced throughout various professions thus enabling a more holistic approach to be taken in the treatment of infertile patients. Of this he says,

"Fertility disorders also attract the interest of psychoanalysts, sociologists and anthropologists. But we all see the sufferer in the light of our own speciality, and we often miss opportunities to inform each other, and to integrate our various contributions in a genuinely holistic approach to clinical practice." (p. 380)

From personal experience, I see this to be a valid criticism. The intervention of art therapy became an essential part of the treatment programme during this study and a step toward realizing a holistic approach to investigating, treating and counselling clients with fertility problems. Therefore, the art therapy process was viewed as a part of a clinical team approach and for the duration of the research I worked in conjunction with a professional counsellor and psychiatrist.

### The Research Plan

The sample chosen was purposeful, i.e. clients who have infertility problems. I had elected to work with eight women. The women were to be over eighteen years of age otherwise there was no other set age limit to be eligible to participate in the study. The only criterion was that the women needed to be, or have been in the past, diagnosed with unexplained or insufficiently explained infertility. It was envisaged that the women would be referred either by a medical practitioner specializing in the field of fertility, or through awareness of the programme through the staff at the infertility agency and/or the brochures and pamphlets left for distribution at the infertility agencies (see appendices 4 & 5). The women needed to be willing to participate in the research study using art therapy. A group of women varying in age would be beneficial as it was anticipated that these women would be at different places and levels of awareness within themselves in relation to their issues surrounding infertility. This would set up an interesting dynamic in the group where the older and/or more experienced women (or vice versa) could pass on and share their experiences with the more inexperienced women in the group. However this did not turn out to be the case, and the women who participated in the programme were in their forties. Nevertheless the notion of a support group is an important factor in this study regardless of age and experience.

Initially I contacted one infertility agency, Perth Andrology, with my study proposal, and set up an appointment with the head medical specialist there. At the interview, I presented my proposal to her and explained what art therapy was and how the processes worked and the purpose of my study. She was supportive of the idea and passed the details onto her ethics committee. I was contacted by mail after the ethics committee had met and given the authority and permission to commence with my study. Unfortunately the timing of this permission to commence the programme coincided with this particular infertility agency moving premises. When I took the posters and brochures to the agency for distribution I was advised that they were not seeing clients for two weeks due to moving, however, on my request, they were prepared to send a limited amount of brochures to selected clients. They sent out twenty brochures only. This proved to be a problem as it was now August and I only had permission from the university ethics committee to conduct the study with human subjects from 11th August, 1995 to 31st December, 1995. It was also important that I allowed myself enough time at the end of the study to collate my research and write my thesis. With these deadlines in mind, and after speaking with my supervisor, Dr. Michael Campanelli, I then approached the other two infertility agencies in Perth. These being Pivet Medical Centre and Concept Fertility Centre at King Edward Memorial Hospital for Women.

Once again I set up interviews and explained what art therapy is about and the purpose of my study. Their responses were extremely supportive, so again I gave posters (see appendix 4) and left brochures (see appendix 5) with both these agencies for distribution. These were displayed immediately.

There was a time span of only two weeks between when the posters and brochures were distributed to these two agencies and the commencement date of the groups. Unfortunately I did not receive any responses to these from clients from either of the three agencies, and no one turned up at the informal discussion morning mentioned on both the poster and brochure. After speaking with my supervisor regarding my predicament, I then approached my employer, a psychiatrist. I explained the programme and its aims and objectives to him and asked for referrals. He referred three women to me for this study. Each of these women had done a considerable amount of therapy on themselves.

These women spoke to me independently and made enquiries about the programme. Although they were all interested in participating in this study, each of them had very busy time schedules, so the logistics of getting these women together in a group at one time took some doing. After speaking with each of these women separately I was finally able to arrange a time to run the groups which suited

everybody. Initially my plan was to facilitate six groups, i.e. one group a week for six weeks. These groups were originally planned for Sunday mornings, for a duration of two hours. In speaking with the women about the study, two of them expressed that six weeks at this time of the year was too long for them to commit themselves to. We all finally agreed on meeting weekly for four weeks on Monday mornings for two hours. Each of the women also agreed to work individually in art therapy sessions during the duration of the groups, i.e. four sessions each. The times for these sessions had to be shuffled around due to time constraints and commitments of the participants. The art therapy groups and individual sessions took place at "Biala" Therapeutic and Rehabilitation Centre in Mundaring. The groups commenced on 25th September, 1995. Unfortunately due to a long weekend falling into this four week period and unforeseen commitments by each of the group members and myself (a death in the family) during the planned group times, the groups often had to be postponed a week. Although all three women attended all four art therapy group sessions by prior arrangement and agreement, the study did not finish until 6th November, 1995.

## Summary

Art therapy proved to be beneficial in two ways when working with clients who have fertility problems during this study. Firstly, art therapy was employed to facilitate the healing process and to enable the clients to come to terms with aspects of their infertility through employing the art medium to deal with issues such as anger, loss and grieving. Secondly, art therapy was used as an exploratory tool to investigate the psychosomatic avenues of expression and psychological reasons causing or contributing to unexplained infertility in the women who took part in the study. In addition art therapy was utilized to explore and express emotions, to gain understanding, and to assimilate and integrate what was happening to the client within the individual sessions and group framework. The art therapy group sessions were also used and viewed as support groups whereby women experiencing similar problems were able to share fantasies, thoughts and feelings, and provide support and comfort to each other.

In summary, the art therapy process was designed to explore psychogenic factors in infertility, and to provide a supportive framework to enable the clientele to explore and express dreams, fantasies, thoughts and feelings represented by the art images.

Finally, as discussed more fully in the Literature Review section of this thesis, in their writings Case and Dalley (1992) refer to processing the artwork not only in the sessions in which the work was produced, but also looking at the artwork as a whole at a later time to see if any new meaning is revealed in what is being said or expressed, and if there is a pattern or a theme emerging.

It is with this notion in mind that I would like to review the artwork with each of the participants of the study in three months time to see how these women view their images after a given space of time.

## PROCEDURE AND SESSION REPORTS

### Procedure

As previously discussed in the Research and Design section of this thesis, this study was designed to explore issues surrounding infertility using art therapy intervention with an infertile female population. The purpose of this report is to relay the processes of the group sessions in relation to the artwork which was produced in these sessions. The aim here is to explore these images within the framework of the hypothesis of this study, which is that (1) art therapy is potentially useful for identifying and treating some psychogenic obstacles to conception and (2) that art therapy has the potential to significantly help infertile women to accept their situation and to develop and so move onto new, more appropriate avenues of creative expression. Because of the difficulty in recruiting participants for this study, the first scheduled group was delayed by three weeks while I networked the infertility agencies in Perth for suitable and appropriate clientele. Finally after approaching a psychiatrist and obtaining referrals, three women volunteered to participate in this study.



The groups were due to commence in the first week of September, 1995. The first group was to be an informal discussion group designed for the purpose of answering any questions or concerns about the proposed programme and to make people aware of art therapy and its applications in relation to this study exploring infertility through artwork. Due to the shortage of time left in the semester, the time constraints and commitments of the women participating in this study, and because of the awareness and knowledge these women already had about therapy, it was decided through individual discussions with each of these women that this first discussion group would not be necessary. The women were quite happy and keen to launch straight into art therapy groups. The first group was then scheduled for late September, and it was agreed that the group would meet for four consecutive sessions each Monday morning for two hours.

At the beginning of each group, the women met and talked, sometimes needing to shed the feelings they had brought into the room with them. They then moved into talking about their issues surrounding their infertility.

The groups were structured into three definite sections. The first section was for open group discussion. In this part, the group members would discuss and share their thoughts and feelings to do with different aspects of infertility and related topics. This was then followed by the artwork activity, and the final section of the group was devoted to sharing the artwork with myself as facilitator and the other group members.

In the open group discussion, the women would talk and share their feelings and thoughts about different issues to do with infertility. I facilitated this discussion where I felt it was appropriate. There was no definite time structure for this part of the group, however, I was careful not to let this discussion time overwhelm the group structure. The procedure for choosing a topic to explore through the artwork evolved from the participants' discussions, i.e. as the women discussed their issues surrounding infertility, they would reach a topic which was of particular interest, or seemed to hold a lot of energy or passion for them. At this stage I would ask the group members to elaborate on what they were feeling or had been discussing, through artwork. The

group would then move into this second phase of working with images and creating the artwork.

The room in which we were working was very large, and the women could work on the floor, work at a table or at an easel. When the group members finished their drawings, we would meet again in the centre of the room. Sitting in bean bags once again the women placed their drawings on the floor in front of them and, each in turn, shared and explored what they had drawn and expressed in the artwork with the other group members. This process stimulated a lot of group discussion and sharing of experiences and feelings. The first three groups of the series of four were structured in this way.

The fourth and final group had a slightly different structure to it. There were still three components to the group, but instead of an open discussion at the beginning, I led the group members through a relaxation meditation and then led them through a guided imagery. I will elaborate on this process further on in my discussion of group 4. The second two phases of the group

were the same as the first three groups with the addition of using collage in the artwork.

As the women explored their artwork during the groups and individual sessions, each of them recounted childhood memories and feelings and at times regressed into these. These women talked and drew a lot about their families, especially their mothers, and discussed how they had "taken on their mothers feelings" with regard to many attitudes, ideals and choices in life. They also explored how they have internalized various aspects of their mothers. Catharsis facilitated by the artwork allowed a freeing of repressed emotions. After working through these emotions there was often a resolution or, at least, an awareness of where these feelings they were carrying were coming from, and where they belonged. Through exploring and working through the art images the women were at times able to realize that many of their responses to their life situation were not necessarily appropriate in the here and now. I will now report on the group processes and some of the exploration of the artwork produced in these groups.

### Group 1

As there had not been the opportunity for these women to view or complete any of the necessary forms prior to these groups commencing, the duration of this first group was scheduled for two and a half hours. Firstly, each participant was given an art therapy statement of disclosure form (see appendix 1) to read through. Then we discussed the contents of the art therapy release form (see appendix 2) which each person completed and signed. The women then spent the next thirty minutes of the group completing the comprehensive client information form (see appendix 3). It was obvious that the women had to think about some of the questions, as the form was designed to elicit accounts of events that are important to the participants for the purpose of giving me some background information about them. When this procedure was completed, I put the forms to one side and explained the group rules. I then directed the group into open group discussion. Each of the women was very familiar with verbal (psycho)therapy, so they wasted no time in getting into the subject matter. As these women sat in their bean bags sharing their

experiences, I was struck by how quickly they were bonding, and the strong sense of camaraderie that was developing almost spontaneously. Janet soon commented,

"I'm so glad I'm doing these groups. I've never been able to share these feelings in a group before, because whenever I've brought the subject of my childlessness up, someone always says 'you're lucky you don't have children' or 'it isn't such a big deal'. It makes me wonder where they're coming from, if that's how they feel about children. It's like nobody hears me and nobody wants to know. They just want to brush my feelings away."

This sentiment was shared by the other women in the group . They each expressed having experienced similar reactions from women who are not infertile and usually have children. The group members also expressed to each other that they were surprised at how similar they felt on some issues, and the isolation they have experienced in not being able to share their feelings about their infertility with other women. As the group progressed in this first phase (i.e. the discussion phase), the women focused on the topic of body image. It was this discussion that set the theme for the first group artwork. The theme was "body image".

The second phase was very different to the first. The women no longer shared with each other. They each drew in isolation and sat quite a long distance apart from each. Two of the women sat on the

floor and drew, while the third sat at a table. This was quite a contrast compared to the first part of the group. It is always difficult to know whether to intervene when people are working with their images. This being the first group and everybody really just getting to know each other in this setting, I decided to sit in a corner of the room and unobtrusively observe what was happening to the women individually, and in the group dynamic as a whole, while the art making process was taking place. I also trusted my intuition here and gave the women space to do their artwork. When the women had completed their drawings I directed the members to regroup in the centre of the room where we commenced the group process. The group then moved into the third and final phase which was that of sharing and exploring the artwork.

The women talked about the images they had drawn to do with body image. Each woman had drawn a picture of herself which represented her own personal view of her body. As the women explored these drawings they soon started to identify or compare their body images with that of their mothers. The women explored their drawings from the viewpoints of either their relationships with their mothers or how they see themselves, both physically and emotionally, in relation to their mothers. The emphasis of the exploration of the images led to discussion about the mother's body

and her body image and self-esteem. The women addressed and discussed their mother's feelings, identification with the mother and internalization of aspects of the mother and her feelings. The women also addressed the lack of mothering they experienced.

I was extremely aware of being careful not to bias or influence the direction of the exploration as a result of my own experiences and/or readings. This line of inquiry came purely from the group members themselves, who, as I have mentioned earlier, have all done considerable therapy on themselves and were aware of problems in their relationships with their (childhood) mothers.

In this group the women looked at their individual response to their own bodies, how that body evolved within the framework of the family, how that body felt, and how that body was perceived by the outside world. The words written on Janet's drawing indicated a theme which I believe underlined the first session. The word "alone" was the first word and it was written in red. The following words "without child" reinforces the notion of being alone, and then the question "why". Thinking about the body can be thinking of the outside of oneself. The outside that is seen, that is loved, hated, touched or untouched. The body that is judged for what it can offer. It is the outside form that continually bears the marks of biological change. From the word "alone" and a further word I have



introduced from seeing these pictures together, the word "outside" lends itself to an emotional state of being. I am going to elaborate, through the women's words and images, what was experienced during the first group session and why the body image evoked such powerful dialogues between the child and mother aspects of each group member.

In talking about her drawing (slide no. 3) Mary looked at Janet's drawing (slide no. 4) and stated,

" I didn't know I was allowed to write words on it. ... I was going to write 'bitter woman' on that one [pointing to the face in the centre], 'bitter'. I thought of my mother and I did, I must admit, thought of what a bitter person she was and I have to really laugh. I can see, well I think I can see a bitter woman between the child and the sort of voluptuous body of a woman [pointing to the figure on the right hand side]. I feel like a two dimensional character."

Mary said that both the small pink figure on the left hand side, which she stated was three years old, and the "Michelin man" as she called her image on the right hand side, which she stated is about the age she is now, were both her. As she explored the image of the "Michelin man" Mary realized that this figure had no arms. Of this she said,

"I can't think of any reason why she wouldn't have arms. I couldn't seem to put arms on her. I couldn't find a spot to put arms on her. I didn't even realize she didn't have

arms. It's like arms don't really matter. .... It doesn't look wrong to me without arms. .... I think it's a back view."

Figures with no arms was a recurring theme in Mary's artwork throughout the study. This trend could be seen again in slide nos. 18 and 19 in her individual work. Resonations of this theme can be found in the paper "The use of art therapy following perinatal death", where art therapist Ellen Speert (1992) claims, "Physical symptoms are also present and are similar to those experienced following the death of an adult. However, women often speak of deep physical pain, aching arms and/or chest during the months following the perinatal loss" (p. 122).

In the book *Psychodiagnostics and personality assessment* (1990), studies of projective drawings are discussed and definitions of these drawings are given. Of these studies it is said, "These data indicate that projective drawings have sufficient reliability for behavioral predictions (Albee & Hamlin, 1949; Graham, 1956; Marzolf & Kirchner, 1970; Stumpfer, 1963)" (p. 65). In this study the omission of arms on drawings of persons is interpreted as, "Omission of arms suggest guilty feelings, as with omitted hands, depression, general feelings of inadequacy and ineffectiveness, dissatisfaction with the environment, and strong withdrawal" (p. 82).

Both depictions of self in Mary's drawing present as being two dimensional and sexless, and her drawing has a minimalist feeling to it. She also seems to perceive her body image in conjunction with another, i.e. her mother.

Alison did two drawings of her body image (slide nos. 1 & 2). She was the only person in the group who drew herself nude and quite fleshy. She did include arms in her drawing, however she did not draw the whole of herself and in both drawings she drew herself with only half her legs and without feet. One of her body images has no hands. Results of studies in the book *Psychodiagnostics and personality assessment* (1990), state that "legs unusually treated, [i.e.] chopped off by bottom of page suggests possible feeling of lack of autonomy" (p. 84). Of small eyes they say, "Introversive tendencies. .... Self absorption, contemplative introspective tendencies. .... [and a] Possible reaction against voyeuristic tendencies" (pp. 76-76).

Of her drawings Alison stated,

"I feel my eyes are small and inadequate. They couldn't work out so I put the glasses on. I just had trouble with the legs and the arms too ... I didn't know how to make them go. .... That really is how I see myself. .... In fact I probably look worse than that. .... I saw myself as being, just old age and looking like my mother."

Janet's comments about her drawing (slide 4) were, "I started off by drawing what I wasn't. I drew two little children and I sort of wanted to have several children, and then I drew the mother. And then I drew me - a stick ... straight ... masculine." Janet has drawn a voluptuous woman holding two children to her belly, a girl in a pink dress and a boy wearing green. Although this woman is holding these children close to her, she has no hands. Janet is partitioned off from this woman by strong green lines and is looking away from this idealized figure of the mother. It could be interpreted that this picture of the woman in the corner is her internalized mother. Her sadness is depicted by the blue tears rolling down her face, and she is looking to the left which suggests looking at the past. With this she spoke of her mother's lack of expressed emotion.

Janet spoke of seeing herself as "straight" and "masculine" and drew herself as an androgynous, sexless figure. Both Janet and Mary have represented themselves as asexual in their drawings. Is this androgynous perception of the self a result of not being able to have children?

## Group 2

As I have already described the format for the first three groups above I shall give an overview, as before, of the issues explored in this second group and some comments about the artwork. In this group I observed an even deeper sharing amongst the women. This was verified by comments like "This is the first time I've ever told anyone " and "I don't think I've ever told anybody that either". One thing that was apparent in this group, was that these women needed the space to share their feelings about how they fantasized the experience of pregnancy. Of the issues discussed in this group, the emphasis was very much on the topic of childbirth, ambivalence about having children, fantasies about pregnancy, and fear of childbirth. On the topic of childbirth, psychiatrist and Jungian analyst Jean Shinoda Bolen in her book *Crossing to Avalon* (1994) claims, "Many women also feel deeply fearful of what women know collectively - that terrible pain and death in childbirth are possible" (p. 58). In discussing this Mary stated,

" ... the whole idea of childbirth frightened me physically. The thought of how on earth do you manage to get this baby out without an extraordinary amount of pain. I can't stand physical pain. ....I think I picked up messages from my mother that it was very painful. And then she used to say, oh but you know once the baby's born and you've got the baby then you forget everything. But what stuck with me is the fact that there was this trauma you had to go through."

The topic which evolved for exploration through artwork, was that of "the block" to getting pregnant. I will describe what I mean by block. When a woman is infertile the world looks inside. What does this actual process of investigation do to the woman? The world can understand if you have a physical problem, but the world doesn't understand if you don't. In talking about society's perception of infertility and childlessness Mary stated, "It feels quite shameful like being really dumb, or, you know, it's some real stigma." She then spoke of her experience of being childless in her family, especially in relation to her mother and her two sisters.

She described an experience one Mother's day when she and her two elder sisters who had brought along their babies, spent the day with their mother. She states that,

"... she [the mother] gave them [the sisters] a present for being a mother, and I wasn't. And I remember that all so very clearly, that maybe there's a sense that I've, you know, I've failed. I haven't .. that was the Holy Grail, that was the Holy Grail to become a mother."

This is a stance which is echoed by psychiatrist and Jungian analyst Jean Shinoda Bolen in her book *Crossing to Avalon* (1994). Bolen addresses the notion of the Holy Grail in her chapter "The grail legend: the spiritual journey" (pp. 33-48). She says,

"Both a pilgrimage and a Grail Quest are outer journeys and inner experiences. Both pilgrim and questing knight leave behind their usual lives and go in search of something that they are missing, not necessarily knowing what that is. Such is especially the case with the Grail. .... The labyrinth as an image and the Grail legend as a story are then both metaphors that can help us become aware of the spiritual dimensions of our personal lives.

I began to think that the labyrinth in the nave at Chartres can serve as a symbolic map or metaphor for the pilgrimage. Once we enter it, ordinary time and distance are immaterial, we are in the midst of a ritual and a journey where transformation is possible; we do not know how far away or close we are to the center where meaning can be found until we are there; the way back is not obvious and we have no way of knowing as we emerge how or when we will take the experience back into the world until we do. There are no blind ends in a labyrinth, the path often doubles back on itself, the direction toward which we are facing is continually changing, and if we do not turn back or give up we will reach the center to find the rose, the Goddess, the Grail, a symbol representing the sacred feminine." (pp.33-34)

Once again the women separated for the creative phase of the group and drew in isolation, then returned to the centre to share and explore their images. I will now give an outline of some of the comments made about the artwork.

In speaking about her block to fertility prior to doing her drawing Janet talked about fear of the body. She said, "You know, a deep fear about the body ... just fear about it all. .... Not in touch with life. It's a life thing isn't it. .... Not in touch with the fear of living." In describing her drawing (slide 10) Janet informed the group, "I

just did a flower. .... feeling a closed offness, cold. .... just all shrivelled up. .... This is very dream like really ... a lot of blood pulsing. .... That's how it was when I was a young girl, a young woman. I'm in touch with this part again."

In this group Janet talked about being eight or nine years old and being at boarding school separated from her mother. Janet did a collage using coloured paper (slide 10). Her image of the flower has nine pink petals and nine purple petals. This is not something that Janet did consciously. In looking at her flower shape it resembles one of the shapes from the Mari mandala. The flower shape refers to crystallization. This motif corresponds to the feeling that there is some achievement, but it is also the point that we begin to sense the inevitability of our decline. All that is created must eventually be destroyed, like the rose that begins to drop its petals, moments after the height of its glory. (Cox & Frame, 1993, pp. 23-29). This suggests that there are fading opportunities for Janet, which is very much the case as she is menopausal. There's a sense that Janet needs to let go of her hopes that are not going to materialize. It is interesting to note that the centre of Janet's flower is black and barren. There are no seeds in the centre.

When exploring her images (slide nos. 6,7,8 & 9), pertinent comments Mary made when referring to slide 7 were,



"That's me .... I just had to put a person in there because it came from people .... I'm all right ... but I'm just not coming out .... I have a feeling that this person, me .. you know there's no way you can get pregnant if you can't even bring yourself out. .... It's just dangerous out there. ....She's not very big, she's still a child. I can't say she feels sort of mature sort of feelings ... very alone, it's very sad. It's sort of like she's stuck now. Like even if she, she couldn't even find a voice to ask somebody to take that down. She feels a bit stupid too, stupid."

The arrows in Mary's drawing (slide 7) symbolizes aggression. Researcher, lecturer and author J.C. Cooper in her book *An illustrated encyclopaedia of traditional symbols* (1993), describes the arrow as symbolizing, "the piercing, masculine principle; penetration; phallic; lightning; rain; fecundity; virility; power; war" (p. 15). The black line between the drawing of herself and the aggressive person on this other side is the barrier she put up against people. A barrier that she puts up between her and her contact with other people because she expects that she will be the object of their aggression. Because of her childhood experiences in relationships Mary has a need for self protection. The aggression she has experienced has been oral aggression which is symbolized the the open mouth of the male figure opposite her in slide 7. She represents herself as a little girl who doesn't have a mouth. In the book *Psychodiagnostics and personality assessment* (1990), they say "mouth omitted suggests guilt feelings related to oral aggression or oral aggression tendencies" and "possible difficulty or

reluctance to communicate with others" (p. 77). Mary's drawing suggests that she keeps things inside and she creates a wall or barrier between herself and others because she is the object of their projection. The arrow represents a projection, so she may be around people who aren't in touch with their own feelings and thoughts about themselves and they project it onto her. So she becomes victimized, and scapegoated. Cooper (1993) defines scapegoat as, "delegated guilt; escape from the consequences of sins; purging for sins; abolishing the past and its consequences by bearing the sins of others or of an entire community" (p. 145). Cooper goes on to say, "In the King-sacrifice a scapegoat later took the place of the king in the fertility sacrifice" (p. 145). As Mary says, "that's what it's like ... it's dangerous out there. But that person, me, [pointing to the drawing of herself in slide 7] is sort of perfectly whole, ... I, that person is very whole, little person, but just not available. Just not, no way, it's dangerous out there."

After drawing the image in slide 7 Mary then drew slide 8 which she said was a "mosquito". Cooper (1993) defines the symbol of mosquito as representing "rebellion and wickedness" (p. 108). Chetwynd (1993) defines insects as "analysing the inner psyche, especially sorting out values: i.e. discriminating between what is of value and what is useless" (p. 226). I prefer the latter interpretation when addressing Mary's work. In discussing this drawing Mary

stated that, "when it gets too bad I just flip out, become flippant. This led Mary to talk about feelings of shame and vulnerability. She says (referring to slide 7 again),

"If I felt vulnerable, ... vulnerable to that degree, a feeling of being stupid, how awful do you feel if you got pregnant and were having a baby and somebody made fun of you, or didn't respect, you know, where you were with yourself. How would you cope with that, because that's the time when you're most vulnerable. They sort of did that with mum actually. .... Dad's family, dad's mum in particular, were furious with her for getting pregnant again and they didn't speak to her the whole time she was carrying me. Just when she was carrying me her mother died and her brother was killed, and I think how, what an awful time it must have been for her. .... Dad blamed mum for getting pregnant as well. .... She was on her own in this house with no phone, no car, communicating with her sisters by letter. .... Isolated, oh I don't know how she withstood it, I really don't know how she did. .... Can you imagine how lonely she must have felt. ... And then on top of that you've got to actually go and have this baby. She went through all that and still managed to be really close to me, no she didn't resent me or anything. ... Mum and I were probably almost closer than any of the others. We had a lot in common. What a wonderful woman. "

From what I have quoted above of Mary's dialogue it is easy to see why Mary has such a negative connotation of pregnancy. In exploring her image (slide 9) Mary stated, "my sisters came out and got beaten up. I don't want to be beaten."

In this group session, exploration of the artwork revealed that the mothers of each of the participants in this study experienced

emotional trauma, feelings of abandonment and rejection while carrying the subjects. Each of the mothers seemed to be dealing with the trauma of pregnancy and the fear of the birth while pregnant with these women. This raises the question in my mind of the possibility of these feelings and fears being absorbed by the babies in utero, and it is now through working with these images that the awareness of these mothers' feelings are coming into the subjects' consciousness. In light of Capacchione's (1994) work and findings, is it plausible to suggest that these women were also in touch with in utero experiences, or at the very least were these women expressing or experiencing their mothers' spoken or unspoken, conscious or unconscious fears regarding pregnancy and childbirth? Mary threw some light onto that question for me when she said,

"I wonder how much of that, with your mother actually filters through to the either born or unborn child. That you would no way you'd put a baby through that, and no way I'm going to put myself, I've never thought of that that way before. No way I'm going to put myself in that position. I had not, that had never occurred to me before that maybe somewhere in me is that thought."

Mary talked about the girl in her drawing, slide 9. She said this was herself as a young girl. Of this image she said,

"Well it's sort of like cryogenics or something. It's sort of like there's this barrier. Sort of like things are put in

packets and they vacuum seal them [pointing to the blue line around the young girl]. You know they don't start spoiling until you let the air into them. But it seems a bit stupid in there now, because what's really happened is that this has all moved on."

From exploration of Mary's drawings and associated dialogue, it became apparent that Mary equates being pregnant with being too vulnerable to feel safe. She doesn't feel that she would be supported or cared for. Becoming pregnant is a hazardous state of being emotionally for Mary. I would suggest that the underlying fear is abandonment and separation, loss and isolation.

When exploring these drawings I observed Mary as working through this issue. Through this work Mary was able to recognize that these feelings were not appropriate for the here and now. She said, "It's no good for the here and now. That's no good. I know it's there but it's not appropriate today."

Alison talked a lot about her drawing (slide 5), she talked about the line which was a path which she also saw as a breast, and about the block she drew which encapsulated a pregnant woman with a foetus above her head. Of this part of the drawing she said,

"I wondered if they were tears [pointing to the small blue lines coming from the pregnant woman's eyes going towards the foetus shape above her], .. a thought came to me and I probably, and it's stupid, but my mother had a miscarriage before she had any of us. And somehow I feel,

often when I've felt really sad, I've, sort of feel I've been in contact with that child, the child that was miscarried."

One could interpret this part of the drawing as being related to the fact that she can't have a child, i.e. the mother didn't get what she wanted, so there's that connection that Alison didn't get what she wanted either. Another interpretation is that the miscarried child had a missed opportunity, and so did Alison. That links the miscarried child to Alison. This fetus could also represent a projected aspect of herself, i.e. it is the potential child in her that won't be born. Alison could also be expressing a projective identification with this little miscarried child who didn't have a chance to live. And it is like the child she can't have. Her mother couldn't have this child so she can't have a child. This is also a good example of the contradiction Christie (1994) talks about when he discusses the ambivalence women have about getting pregnant, i.e. the wish to have a child versus the fear of having a child. Lucia Capacchione (1994) discusses the notion of in utero experiences. Nancy Chodorow (1978) postulates that the child absorbs the mother's feeling. Is it possible that Alison could be carrying her mother's unresolved grief toward miscarrying this child, as this is an event which Alison knows a lot about in a feeling sense, and has talked about often throughout this study. If this was the case then this unresolved grief could be a contributing factor to her infertility.

The space in which this pregnant woman and baby are encapsulated is the shape of a square. Cooper (1993) defines the square as representing "limitation" (p. 157). The way Alison has drawn this square with thick lines suggests that this is a very defended space, and the fact that she has reiterated the lines over and over again suggests a need to control. "In Graeco-Roman: the square is a symbol of Aphrodite/Venus as the feminine reproductive power " (p. 158).

In the top right hand corner of her drawing Alison drew a seed and in the centre of the page she drew a road which she said was also a breast. She drew two trees, one either side of the road or breast, a leaf in the bottom right hand corner which echoed the shape of the seed. In between the seed and the leaf she drew a torso. Both the seed and the leaf are a mandorla shape. The square is juxtaposed to these mandorla shapes. So within this drawing there is the juxtaposition of the block (the square) to the potential life represented by the seed. The tree is a symbol of "dynamic life" (p. 176). Cooper also describes the tree as "symbolizing the female principle, the nourishing, sheltering, protecting, supporting aspect of the Great Mother, the matrix and the power of the "inexhaustible and fertilizing waters she controls" (p. 176). It is interesting that Alison drew these trees either side of the breast. She said that these trees "feel a bit like her parents. .... And they were also a bit weak

looking at first, so I had to strengthen them up a lot ... but in some ways they needed the roots and I quite enjoyed squiggling the roots too." Researcher and author, Tom Chetwynd in his book *Dictionary of symbols* (1993) defines roots as "symbolic of bare existence, but they also plunge into the *UNDERWORLD*, where the *DEAD* and the past are buried layer upon layer. Roots are related to *SERPENTS* and other primal forces" (p. 405). Therefore roots correspond to the instinctual drives, having to do with sexuality, aggression, survival, i.e. the basic, fundamental emotions. Therefore where Alison has placed the trees would correspond to the area of the body. Alison's drawing of the roots seems to suggest her wanting to access that instinctual part part of herself. The line quality of the roots in her drawing is similar to that drawn on the torso, which Alison said was the pain she experienced when she had endometriosis. Although Alison did not talk about the leaf in the drawing she did say "I wanted to put the leaf there." Cooper (1993) defines the leaf as symbolizing "fertility; growth; renewal. Green leaves [which is the colour of Alison's leaf] depict hope; revival; renewal" (p. 96).

Alison's drawing also suggests a confused state of mind about the issues discussed above. This is represented by the fragmentation of the various images in the drawing, i.e. things are not integrated. Some images are upside down, other are separated and



fragmented. Therefore, although Alison is associating intuitively to her drawing and experiences, the drawing also suggests that hers is not a well thought out experience about these feelings and issues, i.e. the experience has not been integrated. This is confirmed by the interpretations of the images where there are contradictions in the content and/or feelings.

Cooper (1993) defines breasts as symbolizing motherhood; nourishment; protection; love; the nourishing aspects of the Great Mother. .... The bared breast is humility; grief; repentance; penitence. (p. 25). The breast in Alison's drawing indicates that her mother did not mother her adequately. The presence of the breast in the drawing suggests that Alison wants to be nurtured. It is possible that the nurturing is what she sees is necessary to feel more fertile. Alison confirmed this sense of lack of mothering when she said, "She [the mother] wasn't really a motherly mother. She just wanted to be an artist. In fact we were brought up with nannies and nurses. When she hugs you it's like a rugby tackle."

This raises the question that if one grows up with a mother who doesn't want to be a mother, what does that do? What messages are communicated to the child? Is it possible that the child, when she becomes a woman, then lives out the wish fulfilment of the mother? Does the child inherit the unfulfilled wishes of the mother

without having any consciousness of what she is doing in acting this wish out? Is it possible that Alison's childlessness might be a living out of her mother's wish and her preference not to be a mother? If this is the case then Alison's task would be to separate from her mother psychologically. She would need to individuate and make her own choices.

Although, in this group, each of the women sat in isolation when drawing they each used similar colours. This is quite interesting considering this was such a small sample of women.

### Group 3

The focus of this group was very much on animals and animal child substitutes. One of the group members jokingly asked "Why don't you start a support group for animals' parents?" In this group the women worked with issues of unresolved grief, and the projections of grief and loss and wanting onto animals. They explored the feelings of grief of losing a parent, either through death or separation. Each of the women has experienced this kind of loss and sense of abandonment at least once in their lives. Mary's mother died when Mary was in her mid-twenties. Her father died three years ago. Alison's father died only recently, and her mother was too busy pursuing her career, as Alison says, "she was too busy

being a artist. There was no time for us kids." Janet was sent to boarding school during her adolescent years. It was this discussion that set the theme for this group to explore through images. Mary explored her feelings of her relationship with her sick cat and the hook she felt when trying to leave him. Janet worked with the loss of her father and mother through separation. Alison explored her feelings of pain (both physical and emotional) and rejection when she was hospitalized and having surgery for her endometriosis.

Of her drawing (slide 11) Alison says,

"That's the ovary, a sort of a sharp pain. .... He removed a cyst off my right ovary which was the size of an egg, so that's the cyst. .... I was like a mother to my husband. .... I realized I had made those things sharp. When I started to do that I started to feel the peoples anger."

Alison's drawing suggests a very hostile environment depicted by the sharp jagged border. The circles in the middle, which she described as being her ovaries and the cyst, present as being very soft and vulnerable to this sharp edged frame. Although there's a sense of joy or celebration depicted by the colours Alison has used, there is also a sense of something being attacked. The arrows in her drawing symbolize aggression. As already stated, Cooper (1993) describes the arrow as symbolizing, "the piercing, masculine principle; penetration; phallic; lightning; rain; fecundity; virility

power; war" (p. 15). Alison spoke a lot about this time in her life and said,

"I felt a terrific lot of sharpness when John's mother kept attacking me. .... When I think about it it's just horrendous. .... Anne, my sister sort of ignored me, she didn't have much to do with me ... I was really sick for about six weeks. All this was all trying to have a baby. It just turned the relationship into something ... it would have been pretty hard to have a baby anyway."

In her exploration of her drawings (slide nos. 12 & 13), Mary worked with the feelings of love and attachment she experiences in relation to her cat. She was aware that she was projecting feelings of grief from loss of her father and mother onto the cat, however this awareness did not stop her from feeling the way she did. In sharing her drawing (slide 12) she says,

"Something is pulling me back all the time. It manifests itself in my relationship with the cat because I quite often don't go out when I could go out because he doesn't like me going out. Both parents, mum particularly, the hook is particularly mum. That's the pain [pointing to where the hook is embedded in the chest just under the breast]. Dad felt the pain before he died."

Mary's drawings can be understood and interpreted from within the framework of object relations and the notion of the transitional object. In his paper, "Facilitating the development of object relations

through the use of clay in art therapy" (1991), art therapist David Henley outlines issues of object relations as,

"... object relations theory offers the clinician a developmental continuum for understanding peoples' needs. Key issues of object relations theory are the balance between internalization, externalization, and modulation of affect; the capacity to develop symbiotic attachments and to subsequently separate with minimum anxiety; and to individuate without splitting the maternal object into irreconcilable 'good' and 'bad' parts." (p. 69)

Art therapist Ruth Obernbreit (1985), discusses this notion in her article, "Object relations theory and the language of art: tools for treatment of the borderline patient." She points out the capacity for multiple perception of transitional phenomena in early childhood. She gives the example of a teddy bear as having both an objective reality and a "subjective inner reality; it has soul, a personality that is projected from the introject of good mother" (p. 14).

Mary's drawing of the cat (slide 12) and the images of slide 13 explore her relationship with this "transitional object" and portray her feelings of fragmentation or annihilation when she says,

"if I don't respond to the pain I just scatter or disintegrate. I can't think, I can't concentrate or focus. I'm just in pieces. Out in space, in bits, I don't go anywhere. I'm in bits. Free floating anxiety, very jagged anxiety. Very jagged anxiousness and hyper and fast. And if I do respond to it [the pain] it settles all down, but there's like a blanket that just comes down. "

She relates these feelings back to the death of her mother when she says,

"What is masking the anxiety? Fear that the person will leave, that unless I respond, they won't be there when I come back. I didn't respond when mum died. I did and did and did and did, then one day I didn't, and she died that day I didn't. That day my boss said to me in the morning do I want to go and see her but I went out to buy my boyfriend a birthday present instead and when I came back, she had died."

As well as her connection of these images with her mother's death, there are also resonances of her unresolved grief at the death of her father which she also recognizes. Slide 13 graphically indicates her predicament as she is caught between the extremes of fragmentation and annihilation. Mary's cat (slide 12) has become a transitional object and helps her feel some sense of being able to be in the world without her parents and without a child. The cat represents a connection to the mother, and becomes a substitute for the mother, the father or the baby she never had. In terms of the baby, the cat has become a transitional object that helps her deal with the issue of not having a child. This isn't necessarily a bad thing, however, it does raise the question of when does this type of relationship to the animal become a neurotic impediment to one's growth and when is it a healthy and helpful phenomena. Ideally the transitional object aids in the process of separation and in the development of personal autonomy. It is apparent however in

Mary's case that this has not occurred and that she is caught between untenable alternatives and has yet to work through the process of separation from her parents.

This line of interpretation is equally valid in Janet's drawing of the donkey (slide 14). In exploring her drawing Janet says, "It's what I can remember ... my father [the white figure on the left] disappeared out of sight. I loved donkey. We were by the sea." Janet spoke about the image of her mother, the figure in the foreground, and said, "I wanted to draw her like that. She hid all her emotions, I don't know what she felt. .... She was always waving goodbye and saying 'until I see you again'. I had to mother my little brother." Janet's drawing is also dealing with a sense of abandonment and the donkey became a transitional object to help her tolerate the absence of both her parents. She has drawn her father with no ground line. He is just floating in the sky. There is no sense of who he is in the drawing. The mother is drawn as being only half there. The fact that Janet has drawn her mother from the waist up suggests that the mother is stuck in her position. Results of studies in the book *Psychodiagnostic and personality assessment* (1990) state "omission of legs suggests a feeling of immobility (Michal-Smith & Morgenstern, 1969)" (p. 84). From Janet's discussion of the drawing, it could be interpreted that her mother cut herself off. Not only is there the sense of emotional

distance between the mother and the child, depicted in the image of the mother waving good-bye, but there is no sense of physical connection implied in the drawing. The lines underneath Janet suggest that she is anxious about feeling grounded, that she is feeling insecure.

#### Group 4

Only the first phase of this group differed to that of the previous three. Instead of beginning the group with an open group discussion, I led the group members through a guided relaxation meditation. In this meditation, the women were asked to tense their feet, and relax them, then tense their calf muscles, and relax them, and so on, until I had guided them through relaxing the entire body. This exercise was designed to centre and relax the participants and "set the stage" for the guided visualization which followed (see appendix 6).

In their book *The conception mandala* (1992), Mark Olsen, a professional actor, director, and drama teacher and Samuel Avital, a mime and theatre artist, director and teacher have designed a series of exercises using notebooks/ journals to record various answers to a set of predetermined questions regarding the notion of inviting a child into ones life. Their book also has many ideas and



suggestions for working artistically with mandalas using a very specific set of questions. I decided to utilize some of these ideas to create a mandala which addressed specific questions relevant to this population to do with family issues and infertility which had come up for each of the women in the previous groups and individual sessions.

From this prewritten mandala meditation I then led the women through a guided journey, at the end of which I slowly brought the group members back into the here and now. I have expanded more on this notion of guided imagery and "active imagination" in the Literature Review section of this thesis. Once the women had returned to the here and now, I asked them to express the images, thoughts, feelings and fantasies that had come up for them in their imagination as a result of the guided imagery. I requested that they do this in the form of a mandala (see appendix 7). I had predrawn the shape of the mandala on a large piece of cardboard for each group member, so the women only needed to fill in these premarked sections. For this group I had brought in a variety of additional art supplies including glitter, fabric, magazines for collage, various pastels, crayons, markers and stickers. This mandala was designed with the personalities of the women in the group in mind, and from observations of the artwork and issues already addressed in the previous groups and individual sessions. It

was also designed as a closing ritual to bring a sense of closure to the group whereby the group members could take an image, transform it and take a new positive thought or image away with them to conclude these group sessions. I had a growing awareness that these women were coming to terms with the reality that they will probably never have children because of their age and the fact that they were menopausal or perimenopausal. Observation of the work they had done on themselves facilitated by the artwork to date, confirmed this at times. It was also apparent through the artwork, that these women often referred back to the child within themselves (and unresolved childhood issues) when working on their issues of infertility. It was as a result of these awareness that I formulated the questions raised in the mandala. I was aware that the exercises in this mandala would not give the women, in this particular study, any false hope toward realizing pregnancy, but would give them the opportunity to explore some issues which they may not have addressed previously, to gain some insight into the possible issues surrounding and contributing to their infertility. This idea was confirmed in the results of the artwork in the mandalas produced (slide nos. 15, 16 & 17). In the images, each of the women fluctuated between an external child in their imagination, and themselves as the child.

In the second phase of this group (i.e. the making of the artwork), the women each sat at individual tables, the physical distance between them lessening. However, they still worked quietly in isolation on their mandalas concentrating deeply on putting their collages together. The women were drawn to the pile of magazines that I had brought in, and began thumbing through the pages looking for images which expressed their fantasies, thoughts and feelings relevant to the issues addressed in the guided imagery. They had also brought in some photocopies of important and significant childhood photographs of themselves and their families which I had requested they do for this group. The time allowed for this session was extended by consent, as the women worked on the images for one and a half hours. When asked to come into the centre of the room to discuss their mandalas, each expressed a reluctance to stop and expressed not having enough time to cover the issues raised. However each of the group members did manage to complete every section of the mandala, as I had given them warning as to when this phase of the group was coming to a close.

For the third and final phase of the group (i.e. the exploration and sharing of the artwork), the women placed their mandalas beside each other on easels and sat next to each other to discuss their work. There was a lot of ground covered in this artwork by the participants in this study, and at this point I will discuss only one

section out of each mandala. When Mary was discussing her earliest childhood memory she recalled warm feelings toward her mother. When speaking of section 10 in her mandala (slide 16) she says,

"My earliest childhood memory. It must be a real memory because no-one ever told me this. I can remember being about 18 months or 2 years old sleeping in the small bedroom and mum coming in and saying, 'I didn't know you were already awake', and picking me up. The house was always quiet, mum always had warm hands. Me standing in the cot holding on to things and mum picking me up."

Janet's earliest childhood memory illustrated in section 10 in slide 17 was, "I think it was mum going into hospital to have my brother." Alison's first memory echoed that of Janet (section 10, slide 15). She says, "My first memory was that of my brother being born. My mother and a baby and a bassinet. .... There was this bassinet in a corner. They said it was my brother." What is interesting to note about this image is that Alison has put in this section, a photocopied photograph of her mother holding her when she was a child, and has then pasted the picture of another baby over her image.

Before concluding discussion on the work of the mandala, I would like to briefly discuss Janet's work and image she selected for section nine addressing the question "what does the word "home"

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Before concluding discussion on the work of the mandala, I would like to briefly discuss Janet's work and image she selected for section nine addressing the question "what does the word "home"

mean to you?" Janet intuitively cut out a picture of two girls in a bedroom relating to each. Of this picture she said,

"I don't know, this picture here. These are all sorts of feeling pictures now and it's like I'm looking or being a voyeur. Not really in there, I'm sort of looking in. It looks all sort of homely and quite secret. .... I couldn't distract myself from this picture. Sort of quite intimate.. I'm looking, like a voyeur I think."

In exploring this image Janet realized that she was exploring the intimate relationship and separation issues between herself and her mother. She saw the two girls as being "close, like sisters" and was aware of the emotional control and need for intimacy she still experiences coming from her mother. Chodorow (1978) addresses this issue when she says,

"The ability to know when and how to relinquish control of her infant, then, is just as important as a mother's initial ability to provide total care. .... Winnicott claims that a failure in this latter task leads the infant to develop only reactively. But a mother may fulfil her initial responsibilities to her infant, and then not be able to give up this total control. Winnicott suggest that in such a case, the infant has two options. Either it must remain permanently regressed and merged with the mother, or it must totally reject its mother." (p. 84)

I cannot help but wonder if this insight, as the result of cutting out images in magazines, would have revealed itself to Janet if the group stayed with purely drawing in the group sessions.

This exercise led me to see the validity and advantages of using mixed media in working with images therapeutically.

Although an actual physical child has not manifested in the lives of these women, this mandala exercise gave access to their exploration of their own internal child as well as the imagined external child and gave the women a chance to acknowledge the gifts they possessed, their capacity to nurture, to provide, to plan for and to welcome. They came back to owning and nurturing the child inside themselves. Each of the women acknowledged this, and was given the opportunity to nurture the child, the internal child, that had never been nurtured properly, and that lived in fear of abandonment. None of the women had experienced art therapy working with their issues surrounding infertility before, so this experience was something new, something that has been missing.

### Summary

At the end of the series of these group sessions, each of the women was given a questionnaire to complete (see appendix 8). The feedback from these questionnaires was uniformly positive. All were particularly pleased with the sense of communion with the other group members. Group members expressed surprise at the images they drew and the pertinence of those images to their

situation. All reported a sense of productive exploration of the issues surrounding their infertility through their artwork.

Although group members dealt with many different relationships from their childhood in these sessions, it was apparent to me that Chodorow and Ussher's assertion of the primacy of the mother-child relationship is well founded. The diversity of psychic forces that were encountered in these sessions gives equal credence to Christie's exposition of the links between psychogenic factors and infertility. Art therapy seems to me to be a particularly appropriate means of accessing these forces, as the images produced were almost always revealing and at times compelling.



### Validity And Reliability

Validity and reliability were verified by triangulating methods and sources of data collection. These being: (1) observation of the client and the clients' artwork in individual and group sessions, (2) data obtained from the client information form which was designed to elicit important accounts and events meaningful to the client, and data obtained from the final written questionnaire from the client, and finally (3) data gathered unobtrusively such as clinical notes or information from meeting with professional staff, and the artwork itself.

Finally I believe it was important to have two external raters look at the artwork, for the purpose of looking for any patterns or trends which may have emerged in the artwork. These people were qualified art therapists, Dr. Michael Campanelli, Ed.D., LSW, ATR(USA) and Susan Cox, Pg.Dip.A.Th., RAth(U.K.).

### Ethical Considerations

A poster was put up on the wall at the infertility agency after permission had been sought from the agency (appendix 4). Brochures were available to clients through the infertility agency (appendix 5). Each client was given a written brochure outlining

the purpose and nature of the research at the initial interview (appendix 1). The client was also given an opportunity to address any questions or concerns regarding the research at this interview. Written consent was obtained from each participant who agreed to take part in this research (appendix 2). Participation in the research programme was voluntary, and the participants had the right to withdraw from the research programme at any time. Furthermore each participant was advised that if they wished to withdraw from the programme for any reason whatsoever during the course of the study they would not be pre-empted access to counselling offered as a part of the programme. Written consent was obtained to take slides and photographs of all artwork produced in individual and group sessions (appendix 2). Written consent was also obtained for the tape-recording of any sessions (appendix 2). The participants were advised of their option to suspend or terminate the taping at any time. Participants were assured that every effort will be made to ensure confidentiality and pseudonyms will be used in any documentation or recording of artworks.

## CONCLUSION

Images made in art therapy embody thoughts and feelings (Case & Dalley, 1992). Art therapy is designed to bring hidden issues or conflicts into awareness and conscious thought. It is my contention that the art therapy intervention in this research study has proved to be effective in these aims.

As previously mentioned this study suffered under constraints of time and sample size. Nevertheless the images produced and the psychic dynamics that they revealed proved to be very valuable in demonstrating the exploratory and healing potential of art therapy in relation to infertility in women. This is an issue that is characterized by feelings of loss and grief. The problem is compounded by the fact that such feelings of loss and grief are typically experienced by women in isolation as society has yet to develop a means to be comfortable with the social question of infertility. Allied to this is the inadequacy of medical discourse to satisfactorily explain infertility, particularly in the case of its psychogenic aspects. Infertile women, caught in this social and scientific vacuum, are themselves often unable to either comprehend or discuss their situation and the personal distress that accompanies this.

Under these circumstances the non-verbal, symbolic nature of art therapy which concretizes the hitherto unknown through the use of images, thereby rendering it amenable to analysis, makes it an ideal tool for this purpose. As can be seen from the way the participants in this study revealed their unconscious processes through the images that they generated, this cultural inability to address these questions can be circumvented by art therapy intervention.

A further natural advantage of art therapy is the way that it lends itself to group applications. This is important because of the previously mentioned isolation that besets women in this situation. It was noticeable from the participation and feedback from each of the women in this study that this sense of sharing was a highly valued aspect of the experience. It is in the nature of art therapy to encourage active participation and thereby ensure a fuller involvement of each of the group members.

It is already recognized that art therapy is a modality well suited to the needs of grieving women. As previously mentioned the underlying psychic issues of infertile women are those of conflicts, resistances, loss and, of course, grief. Because of the particular circumstances surrounding infertility in our society this grief is rarely recognized or given sufficient space for expression. Once a

woman has exhausted the resources of the investigatory agencies she needs to be able to access an appropriate structured means of comprehending and dealing with her resulting grief.

So far in this conclusion we have dealt with the healing aspects of art therapy in relation to infertility. It was also my intention to investigate the curative potential of art therapy intervention in those cases where psychogenic factors could be alleviated to the extent that conception could then be enabled. The limited size of the sample population precluded any definitive statement on this matter. The success with which the art therapy process accessed the unconscious forces which give rise to psychogenic causes of infertility, however, suggests that this curative possibility is worthy of further investigation. Finally, art therapy is an invitation for people to explore not only their history and their current situation but also their possible futures. In the context of infertility, often akin to bereavement in its emotional content, this capacity to reframe the experience in a positive light can offer rich potential. In some cases the art therapy experience may allow participants to discover a rewarding sense of creativity which can transform their previously thwarted energy to nurture. It is for this reason and the others outlined above that I believe art therapy to be an effective, appropriate and much needed means of exploring the issues surrounding women's infertility.

**EXPLORING INFERTILITY THROUGH ART  
ART THERAPY  
STATEMENT OF DISCLOSURE**

Today, infertility is reaching epidemic proportions, and as I have a personal interest in this topic, I would like to meet with women with unexplained fertility problems for the purpose of forming a group to explore themes related to infertility through open group discussion and simple art exploration.

No art background is necessary, and the emphasis is not on artistic ability.

The purpose of the group is to employ art therapy to explore your issues around infertility and the emotional components and psychological blocks which may be contributing to your unexplained infertility.

Art therapy can be a way to explore and express emotions to help you gain understanding and to integrate what is happening within you. Art therapy can help you to come to terms with your infertility by addressing relevant issues and can be used as part of your healing process. Art therapy group sessions can also be used as support groups whereby you can share your experiences and feelings with others in a similar position to you. A benefit of this project is that art therapy intervention will give you the opportunity to explore any conflicts or emotional stress which may be contributing to your infertility. The benefits of this programme is that it can introduce a model of working with people like yourself in a support group framework.

A series of six ongoing group sessions will be held weekly on Sunday mornings between 10.30 a.m. and 12.30 p.m. at "Biala", Therapeutic Centre, Lot 5 Mundaring Weir Road, Mundaring. These sessions will commence on Sunday 10th September, 1995.

If you would like to explore the issues that emerge during the group sessions or alleviate any discomfort, there is an option for you to also participate in individual art therapy sessions for a period of one hour per week during this six week period. The purpose of these sessions is to give you the opportunity to work with any issues relating to infertility of a private and personal nature which you may not wish to disclose in the group setting. There is no charge for individual art therapy sessions.

If for any reason, at any point during this project you feel uncomfortable and unwilling to continue on in this research, you are free to decline from further participation and this will not preempt you access to counselling being offered as a part of this programme. You will still be eligible for the counselling offered as a supplement to the research.

An informal morning, so that we can meet and talk about this programme, will be held on Sunday 3rd September, 1995 at "Biala", Therapeutic Centre, Lot 5 Mundaring Weir Road, Mundaring at 10.30 a.m. All interested persons are invited to attend.

Maximum number of group participants will be restricted to eight women and there is a small charge to cover costs of materials.

Any questions concerning the project entitled 'Exploring Infertility Through Art' can be directed to Olga Gibson, Art Therapy Student, Master of Arts, Art Therapy, Edith Cowan University on 451 8107.

R.S.V.P. for those people wishing to attend the informal discussion morning would be appreciated by Friday 1st September, 1995 by phoning 451 8107.

**EXPLORING INFERTILITY THROUGH ART  
RELEASE FORM FOR ART THERAPY  
INFORMED CONSENT**

I understand that I am participating in art therapy research as it relates to infertility. I give permission for recording, photographing, video-taping, etc. the work I create in art therapy sessions. I understand that the final products and comments about it are to be used for research purposes by Olga Gibson for her art therapy thesis.

I give permission for any artwork created by me to be photographed or have slides taken thereof, and for Olga Gibson to retain such slides and photographs.

I agree that the research data gathered in relation to my artwork for the purpose of this study, and photographs of my artwork may be published.

I also give permission to have my work shared by the graduate art therapy students with the appropriate art therapy faculty for professional purposes. I understand that, upon completion of this project, I will receive a summary of its results.

I have been assured that ethics of confidentiality will be observed by anyone referring to the study I am involved in for research and/or educational purposes. This means that every effort will be made to conceal or disguise my identity.

I understand that I am under no obligation to participate in any activity or indeed the research, should I refrain from being a part of these.

If at any point I feel uncomfortable and unwilling to continue on in this research I understand that I am free to decline from further participation and that this will not pre-empt my access to counselling being offered as a part of this programme. I will still be eligible for the counselling offered as a supplement to the research.

I have read the information above and have also read the Statement of Disclosure form and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising I may withdraw at any time.



I agree that the research data gathered for this study may be published provided I am not identifiable.

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Participant or authorised representative Date

-----  
Investigator Date

# CLIENT INFORMATION FORM

Appendix 3.

Date History Taken: \_\_\_\_\_

Full name of Client: \_\_\_\_\_

Given name used : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Message: \_\_\_\_\_ Emergency: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status \_\_\_\_\_

Health Status: \_\_\_\_\_

Are you adopted? Yes/No. Have you ever been anorexic? Yes/No.

Full name of Spouse: \_\_\_\_\_

Given name used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Health Status: \_\_\_\_\_

## Children:

Do you have any children of your own? Yes/No

Full name: \_\_\_\_\_

Given name used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Health Status: \_\_\_\_\_

Full name: \_\_\_\_\_

Given name used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Health Status: \_\_\_\_\_

Do you have any adopted children?      Yes/No

Full name: \_\_\_\_\_  
Given name used: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Health Status: \_\_\_\_\_

Full name \_\_\_\_\_  
Given name used: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Health Status: \_\_\_\_\_

Do you have any step-children?      Yes/No

Full name: \_\_\_\_\_  
Given name used: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Health Status: \_\_\_\_\_

Full name: \_\_\_\_\_  
Given name used: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Health Status: \_\_\_\_\_

Family History:

Mother's name and age: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Health Status: \_\_\_\_\_  
\_\_\_\_\_

Father's name and age: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Health Status: \_\_\_\_\_  
\_\_\_\_\_

Name and age of Sister(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Health status of Sister(s): \_\_\_\_\_

Names and age of Brother(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Health status of Brother(s): \_\_\_\_\_

Description of your relationship to parents and siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal and Social History:

Significant early childhood events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to peers: \_\_\_\_\_

\_\_\_\_\_

Social and cultural activities: \_\_\_\_\_

\_\_\_\_\_

Special interests and hobbies: \_\_\_\_\_

\_\_\_\_\_

General Life Goals: \_\_\_\_\_

\_\_\_\_\_

Medical History:

Height and Weight: \_\_\_\_\_

Early childhood illnesses/diseases: \_\_\_\_\_

\_\_\_\_\_

Previous surgery: \_\_\_\_\_

\_\_\_\_\_

Previous therapy and/or counselling: \_\_\_\_\_

\_\_\_\_\_

Vision and hearing: \_\_\_\_\_

\_\_\_\_\_

Overall physical health: \_\_\_\_\_

\_\_\_\_\_

Any history of certain types of illness in family: \_\_\_\_\_

\_\_\_\_\_

Fine/gross motor functioning: \_\_\_\_\_

\_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational History:

Names and dates of schools attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education level attained: \_\_\_\_\_  
\_\_\_\_\_

Favourite areas of study: \_\_\_\_\_  
\_\_\_\_\_

Interaction with teachers and peers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Future educational goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Art Experience:

Favourite creative activities: \_\_\_\_\_  
\_\_\_\_\_

Previous art experience/classes: \_\_\_\_\_  
\_\_\_\_\_

In your view, how do you imagine art therapy will be of value: \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# EXPLORING INFERTILITY THROUGH ART

## ART THERAPY

I WOULD LIKE TO MEET WITH WOMEN WITH UNEXPLAINED FERTILITY PROBLEMS FOR THE PURPOSE OF FORMING A GROUP TO EXPLORE THEMES RELATED TO INFERTILITY THROUGH OPEN GROUP DISCUSSION AND SIMPLE ART EXPLORATION.

NO ART BACKGROUND IS NECESSARY, AND THE EMPHASIS IS NOT ON ARTISTIC ABILITY.

A SERIES OF SIX ONGOING GROUP SESSIONS WILL BE HELD ON SUNDAY MORNINGS BETWEEN 10.30 A.M. AND 12.30 P.M. COMMENCING SUNDAY 10TH SEPTEMBER, 1995. FOLLOW UP INDIVIDUAL SESSIONS ARE ALSO AVAILABLE ON A WEEKLY BASIS TO THOSE INTERESTED IN PARTICIPATING IN THE ABOVE ART THERAPY PROGRAMME.

MAXIMUM NUMBER OF GROUP PARTICIPANTS WILL BE RESTRICTED TO EIGHT WOMEN AND THERE IS A CHARGE OF \$10.00 PER ART THERAPY GROUP SESSION AND NO CHARGE FOR INDIVIDUAL ART THERAPY SESSIONS.

AN INFORMAL MORNING, SO THAT WE CAN MEET AND TALK ABOUT THIS PROGRAMME, WILL BE HELD ON SUNDAY 3RD SEPTEMBER, 1995 AT 10.30 A.M. AT 'BIALA', THERAPEUTIC CENTRE, LOT 5 MUNDARING WEIR ROAD, MUNDARING. OTHERWISE ANY QUERIES MAY BE DIRECTED TO OLGA GIBSON ON 451 8107.

INTERESTED PERSONS CAN OBTAIN MORE DETAILS FROM THE BROCHURE IN THE RECEPTION AREA OR BY PHONING OLGA GIBSON ON **451 8107.**



## EXPLORING INFERTILITY THROUGH ART

### ART THERAPY STATEMENT OF DISCLOSURE

Today, infertility is reaching epidemic proportions, and as I have a personal interest in this topic, I would like to meet with women with unexplained fertility problems for the purpose of forming a group to explore themes related to infertility through open group discussion and simple art exploration.

No art background is necessary, and the emphasis is not on artistic ability.

The purpose of the group is to employ art therapy to explore your issues around infertility and the emotional components and psychological blocks which may be contributing to your unexplained infertility.

Art therapy can be a way to explore and express emotions to help you gain understanding and to integrate what is happening within you. Art therapy can help you to come to terms with your infertility by addressing relevant issues and can be used as part of your healing process. Art therapy group sessions can also be used as support groups whereby you can share your experiences and feelings with others in a similar position to you. A benefit of this project is that art therapy intervention will give you the opportunity to explore any conflicts or emotional stress which may be contributing to your infertility. The benefits of this programme is that it can introduce a model of working with people like yourself in a support group framework.

A series of six ongoing group session will be held weekly on Sunday mornings between 10.30 a.m. and 12.30 p.m. at 'Biala', Therapeutic Centre, Lot 5 Mundaring Weir Road, Mundaring

These sessions will commence on Sunday 10th September, 1995.

If you would like to explore the issues that emerge during the group sessions or alleviate any discomfort, there is an option for you to also participate in individual art therapy sessions for a period of one hour per week during this six week period. The purpose of these sessions is to give you the opportunity to work with any issues relating to infertility of a private and personal nature which you may not wish to disclose in the group setting. There is no charge for individual art therapy sessions.

If for any reason, at any point during this project you feel uncomfortable and unwilling to continue on in this research, you are free to decline from further participation and this will not pre-empt you access to counselling being offered as a part of this programme. You will still be eligible for the counselling offered as a supplement to the research.

An informal morning, so that we can meet and talk about this programme, will be held on Sunday 3rd September, 1995 at 'Biala', Therapeutic Centre, Lot 5 Mundaring Weir Road, Mundaring at 10.30 a.m. All interested persons are invited to attend.

Maximum number of group participants will be restricted to eight women and there is a small charge of \$10.00 per art therapy group session to cover costs of materials.

Any questions concerning the project entitled 'Exploring Infertility Through Art' can be directed to Olga Gibson, Art Therapy Student, Master of Arts, Art Therapy, Edith Cowan University on 451 8107.

R.S.V.P. for those people wishing to attend the informal discussion morning would be appreciated by Friday 1st September, 1995 by phoning 451 8107.

## MANDALA GUIDED IMAGERY MEDITATION

This meditation has been adapted from the works of Mark Olsen and Samuel Avital from their book *The conception mandala*. (1992). It contains direct quotes from this book as well as adaptations of ideas.

### Creating The Invitation

#### Section 1

Think of an invitation to a child. A potential child. Think of your invitation as a homing beacon for your potential child, and in your mind's eye create in some way a formal invitation to your potential child inviting this child into your life.

Pause.

When creating this invitation you may like to consider such things as stating your reasons for deciding to invite this child. This could be as simple as "It is time," "It feels right," "I know I have a lot to offer this child," "I feel ready to be a parent," "I want to make a contribution to the world," "I want to start to build a family," or it may be none of these things. Think of what it is that you want to communicate to invite this child into your life. This invitation can be in words or it can be in images.

Pause.

## Section 2

Once you have created your invitation I would like you to, in some way, express the feeling you already sense for this being.

Pause.

## Presenting The Invitation

### Section 3

Now I would like you to design a ceremony, something and somewhere special for you, where you can experience the sensation of actually speaking to your potential child and presenting your invitation to this child in whichever form you wish. Words, writing, images, it might be in gestures, or any other mode of communication.

Pause.

## Directing Your Thoughts And Images

### Section 4

Now I will ask you to reflect upon the kind of being you hope to attract. Begin to incorporate thoughts and images about this child into your daily life.

Pause.

## Section 5

Think of your daily activities, and how this child will fit into your daily life, your career, your interests, your tasks and routines.

Pause.

Be aware of your body sensations at this moment and as you journey through these thoughts and images.

Pause.

Ask yourself questions like what are my career changes going to be or what adaptations do I need to consider in various aspects of my life?

Pause.

## Section 6

For those of you with full-time partners you may find yourself asking questions like "how will I keep the romance in my relationship alive?" or "how will child care duties be shared?" Those of you without full-time partners, I will ask you to ask yourselves the same questions and be aware of the responses and images in your fantasy.

Pause.

### Section 7

Am I interested in public schools, private schools or boarding schools?

Pause.

### Section 8

What is the religious framework for my family?

Pause.

### Section 9

What does the word "home" mean to me?

Long Pause.

### Section 10

What is my earliest childhood memory?

Pause.

### Section 11

What was my most favourite fairy tale in childhood?

Pause.

### Section 12

What is my parenting-style (for example control versus free-form)? Am I strict or am I easy going and accepting?

Pause.

What kind of parent would I want to be?

Pause.

### Section 13

How many children do I want?

Pause.

### The Meeting

### Section 14

Now I would like you to view the backs of your eyelids, and watch the play of light and shadow.

Pause.

Gently shift from this screen to your inner screen where you can use your mind's eye to perceive a swirling globe of light.

Pause.

Hold this ball of light in your mind's eye for a while.

Pause.

Then gradually allow the light to form into the image of a baby.

Pause.

Do not try to force the vision in any particular direction; let the scene, any scene that comes unfold.

Pause.

At some point, let the baby look directly at you.

Long Pause.

This can be a good opportunity to reinforce your invitation to let this being know it is welcome and to invite it into your life with all of your heart.

Pause.

This is also a good opportunity to listen.

Pause.

Let the baby speak to you through words, gestures, thoughts, images, or any other mode of communication.

Pause.

Try not to edit or obstruct any impressions during any of these exchanges. Just listen.

Long Pause.

Now let the form of the baby return to a swirl of energy.

Pause.

Let the swirl dance in your vision for a few moments.

Pause.

And gently bring your attention back to your eyelids.

Pause.

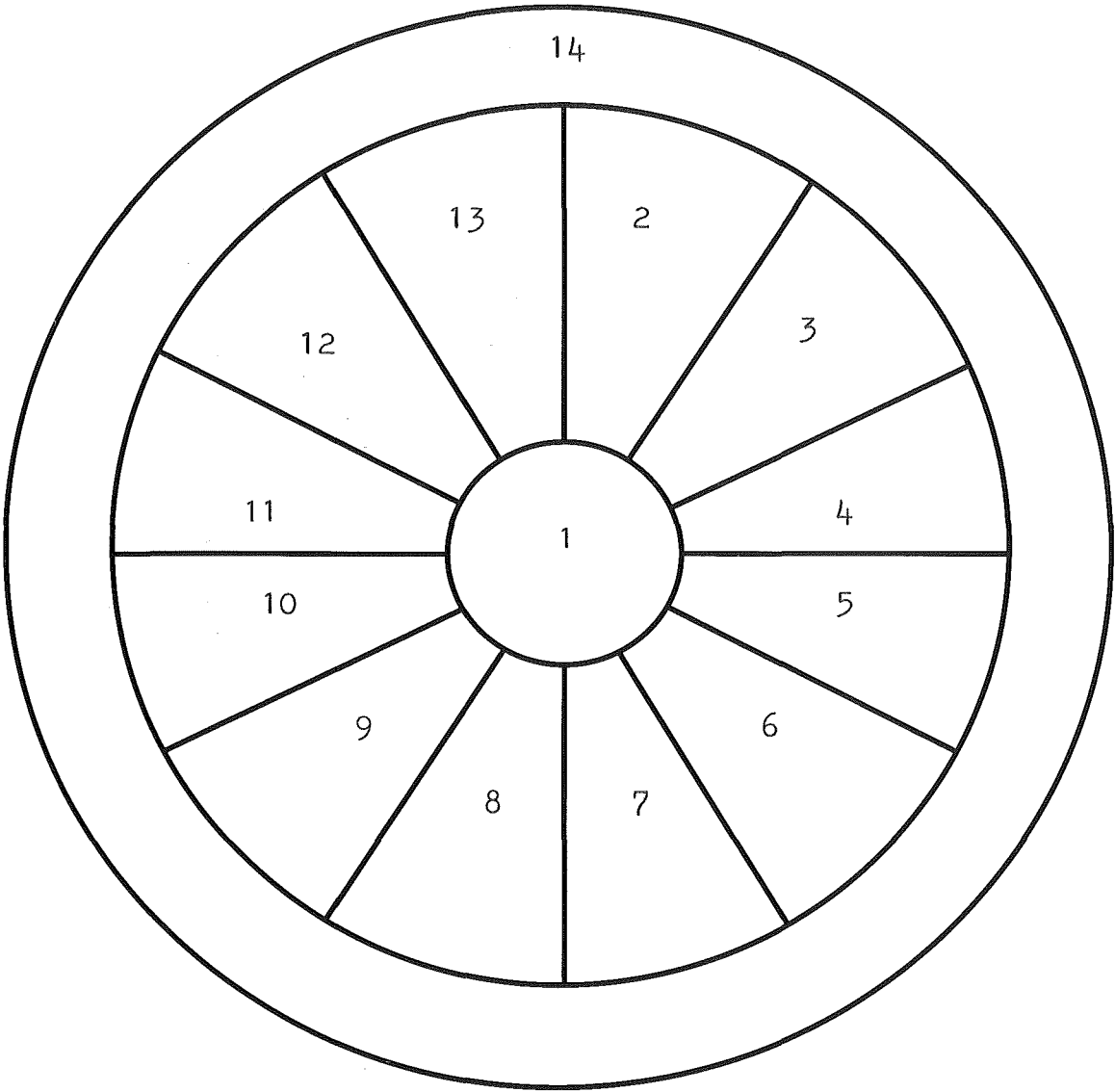
When you are ready, slowly open your eyes.

Long pause.

Now I will ask you to record your impressions and visualisations into a mandala.

On the remaining side of the card you may draw anything you wish. You may want to expand on any of the drawings in the mandala or you may wish to do something completely different, or address a question or issue that came up for you during the guided visualisation that isn't expressed in the mandala. Or you may leave it blank.





EXPLORING INFERTILITY THROUGH ART

QUESTIONNAIRE:

Appendix 8.

1. How did you experience the group sessions?

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2. What was your experience of doing the artwork in these groups?

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3. Do you feel the artwork enabled you to explore your issues  
regarding infertility more fully in these groups?    Yes/No.  
If your answer is 'yes' how did the artwork enable you to do this?

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-----  
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-----  
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4. How did you experience other members in the group?

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5. Did you find the input regarding the artwork supporting or  
helpful?    Yes/No.                      How?

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6. How would you describe the group? eg. A support group, a workshop etc.

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7. How did you experience the individual sessions?

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8. What was your experience of doing the artwork in these sessions?

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9. Do you feel the artwork enabled you to explore your issues regarding infertility more fully in these sessions? Yes/No.  
If your answer is 'yes' how did the artwork enable you to do this?

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10. Did you experience these sessions to be a beneficial supplement to the group? Yes/No.  
If your answer is 'yes' how did you experience these sessions to be a beneficial supplement?

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11. Is there anything you would like to see changed with the structure or the content of the group?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Did you experience art therapy to be of value? Yes/No

13. Would you work using art therapy again? Yes/No

## 14. Comments

[illegible]

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