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## Healing Miscarriage Trauma Through Expressive Arts Therapy, Ritual, and Healing Circles: A Critical Literature Review

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Healing Miscarriage Trauma Through Expressive Arts Therapy, Ritual, and Healing Circles:

A Critical Literature Review

Capstone Thesis

Lesley University

May 5, 2020

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Expressive Arts Therapy

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### **Abstract**

Miscarriage is the leading pregnancy complication in the United States, yet discussion of it remains a societal taboo that limits women's ability to receive emotional and psychological support from medical professionals and their communities. This paper presents an innovative method for healing and processing this unique form of grief. Expressive arts therapy is expanding as an evidence-based approach for the treatment of trauma and mental health concerns. Although there is minimal peer-reviewed literature on the use of expressive arts therapy as a singular healing modality for miscarriage grief, studies have shown that visual art, writing, music, and movement have proven to be beneficial in addressing emotions connected to various pregnancy and fertility complications. This literature review addressed the need for expression, validation, and connection after early pregnancy loss through the integration of expressive arts therapy, ritual, and healing circles as an effective holistic approach toward processing grief and trauma after an early pregnancy loss. Through this research it was revealed that significant overlap exists between expressive arts therapy and traditional indigenous rituals that provide emotional and communal support. The work presented here has profound implications for future studies of treating perinatal grief and trauma and may one day help solve the gaps in healthcare by providing women a more holistic and multifaceted approach for support after miscarriage. Further research examining expressive arts therapy as a healing modality for early pregnancy loss is recommended.

*Keywords:* miscarriage, pregnancy loss, ritual, expressive arts therapy, expressive therapies, grief, healing circles, pregnancy trauma

Healing Miscarriage Trauma Through Expressive Arts Therapy, Ritual, and Healing Circles:  
A Critical Literature Review

Throughout my life, there were a few hard days. Days where even when I tried to be happy, my heart still cracked, and Mother's Day was one of those. For others, it stood as a celebration. For me, it spoke of loss and failure. Because there's no such thing as an 'almost' Mother's Day.

–Brittainy Cherry, *author*

The term *orphan* is used for a child who has lost their parents, and *widow(er)* is used for a person who lost their spouse, but there is no word in the English language for a parent who has lost their child. In many cultures around the world, topics frequently surrounding the female experience, such as menstruation, pleasure, fertility, birth, and menopause, are deemed taboo, silencing these conversations from the mainstream. When one in four pregnancies end in miscarriage, many women are left without the holistic support to process their trauma and grief (Huberty, Matthews, Leiferman, & Lee, 2018, p. 1). From many anecdotes I have heard that early pregnancy loss can create deep feelings of isolation, invalidation, dissatisfaction with medical professionals, disconnection from one's body, and shame, sometimes lasting years after the miscarriage. As an expressive arts therapist, I am interested in the ways intermodal art can provide avenues of expression and exploration to process and heal from the grief and trauma after miscarriage. I wonder if providing collective spaces through healing circles can bridge the gap created by the absence of communal support and provide space for validation, expression, and connection.

Miscarriage is the most common pregnancy complication in the United States (Huberty, Matthews, Leiferman, & Lee, 2018, p. 1). In western medicine, obstetric medical professionals

are trained to provide physiological care, focusing on the physical health and safety of the mother during a miscarriage. Typically, the training of obstetricians does not include education in therapeutic approaches for supporting perinatal grief or the emotional impact of pregnancy trauma, which can leave women without psychological support. The death of a loved one is traditionally memorialized by a ceremony or funeral, while miscarriages are not met with these same types of cultural practices of closure.

Through this inquiry, I explore the role expressive arts therapy can play in the healing of grief and trauma after miscarriage. I investigate how enacting rituals in healing circles can provide support and further closure after the loss of an early pregnancy. Since miscarriage can be both physically and psychologically traumatic, I research the ways in which expressive arts therapy can be utilized as an approach to heal trauma that is held in the body after early pregnancy loss. From this investigation, I make recommendations based on this review for expressive therapists engaged in this clinical work.

### **Literature Review**

Miscarriage, also referred to as early pregnancy loss, is the unexpected loss of a fetus within the first twenty weeks of pregnancy (Huberty, Matthews, Leiferman, & Lee, 2018, p. 1). Miscarriage occurs in up to 20% (p. 1) of all reported pregnancies and is the most common pregnancy complication in the United States. Globally, there are 3.0 million cases of neonatal deaths per year (Kalu, Coughlan, & Larkin, 2018, p. 69). “The actual number of pregnancy losses occurring annually may be underestimated because only clinically diagnosed pregnancies are recognized” (Wright, 2011, p. 1).

According to Brigham and Women’s Hospital (StayWell, 2020), there are six different types of miscarriages: threatened, complete, incomplete, missed, septic, and recurrent. Brigham

and Women's Hospital describe that each type of miscarriage involves its own symptoms that contribute to the physical trauma experienced during early pregnancy loss:

- Threatened Miscarriage – “includes spotting or bleeding in the first trimester where the chance of a miscarriage may or may not occur”
- Complete Miscarriage – “describes when the embryo or fetus, placenta, and other tissues are passed with vaginal bleeding”
- Incomplete Miscarriage – “when only a part of the tissue passes, while some stays in the uterus, which is accompanied by heavy vaginal bleeding”
- Missed Miscarriage – “describes when the embryo or fetus dies, but does not exit out through the uterus, potentially accompanied by some brown spotting”
- Septic Miscarriage – “refers to a miscarriage that becomes infected, and the mother may experience fever, bleeding, malodorous discharge, and abdominal pain; this type of miscarriage can cause serious health problems including shock and organ failure if not treated”
- Recurrent Miscarriage – “refers to the loss of three or more miscarriages, with additional symptoms including mild to severe back pain, and abdominal cramping”  
(para. 2)

### **Trauma After Miscarriage**

The experience of miscarriage can be both a physically and emotionally traumatic experience for women. Most research focuses primarily on the emotional trauma, but as art and grief therapist Laura Seftel (2006) states, “Pregnancy loss can be a bloody, traumatic physical experience” (p. 36). A client of Seftel who experienced early pregnancy loss reported,

My miscarriage was long ago but I can still feel the physical fear and pain. Feeling as if I was going to bleed to death, knowing my hopes and dreams were dead, feeling so helpless and alone in the bathroom all night long. (p. 36)

When miscarriage is such a stigmatized topic, the physical trauma caused by miscarriage is an often ignored and unaddressed issue. Seftel (2001) reports, “Many people are unaware of the realities of a pregnancy loss, imagining it to be a quiet, imperceptible change” (p. 98).

The physical experience of miscarriage and the medical procedures performed after miscarriage can all contribute to traumatic stress and memories. Writer Patricia McCarthy (Seftel, 2006) created a poem entitled “D&C” about her trauma after experiencing dilation and curettage, “a procedure to remove tissue from inside the uterus to clear the lining after a miscarriage” (MFMER, n.d.). “Analgesics could not deaden the pain / of loss. My bloodprints on the floor / of the ward lead only one way” (Seftel, 2006, p. 36). When women receive this life-changing news, the traumatic grief begins. For women who are told there is no heartbeat, they sometimes must wait several hours with this news before the procedure is completed. Seftel describes a client’s experience with dilation and curettage,

“I was at the beginning of my second trimester and at my first doctor’s appointment. All I could hear was, ‘There’s no heartbeat.’ I couldn’t believe it, she recalls. The doctor and nurses had seen this before. They were delicate with me. “‘We’ll need to do a D&C. We can do it this evening.’” This evening was six hours away. For those six hours my womb became a coffin for my child and my dreams.” (p. 55).

With the trauma and loss of dreams that can occur after a miscarriage, early pregnancy loss can also induce feelings of betrayal by the body, or a general disconnect with the body. Traditionally and anecdotally, pregnancy is commonly known to be a life-event that women are

able to do naturally and frequently. Complications can bring up negative feelings toward the body. Huberty, Matthew, Lieferman, and Lee (2018) found that women who had experienced perinatal loss reported their stress-levels increased and they began to struggle with their concept of self, which included lack of trust in their body (p. 1).

In addition to physical trauma, perinatal loss can be emotionally, psychologically, and spiritually traumatic for bereaved mothers. Kalu, Coughlan, and Larkin (2018) found that miscarriage may result in symptoms of post-traumatic stress disorder, depression, anxiety, and lowered self-esteem (p. 69). Séjourné, Callahan, and Chabrol (2010) found evidence that the impact of miscarriage can promote traumatic response symptoms such as reliving the event and avoidance (p. 404). Séjourné, Callahan, and Chabrol further suggested that half of women will experience psychological distress after miscarriage (p. 403). In addition to the sadness and grief that arises after the loss of a pregnancy, women may also develop “high levels of anxiety, depression, feelings of responsibility, guilt, and shame” (pp. 403-404). “Women who suffer a miscarriage are more than twice as likely to experience an episode of depression as other women, particularly during the six months after the loss” (Seftel, 2001, p. 96). Séjourné, Callahan, and Chabrol (2010) found evidence that 51% of women met DSM-III requirements for depression and were taking more psychiatric medications than women of the same age who had not experienced an early pregnancy loss (pp. 403-404). Wright (2011) uncovered in their review of the literature on miscarriage grief that some extreme cases of depression after early pregnancy loss can result in attempted suicide (p. 6).

Séjourné, Callahan, and Chabrol (2010) observed that for many women the loss of a pregnancy symbolizes the loss of a dream or the loss of purpose (p. 403). “Indeed, even though miscarriage occurs, by definition, early in pregnancy before it is externally apparent, for most

women miscarriage represents the loss of a future child and all the projects implicated in the arrival of the child.” (Séjourné, Callahan, & Chabrol, 2010, p. 403). Wright (2011) found that women’s perceptions of the “realness of the pregnancy and the baby within, and not gestational age” (p. 6), contributed to their grief responses after early pregnancy loss. Bellhouse, Temple-Smith, and Bilardi (2018) reported “the length of pregnancy has been shown to have no association with the level of psychological distress experienced if the pregnancy is lost” (p. 2). Sherry Jimenz (Seftel, 2006), an author on miscarriage and stillbirth, wrote:

What is a miscarriage, but an early stillbirth. A baby is a baby, and the size or gestation should not matter when it comes to love, hopes, and dreams – along with the accompanying devastation – when the baby dies. While the losses seem small to some and even invisible, in fact these unborn already have life stories in the hearts of their parents. It ought to be understood that the universal drama of building plans for a most special future is dashed when the dreams are shattered and the pregnancy ends prematurely or the baby dies suddenly. (p. 10).

### **Grief After Miscarriage**

Grief after miscarriage is a unique and complex form of loss. The significant emotional pain that can arise from miscarriage can result in what is known as traumatic grief (Andrus, 2019, p. 1). Andrus (2019) determined that “traumatic grief results from the death of a significant other” and is “followed by yearning, searching, or longing, and later by persistent depressive symptoms that cause significant impairment (Jacobs, Mazure, & Prigerson, 2000). The psychological and psychosocial impact of people who have experienced miscarriage conforms to this definition of traumatic grief” (p. 1).

Society tends to view perinatal loss as less than the loss of a stillborn child or the death of a postnatal loved-one. “Instead, there is an active culture of denial and intellectualization that discourages parents from grieving” (Markin & Zilcha-Mano, 2018, p. 21). Early pregnancy loss is commonly referred to as the “silent” or “invisible” loss as a result of the societal views of miscarriage as a “non-event” or the fetus as a “non-person” (p. 21). The experience of bereaved mothers has been compared to Dr. Ken Doka’s (Markin & Zilcha-Mano, 2018) theory of disenfranchised grief, which is used to describe “the experience of loss, or a state of bereavement, not openly acknowledged, publicly mourned, or socially supported” (p. 21). The lack of recognition of this form of loss creates a cultural taboo and sends implicit messages to bereaved mothers that their “grief is not real, should not be publicly expressed, and should be coped with in isolation” (p. 21). In their review of the literature on grief, Markin and Zilcha-Mano (2018) found that turning to loved ones during grief and loss is commonly understood to be a universal human response (p. 20). This evidence relates to the experience of bereaved mothers who may find themselves feeling isolated and silenced, without space and support to express and process their grief.

“From an attachment perspective, when close others are not available to mirror and regulate overwhelming affective experiences, then feelings and experiences are denied or distorted. Thus, the process of mourning is thwarted without close relationships in which we can coregulate and make sense of our experience.” (Markin & Zilcha-Mano, 2018, p. 22).

In addition to the grief caused from the loss of a child, Markin and Zilcha-Mano (2018) determined that many women may also experience the loss of a dream (p. 21). Common practice in Western society is to prep the baby’s nursery, hold a baby shower, purchase necessary goods,

all while envisioning what a life together with this baby will look like (p. 21). “Expectant-parents begin to form a new identity as a parent-to-be” (Markin & Zilcha-Mano, 2018, p. 21).

Having gone from what many cultures perceive to be the sacred social status of “expecting mother” to some undefined and unrecognized social status of a “mother without a baby,” she is challenged to mourn the loss of her child and her hopes and dreams for the future, alongside the loss of belongingness and status within society. After the loss of a pregnancy society does not recognize the woman as a mother, as she has no living baby, yet she no longer feels like a single woman, leaving her to feel marginalized and misunderstood. (Markin & Zilcha-Mano, 2018, pp. 21-22)

Dr. Elisabeth Kübler-Ross’s “stages of grief” (Harvard Mental Health Letter, 2011) is a commonly referred to model regarding the grief process (p. 3). Kübler-Ross developed a “linear five step process—consisting of denial, anger, bargaining, depression, and acceptance” (p. 3). According to the Harvard Mental Health Letter (2011), the model was originally created to “validate and legitimize the plethora of emotions in people who are dying, to which the model was later expanded to include individuals who have lost a loved one through death or divorce” (p. 3). This model was an important steppingstone in the grief process, but many researchers no longer endorse a sequential model of grief and have proposed several alternatives.

Grief is not a tidy, orderly process, and there is no single “right” way to grieve. It’s normal for emotions to collide and overlap. Each person grieves uniquely, taking as much time as necessary, finding a meaningful way to come to terms with a loss. (Harvard Mental Health Letter, 2011, p. 3)

The grief experienced after miscarriage does not follow a single linear path; each parent grieves in their own way, in their own cycles, at their own pace.

A new model for the grieving process was developed by Dr. Colin Murray Parkes (Harvard Mental Health Letter, 2011), which states

people who have experienced a loss undergo several prolonged and overlapping phases—numb disbelief, yearning for the deceased, disorganization and despair, and finally reorganization—during which they carve out a new life. The road to this new life may be long. (, para. 3)

Dr. Parkes further states,

“people must go through a painful period of searching for what has been lost before they can release their attachment to the person who died and move forward. When enmeshed in disorganization and despair, people find themselves repeatedly going over the events preceding the death as if to set them right. (para. 3)

Viewing perinatal grief from this perspective allows for greater consideration, validation, and support to the unique ways bereaved mothers grieve, and that the grieving process is not a straight line.

Communal rituals are an important aspect to the grieving process (Seftel, 2006, p. 140). Markin and Zilcha-Mano (2018) define mourning rituals as,

Culturally prescribed formalized structures that are inherently relational, as they bring together family, friends, and the larger sociocultural and/or religious group to help the bereaved to grieve. Overwhelming feelings of grief and loss that are too unbearable to hold in isolation are contained within the boundaries that these rituals and relationships provide. (p. 20)

Seftel (2006) offers that one of the most well-known public rituals involving death is the funeral, where those who are grieving are provided a public space to express their grief (p. 140). “Early

pregnancy loss is a unique and complex form of loss as there is no physical body to bury and grieve” (Seftel, 2006, p. 139). Markin and Zilcha-Mano found that after a miscarriage there are typically “no public rituals, religious or social gatherings, sympathy cards, flowers, funerals, burials, gravestones, or death certificates” (p. 20). Seftel (2001) found that although half a million women in the U.S. have miscarriages every year, it is still an uncommon practice to hold mourning rituals (p. 96). “Without clear and customary mourning rituals, parents are left not knowing how to mourn, deprived of their right to mourn, and feeling as if their grief is not recognized by society” (Markin & Zilcha-Mano, 2018, p. 21). When these formalized structures are not provided, society continues to stigmatize and isolate individuals who have experienced perinatal loss, inhibiting their ability to fully process, transform, and reintegrate their trauma and grief (Markin & Zilcha-Mano, 2018, p. 21).

The trauma and fear that is left unprocessed can continue to show up in the future during ensuing pregnancies (Séjourné, Callahan, & Chabrol, 2010, p. 407). Séjourné, Callahan, and Chabrol (2010) reported 82% of women experienced significant amounts of fear in ensuing pregnancies (p. 407). Kalu, Coughlan, and Larkin (2018) found evidence that early pregnancy loss is linked to high levels of psychological distress in subsequent pregnancies (p. 69). Huberty, Matthews, Lieferman, and Lee (2018) determined that women who have experienced miscarriage are more likely to suffer from “high levels of stress, anxiety, depression, and grief that carries into subsequent pregnancies,” along with “excessive worry in following pregnancies” (p. 1). Huberty, Matthews, Lieferman, and Lee found evidence that after the child in the following pregnancy is born, women have reported to be more fearful or overly protective of their infants, which may result in long-term behavioral concerns, mood components, or cognitive deficits in the child (p. 1).

### **Stigmatization of Early Pregnancy Loss**

Even with the prevalence of early pregnancy loss, miscarriage continues to be a taboo topic in most societies. In many cultures, women's health is not a topic that is openly discussed.

How a miscarriage is viewed, experienced and managed, and how (and indeed, if) it is spoken of and expressed, may rest upon a wide range of social and cultural factors. In our society, grief over a pregnancy loss, or even a stillbirth, is generally not accepted. (Seftel, 2001, p. 96)

When Seftel (2006) experienced her own pregnancy loss, she reported noticing what she called an "unspoken code of conduct" (p. 15), where an individual would only speak of, or hear about, a miscarriage when it happened to them or someone very close to them. "Following my own loss, I found out that my mother, my mother-in-law, and my sister-in-law had all had miscarriages. Why hadn't I heard these stories before?" (Seftel, 2006, p. 97).

Seftel's (2006) literature reviews the positive impact of art as an evidence-based approach to process grief. Seftel (2001) developed a group art exhibit called *The Secret Club* where women who experienced miscarriage created and submitted artwork expressing their feelings and experiences (p. 99). One anonymous viewer at Seftel's (2001) exhibit described the importance of helping to "speak the unspeakable":

It is the mission of the "Secret Club Project" to harness the power of art to sensitize us to the hidden issue of miscarriage, to give voice to a group that has previously been silenced, and to see what can happen when the lives of women do not have to be "secret" anymore. (Seftel, 2001, p. 99)

In addition to the general avoidance of women's issues, Bellhouse, Temple-Smith, and Bilardi (2018) determined that the lack of miscarriage support has been significantly impacted by

a general societal discomfort discussing grief and loss, which can lead to avoiding the topic altogether (p. 5). Markin and Zilcha-Mano (2018) broke down the stigma around discussing perinatal grief as the following:

Taboos are in the business of secret keeping. These cultural prohibitions serve to protect some social value that, if broken, would undermine the social fabric. This is why individuals who break a taboo are shunned from the group, because they hold some “truth” that threatens the social order. With perinatal loss specifically, taboo status represents its very significance and importance. For Western society to validate this kind of loss as real would mean confronting us all with the depth of human fragility and immortality, as the boundary between life and death is instantly broken when a pregnancy is lost. Removing the taboo would challenge our culture’s reliance on medical technology and our need to believe that medicine and science make us invincible from this kind of harrowing loss, when, in fact, despite all of our scientific advancements, life and death remain largely outside of our control. Lastly, it would challenge the cultural mythology that pregnancy and new motherhood are always idyllic periods in a woman’s life and face us with the sometimes painful realities of motherhood. Although these taboos protect society from uncomfortable truths, this shelter comes at a great cost to grieving parents who are forced to mourn in silence and isolation. (p. 25).

Bellhouse, Temple-Smith, and Bilardi (2018) found that women who experienced miscarriage reported feeling a lack of support from social connections because their loved-ones did not know how to support them or what to say (p. 5). Bellhouse, Temple-Smith, and Bilardi’s study reported that almost all women experienced individuals in their social networks making insensitive comments regarding their miscarriage, including “dismissal of their loss, focusing on

future pregnancies, or informing the silver lining of miscarriage” (p. 6). One participant reported some of the insensitive comments they received, “People saying, ‘oh you know, you’ll get pregnant again’, or, um, ‘oh it was meant to be’. You know, that’s just the worst thing to say. And so many people say stuff like that” (p. 6). When individuals have not experienced an early pregnancy loss, they may not understand what those who have experienced miscarriage are going through. Half of women interviewed expressed not feeling understood by others about their experience with miscarriage, which resulted in lack of empathy, support, and validation (p. 5). The women reported the lack of support created feelings of hurt and disappointment. Women stressed the importance of their loved-ones acknowledging the baby and the loss, rather than avoiding the topic altogether. Women reported that it was important to them that loved ones were present and able to listen non-judgmentally to their experience with miscarriage, which in turn provided them with time and space to grieve (p. 7). “Let them talk. Let them ball their eyes out. Don’t tell them it’s going to be okay, because it’s not. They’re allowed to grieve,” (p. 7) reported one participant. In addition to feeling misunderstood and invalidated, some women reported the infliction of blame and shame put on them from their social circles (p. 6). These women stated how others not only made insensitive comments but blamed them for the occurrence of their miscarriage, which included “telling women that their lives and choices might be causing or contributing to their miscarriages.” (p. 6). Bellhouse, Temple-Smith, and Bilardi found that when many women report already feeling significant amounts of self-blame and self-hate, added amounts of guilt and blame brought on by support systems can continue to add to the pain, negative psychological symptoms, silencing, and isolation (p. 5).

A common theme amongst women in Bellhouse, Temple-Smith, and Bilardi’s (2018) research was the need to change the societal standard of the “first trimester rule” (p. 6), which is

the convention of keeping a pregnancy secret for the first three months. This practice is traditionally upheld “in case of the occurrence of an early pregnancy loss, as the majority of miscarriages occur during this time” (p. 6). Bellhouse, Temple-Smith, and Bilardi found in their review of the literature on early pregnancy loss that although the intention of this standard is to protect women, the majority of women who had a miscarriage reported feeling the exact opposite (p. 6). The women expressed that keeping the pregnancy secret led to

feelings of further loneliness and isolation as friends and family were unaware of the pregnancy, and wishing that they had told their loved ones about the pregnancy earlier, in order to have greater support in the event of a miscarriage. (p. 6)

In response to the first trimester rule, one participant stated,

I get really angry about that! Not angry, just, after going through the miscarriages, of course you want people to know that you're pregnant! Because the people that you're going to tell are the people that you're closest to, and you're going to want their support if something did go wrong. So I found that tradition, it's actually not a health benefit, it's a tradition. (Bellhouse, Temple-Smith, & Bilardi, 2018, p. 7)

Bellhouse, Temple-Smith, and Bilardi (2018) discovered that many women had significant difficulty discussing their early pregnancy loss with loved ones who were not aware they were pregnant (p. 7). According to Bellhouse, Temple-Smith, and Bilardi, women who did tell family or friends about the pregnancy within the first trimester reported receiving more physical and emotional support from these individuals after experiencing their miscarriage than to those who had not (p. 7). Bellhouse, Temple-Smith, and Bilardi found that women felt that disclosing their pregnancies in the first trimester was also a way to help reduce the stigma surrounding miscarriage (p. 7). For progress to be made, it is important for society to be open to

hearing these stories and holding space for women to share their experiences. With miscarriage being the most common early pregnancy complication, individuals could have more opportunity for support, validation, and connection when hearing that they are not alone in this experience.

### **Lack of Emotional Support from Healthcare Professionals**

In my review of the literature, I found that the lack of emotional and psychological support provided by healthcare professionals is a common theme of dissatisfaction amongst women who have experienced miscarriage. Kalu, Coughlan, and Larkin (2018) found evidence that psychological and traumatic outcomes for many bereaved mothers depend on their healthcare providers' understanding and ability to provide effective bereavement support (p. 69). "Not only is the experience of a perinatal loss emotionally painful to grieving parents, the impact on their lives is made more difficult when health care professionals are unable to provide appropriate care to them." (Kalu, Coughlan, & Larkin, 2018, p. 70). Séjourné, Callahan, and Chabrol (2010) found in their literature review on healthcare support after miscarriage that the majority of women reported significant dissatisfaction with the psychological support from health professionals, emphasizing the "lack of emotional support, sensitivity, structure, and information involving the implications of their early pregnancy loss" (p. 404). Séjourné, Callahan, and Chabrol found that 92% of women reported that they would have appreciated psychological support following their miscarriage (p. 404). "Among the 305 women, 264 (86%) felt that their medical appointment was insufficient for confronting the issues brought up by their miscarriage" (Séjourné, Callahan, & Chabrol, 2010, p. 406).

Kalu, Coughlan, and Larkin (2018) found that many healthcare professionals lack the training to provide the knowledge and skills necessary for proper grief support after early pregnancy loss (p. 70). Kalu, Coughlan, and Larkin found that midwives reported the complexity

of grief after miscarriage was the most challenging aspect in knowing how to effectively support bereaved mothers (p. 70). Kalu, Coughlan, and Larkin determined that only 18.7% of midwives felt they had received adequate levels of training during their education on grief support skills for bereaved parents, which affected confidence levels in their ability to provide psychological and emotional support (p. 71). It is essential for clinicians and other healthcare professionals to understand how grief after miscarriage impacts the bereaved from both a psychological and sociocultural level. Markin and Zilcha-Mano (2018) found that when therapists only focus on the individual's psychological experience without considering the cultural and sociological factors, bereaved individuals can become over-pathologized due to the lack of holistic understanding of the experience of pregnancy loss by the clinician (p. 21).

### **Current Expressive Therapies Interventions**

Expressive therapies are presently being used as a form of treatment to process the trauma and grief after miscarriage. After reviewing the literature, I found current peer-reviewed articles focus primarily on singular modalities, such as visual art, writing, music, or movement, rather than on expressive arts therapy as its own unique individual intermodal approach for pregnancy complications. There are psychotherapists in the field utilizing expressive arts therapy as an intermodal approach to processing miscarriage, as well as books reviewing client cases successfully implementing expressive arts therapy approaches. My literature search resulted in no peer-reviewed articles on the topic of expressive arts therapy and early pregnancy loss.

**Art.** Visual art has been a successful expressive therapies approach in helping individuals who have experienced early pregnancy loss to process their grief and trauma (Streeter & Deaver, 2018, p. 61). Streeter and Deaver (2018) found evidence to support that art therapy has proven effective in addressing psychological concerns and improving quality of life for individuals with

various medical conditions (p. 61). Streeter and Deaver determined that “art therapy might be effective in reducing depressive symptoms and addressing the psychological sequelae of infertility in women” (p. 61). Hughes (2009) found evidence to support that art therapy as an intervention significantly improves the quality of life for sub-fertile women, as evidenced by reported lowered levels of hopelessness and depression based on the psychological testing (p. 32). Seftel (2001) found through the use of art therapy that the image of babies is a recurrent theme for individuals who have miscarried, and through creating art bereaved mothers have a “tangible and lasting part of their lost child” (p. 98).

In individual work with clients, I have witnessed the power of art and ritual to begin to bring resolution to the often hidden issue of pregnancy loss. One woman’s healing process involved a poignant collage made of wrapping paper saved from her baby shower. Another woman, who was blind, used clay to create the image of a rose to commemorate her multiple miscarriages. (Seftel, 2001, p. 96)

Art exhibits that are focused on the theme of early pregnancy loss have proven to be beneficial for both artist and viewer.

Connecting with a larger community of people is an important aspect of healing. Through sharing publicly, clients can present themselves and their art as something that represents their pain and story. They can further the reintegration phase of their treatment by making meaning of their experiences. (Andrus, 2019, p. 2)

These benefits were also shown through the previously mentioned group art exhibit called *The Secret Club* (Seftel, 2001), which received submissions from people around the world who had experienced miscarriage and pregnancy loss (p. 97). “The power of the ‘Secret Club Project’ is

that it allows women to bring forth what is so difficult to articulate: the flowing out, the emptiness, the sense that your own body betrayed you” (Seftel, 2001, p. 98).

**Expressive writing.** Writing as an expressive modality has proven to be useful for couples facing infertility concerns. Frederiksen, Skytte O’Toole, Mehlsen, Hauge, Olesen Elbaek, Zachariae, and Ingerslev (2016) found evidence that emotional disclosure through writing is beneficial in situations that are deemed uncontrollable, such as feelings of lack of control during infertility (p. 392). Frederiksen et al. (2016) found expressive writing interventions (EWI) reduced depressive symptoms among couples, and that both male and female participants found the intervention to be meaningful and helpful in relation to both physical and mental health (p. 392). Since both miscarriage and infertility are pregnancy complications that both are categorized as uncontrollable, writing could be a useful therapeutic approach for mothers who have experienced early pregnancy loss.

**Music.** In Corbijn van Willenswaard et al.’s (2017) review of the literature on the benefits of music therapy, they found music to be an effective therapeutic approach for significantly reducing anxiety, blood pressure, depression, and heart rate for individuals diagnosed with several various medical conditions (p. 2). Since anxiety and depression are symptoms that often arise after the trauma of an early pregnancy loss, music therapy could be a potentially beneficial modality to externalize emotions and process grief. Corbijn van Willenswaard et al.’s research suggested music interventions may reduce anxiety during pregnancy, but more research needs to be done to determine its effects on pregnancy-specific stress or complications (p. 8).

**Movement.** Reviewing the literature on movement therapy proves this modality to be a beneficial approach for bereaved mothers. Huberty, Leiferman, Gold, Rowedder, Cacciatore, and

McClain (2014) found evidence that physical movement has shown to improve depressive symptoms in a number of populations and is more effective in the long term than psychiatric medications (p. 2). Yoga is the most researched form of movement therapy for pregnant women. “Yoga involves movement that incorporates the mind, body, and spirit, utilizing body postures, breathing techniques, and meditation” (Ningrum, Budihastuti, & Prasetya, 2019, p. 118). Ningrum, Budihastuti, and Prasetya found that yoga has become a top choice of self-care for pregnant women (p. 118). Huberty, Matthews, Lieferman, and Lee (2018) found evidence to support that yoga is an effective therapeutic approach for managing and decreasing symptoms of anxiety and depression (p. 2). “Complementary therapies, such as yoga, help reduce stress signaling hormones and increase dopamine levels which help control emotions, mood, and anxiety” (Huberty et al., 2018, p. 2). Huberty et al. found the promotion of mindfulness from mind-body activities can help pregnant women become aware of thoughts, feelings, and sensations without judgment (p. 2). “Mindfulness may also contribute to improvements in self-compassion and as such, a concept of self. This is important as women who have had a miscarriage are likely to report reductions in perceived self-worth” (Huberty et al., 2018, p. 2) In their review of the literature on movement therapy and pregnancy, Huberty et al. found that women who are active during and after pregnancy have fewer depressive symptoms and report better mood as compared to inactive pregnant and post-partum women (p. 2).

These studies have shown how various expressive therapy modalities are beneficial in improving mental health symptoms and processing grief from pregnancy loss. Utilizing the therapeutic arts as a form of healing for an often stigmatized and silenced experience, allows for space to creatively express the thoughts, feelings, and physical sensations attached to the grief and trauma of miscarriage. Although expressive arts therapy as a modality does not have the

peer-reviewed literature as the other modalities, it is an approach worthy of the attention of future research studies to quantitatively prove the beneficial work currently being done in the field.

### **Integrating Expressive Arts Therapy, Ritual, and Healing Circles**

Integrating expressive arts therapy, ritual, and healing circles into a holistic therapeutic approach could offer multi-faceted support for individuals who have experienced an early pregnancy loss. Combining these three branches of care addresses the need for self-expression, support, validation, connection, embodiment, processing, and empowerment.

Expressive arts therapy incorporates music, sound, movement, writing, and visual art to enable clients to “gain more awareness of behavioral patterns and a deeper understanding of themselves, while simultaneously fulfilling the human need for self-expression” (Perryman, Blisard, & Moss, 2019, pp. 82-83). Perryman, Blisard, and Moss found evidence that supports expressive arts therapy as an effective approach for working through trauma (p. 92). Perryman, Blisard, and Moss found expressive arts therapy can “alleviate or diminish the effects of the traumatic experience by creating a corrective experience, allowing clients to lead a more productive life” (p. 81). Van der Kolk (2014) found evidence that trauma is held and recorded in the body, and it is important to utilize an approach that can appropriately manage and treat the way traumatic memories are stored (p. 206). “The emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disruptive physical reactions in the present” (van der Kolk, 2014, p. 206). With early pregnancy loss being a traumatic experience, it is important to consider utilizing approaches that can effectively address and transform the trauma stored in the body. Van der Kolk found that for transformation to take place, “the body needs to learn that the danger has passed, and the first step is to become familiar

with the body's physical sensations" (p. 21). Perryman, Blisard, and Moss (2019) found expressive arts therapy to be an effective method to work with trauma since it simultaneously stimulates the individual's senses, body, thoughts, and feelings (p. 83).

One of the benefits of the creative arts therapies is that they allow the client to be actively engaged and to express the sensations and emotions held in the body. When recovering from trauma, if we use only words we are distanced from our experience – we are observers – while expressive therapies engage the body, supporting “embodied resolution”. (Seftel, 2006, p. 11)

For individuals who experienced a freeze stress-response, Perryman, Blisard, and Moss (2019) determined it is important to utilize activities that incorporate the body and physical movement since this trauma is stored more deeply in the lower portions of the brain for this particular stress response (p. 83). Since miscarriage is an event that is caused by trauma in the body and can create emotions and sensations felt in the body, it is important to incorporate physical movement within the creative healing process.

The expressive arts can be utilized to create meaningful rituals to memorialize, process, and transform grief. “Creative expression has always been a central part of how human beings make sense of their place in the world. In non-industrial societies the arts were usually seen as inseparable from ritual” (Seftel, 2006, p. 11). Markin and Zilcha-Mano (2018) found ritual provides the opportunity for bereaved mothers to transform their relationship to the deceased into a healthier and more sustainable connection (p. 24). I believe that expressive arts therapy can be an effective method for individuals to uniquely express themselves throughout the grief process and provide an embodied approach to begin transforming their relationship with the deceased. Markin and Zilcha-Mano found that every ritual created is unique to the individual and their

needs (p. 24). Each artistic modality has the power to impact everyone differently and offers the opportunity for individuals to come up with their own images and meaning making in a way that is relevant and powerful to them.

Rituals created by traditional indigenous cultures that incorporate the use of expressive arts to process and mourn early pregnancy loss have long been recorded throughout the world. Mexico, Indonesia, Japan, South Africa, and New Zealand all have histories of creating variations of symbolic “surrogate baby” (Seftel, 2001, p. 96) dolls, which represent the children who passed during a pregnancy. Seftel (2001) found records from southern Ghana, mourning rituals for miscarriage would entail the bereaved woman entering the forest, bathing in the river, making offerings to appease the gods, and then being painted with white clay and dressed in white cloth (p. 96).

Artistic rituals for early pregnancy loss are used currently in many different forms. Seftel (2001) found some bereaved parents hold ceremonies involving either planting a tree or making a memory garden (p. 96). Utilizing technology also allows for a platform for bereaved mothers to create blogs and websites for early pregnancy loss support, virtual connection, and resources. As this literature review is researched during the world-wide mandated social-distancing during the Covid-19 pandemic, it is important to consider the need for virtual resources that can be provided to grieving mothers who do not have the opportunity to access all of the typically accessible resources in-person. Social-distancing during Covid-19 also brings up concerns regarding greater isolation for women who may already be experiencing feelings of isolation due to their early pregnancy loss. Seftel mentions an art therapist from the Netherlands who maintains a website that describes the rituals she developed to cope with her miscarriages (p. 96). The website serves

as both a way to process the therapist's personal perinatal grief, but also offers support and resources to those experiencing the grief of early pregnancy loss (p. 96).

I believe integrating expressive arts therapy and ritual within the therapeutic support of a healing circle would provide a multifaceted holistic approach for bereaved mothers. Bellhouse, Temple-Smith, and Bilardi (2018) found evidence that the majority of women who had experienced early pregnancy loss in their study found other women who had also experienced miscarriage to be most understanding and supportive (p. 4). "Women described feeling comfortable talking to these women about their experiences and their grief, and felt validated and understood in this process" (p. 4). With evidence confirming that connection and support from individuals who have been through the same experience is beneficial, therapeutic approaches could prove to be more useful if methods integrated group support, such as healing circles.

Thompson (2011) found that healing circles are one of the oldest, most widespread, and effective tools for creating personal and social change (p. 42). Garrett, Garrett, and Brotherton (2001) found evidence proving that circles have traditionally been used by indigenous cultures around the world long before the idea of Euro-centric psychological group therapy or support groups existed (p. 17). Thompson noticed the shape of the circle is universally embraced as a symbol for inclusion (p. 42).

As an archetype the Circle represents an ancient form of meeting that encourages respectful conversation. It stands in contrast to the Triangle, an alternative archetype of social interaction that reflects hierarchy and reminds people of their place within a power structure. (Thompson, 2011, p. 42)

Thompson found within a circle, participants can experience a "sense of belonging, connection to a shared goal or experience, a level of personal accountability to oneself and the group, and

the development of trusting relationships” (p. 42). Utilizing a circle within a healing context for women who have experienced perinatal loss could be an effective method that provides these same beneficial forms of support. A healing circle creates the non-hierarchical environment that provides for the space, connection, understanding, and validation that women who experience miscarriage are often left without.

Through their review of the literature on healing circles, Thompson (2011) found evidence that has shown connectedness and relationship are important aspects to many women’s learning. “Methods that expand consciousness, encourage capacity for voice, and enhance self-esteem facilitate a woman’s personal transformation to change her life” (p. 45). I believe healing circles could provide this type of space for women to share their stories within a relatable group that is unified through common experience and compassion. Offering an environment that allows women to feel understood, safe, and supported after their miscarriage could satisfy some of their unmet needs and allow for the beginnings of their grief transformation to take place.

Thompson (2011) found evidence that the symbolism of the circle allows every member to see themselves as an equal part of the whole. “The nonhierarchical nature that is the foundation of Circle interaction encourages every member to be a facilitator and a leader by sharing her knowledge and skills” (p. 42). Bereaved mothers of perinatal loss are experts in their own lives and deserve the space to speak from a place of truth and experience. Providing a supportive, validating, and non-judgmental environment is beneficial for individuals to create and share their own narrative with the greater collective, transforming the way the story is held within their body. I believe healing circles could offer powerful opportunities for women to both learn from each other and feel empowered by speaking about their personal experience.

Thompson (2011) determined implementing a circular form of healing also creates room for individuals to begin to process and reintegrate their trauma (p. 45). Through Thompson's review of the literature, they found evidence that supports that individuals are more likely to be motivated to learn and change when they experience an environment that feeds three basic and universal human needs: "relatedness (being connected to and experience caring for others), autonomy (voluntary, motivated action toward a desired outcome with a sense of efficacy), and competence (being effective in dealing with her environment)" (p. 45). Since relatedness has been determined as an important aspect for bereaved mothers, healing circles could effectively satisfy this need. Séjourné, Callahan, and Chabrol (2010) found that 64% of women reported talking with other women who had also experienced miscarriage to be an effective coping strategy (p. 408). Healing circles could provide a supportive environment where women could begin to transform their perinatal grief and start to develop a new relationship with their trauma.

Garrett, Garrett, and Brotherton (2001) found evidence that gathering in circles traditionally incorporate different rituals and ceremonies for healing, such as "giving thanks, celebrating, clearing the way, and blessing" (p. 19).

From a Native perspective, the main purpose of such healing ceremonies is to "keep oneself in good relations," which can mean a number of things. This can mean honoring or healing a connection with oneself, between oneself and others (relationships; i.e., family, friends, and community), between oneself and the natural environment, or between oneself and the spirit world. Sometimes, healing ceremonies involve all of these.

(Garrett, Garrett, & Brotherton, 2011, p. 19)

Incorporating rituals and expressive arts could be an intrinsic collaboration with the use of healing circles. "Keeping oneself in good relations" (p. 19) can pertain to women experiencing

early pregnancy loss as relationships can be challenging during this time: women can struggle with the relationship to their own body after losing the pregnancy; they can struggle with their current relationship with the deceased child; and they could find it challenging to connect and feel supported by their loved ones or their community. Involvement in a healing circle could be informative for women to consider other psycho-social circles they are a part of and how these environments might also impact them during this time of loss.

### **Discussion**

The literature reviewed in this thesis tentatively suggests an effective healing approach for the grief and trauma of women who have experienced miscarriage. Current healthcare systems continue to lack the holistic support necessary for the psychological and emotional well-being of bereaved mothers. With miscarriage being a commonly stigmatized form of grief and loss, changes need to be made to offer support to these silenced and traumatized individuals. When miscarriage is the most frequent form of pregnancy complication in the United States (Kalu, Coughlan, & Larkin, 2018, p. 69), significant measures need to be taken to address this often overlooked and disregarded form of loss. This thesis explores the ways expressive arts therapy, ritual, and healing circles could be integrated to provide a multifaceted approach to a complex, yet all too common, form of loss.

This critical literature review has shown that various artistic modalities are being successfully implemented to help process and mitigate negative symptoms experienced after miscarriage. The literature reviewed in this thesis is of high quality, demonstrating to be both recent and peer reviewed. The studies involving expressive therapies and pregnancy concerns focus primarily on individual art modalities and their proven benefits. Miscarriage as the sole focus of a study has not shown to be common. Research tends to focus primarily on infertility, or

a general umbrella of pregnancy concerns. Expressive arts therapy as an intermodal singular modality has proven to be a successful approach to process, reintegrate, and heal traumatic experiences. As miscarriage can cause both trauma and grief, evidence suggests that expressive arts therapy would be an effective therapeutic approach for bereaved women.

The limitations of the literature reviewed include the narrow number of peer-reviewed research articles studying the use of expressive therapies as a form of treatment for pregnancy-related concerns. For the articles that did include expressive therapies, most focused on infertility concerns, stillbirth, or a broader more general focus on pregnancy complications. Although there are many similarities between miscarriage and other pregnancy related concerns, there are some unique differences between these experiences that are worthy of individualized research. As expressive arts therapy utilizes an intermodal approach that incorporates the interplay between these various artistic modalities, research studies are needed to show the effectiveness of this method within the population.

Currently, there are therapists in the field successfully utilizing expressive arts therapy as a treatment for grief and trauma after miscarriage, as well as books written by licensed therapists who have seen the positive effects of this approach on their clients. There are currently no peer-reviewed articles completed on expressive arts therapies as a form of treatment after perinatal loss. The collective field could benefit from further research on the effectiveness of expressive arts therapy as a healing approach for those struggling specifically with grief and trauma after miscarriage. I recommend further research to be completed on this topic using a formal methodological approach to enable firmer conclusions to be made. Another possible area for further thought and study would be to research virtual alternatives to healing circles during times of physical distancing. As the novel coronavirus pandemic of 2020 is currently affecting the

human population, pregnancy loss is an area of significant concern during a time of collective isolation and grief. I recommend current expressive therapists to consider the ways in which they can implement the expressive arts, ritual, and connection through virtual means to assure that bereaved women are receiving the support they deserve during this uncertain time.

Expressive arts therapy, ritual, and healing circles together provide a multi-faceted approach that address each unmet need reported by bereaved women in multiple studies. This literature review explores what treatments are currently available for perinatal grief and extends the idea that expressive therapies is a viable approach toward processing and healing trauma after miscarriage. The findings suggest that expressive arts therapy, rituals, and healings circles could be an effective holistic approach that address the unique symptoms and emotions that can arise after an early pregnancy loss.

### **Conclusion**

Miscarriage is an unjustly stigmatized traumatic event that deserves the space and multifaceted support necessary for the healing and transformation of grief. Early pregnancy loss is currently the most common pregnancy complication, yet still lacks the support and attention it deserves. Through a holistic approach, miscarriage support can be transformed into an experience which leaves bereaved mothers feeling seen, cared for, supported, and their early pregnancy loss seen as real and meaningful. These changes are necessary within the medical system, as current psychotherapeutic support standards are not being appropriately met. Medical training programs need to evolve to include extensive segments on psychological perinatal grief support so that healthcare providers can feel adequately trained and prepared for the psychological and emotional responses that may occur after such significant trauma.

Expressive arts therapy may be an effective intermodal approach that addresses the trauma experienced after early pregnancy loss. Expressive arts therapy has proven to be a successful form of treatment for processing trauma, including effectively transforming the trauma that is stored in the body. Further research is recommended to determine if expressive arts therapy can be proven as an effective approach for processing and healing the trauma that specifically accompanies miscarriage.

Integrating rituals, healing circles, and expressive arts therapy could offer a comprehensive and holistic solution to address the unmet needs reported by bereaved mothers in the United States. Healing circles provide the connection, validation, compassion, and platform for women to express their pain in order to transform and reintegrate it. When miscarriage is stigmatized and silenced, healing circles could provide space for bereaved mothers to be seen and supported in a non-judgmental way where they can feel understood by others who have experienced similar traumas. Creating and enacting rituals utilizing the expressive arts within these communal spaces could provide women with the deserved acknowledgment, social recognition, and closure to further process their grief. The integration of expressive arts therapy, rituals, and healing circles offers an innovative approach to an unfulfilled need in the medical community for a holistic treatment that supports bereaved mothers after perinatal loss.

### References

Andrus, M. (2019). Exhibition and film about miscarriage, infertility, and stillbirth: Art therapy implications. *Art Therapy: Journal of the American Art Therapy Association*, 0(0), 1-8.

<https://doi.org/10.1080/07421656.2019.1697577>

- Bellhouse, C., Temple-Smith, M., & Bilardi, J. (2018). “It’s just one of those things people don’t seem to talk about...” Women’s experiences of social support following miscarriage: A qualitative study. *BMC Women’s Health*, 18(1). <https://doi.org/10.1186/s12905-018-0672-3>
- Beyond the five stages of grief: The bereavement process is seldom linear and varies from one person to the next. (2011, December). *The Harvard Mental Health Letter*, 28(6), 3. Retrieved from [https://www.health.harvard.edu/newsletter\\_article/beyond-the-five-stages-of-grief](https://www.health.harvard.edu/newsletter_article/beyond-the-five-stages-of-grief)
- Brin, D. (2004). The use of rituals in grieving for a miscarriage or stillbirth. *Women & Therapy*, 27(3-4), 123-132, [https://doi.org/10.1300/J015v27n03\\_09](https://doi.org/10.1300/J015v27n03_09)
- Corbijn van Willenswaard, K., Lynn, F., McNeill, J., McQueen, K., Dennis, C., Lobel, M., & Alderdice, F. (2017). Music interventions to reduce stress and anxiety in pregnancy: A systematic review and meta-analysis. *BMC Psychiatry*, 17(1), 1-9. <https://doi.org/10.1186/s12888-017-1432-x>
- Federico, G. & Whitwell, G. (2001). Music therapy and pregnancy. *Journal of Prenatal and Perinatal Psychology and Health*, 15(4), 299-311. Retrieved from <https://www.questia.com/library/journal/1P3-1373447941/music-therapy-and-pregnancy>
- Frederiksen, Y., Skytte O’Toole, M., Mehlsen, M., Hauge, B., Olesen Elbaek, H., Zachariae, R., & Ingerslev, H. (2016). The effect of expressive writing intervention for infertile couples: A randomized controlled trial. *Human Reproduction*, 32(2), 391–402. <https://doi.org/10.1093/humrep/dew320>

- Garrett, M., Garrett, J. T., & Brotherton, D. (2001). Inner circle/outer circle: A group technique based on native American healing circles. *The Journal for Specialists in Group Work*, 26(1), 17-30. <https://doi.org/10.1080/01933920108413775>
- Huberty, J., Leiferman, J., Gold, K., Rowedder, L., Cacciatore, J., & McClain, D. (2014). Physical activity and depressive symptoms after stillbirth: Informing future interventions. *BMC Pregnancy and Childbirth*, 14(391). <https://doi.org/10.1186/s12884-014-0391-1>
- Huberty, J., Matthews, J., Leiferman, J., & Lee, C. (2018). Use of complementary approaches in pregnant women with a history of miscarriage. *Complementary Therapies in Medicine*, 36, 1-5. <https://doi.org/10.1016/j.ctim.2017.11.003>
- Hughes, E. (2009). Art therapy as a healing tool for sub-fertile women. *Journal of Medical Humanities*, 31(1), 27-36. <https://doi.org/10.1007/s10912-009-9098-0>
- Kalu, F., Coughlan, B., & Larkin, P. (2018). A mixed methods sequential explanatory study of the psychosocial factors that impact on midwives' confidence to provide bereavement support to parents who have experienced a perinatal loss. *Midwifery*, 64, 69-76. <https://doi.org/10.1016/j.midw.2018.06.011>
- Krosch, D. & Shakespeare-Finch, J. (2017). Grief, traumatic stress, and posttraumatic growth in women who have experienced pregnancy loss. *Psychological Trauma: Theory, Research, and Policy*, 9(4), 425-433. <https://doi.org/10.1037/tra0000183>
- Markin, R. & Zilcha-Mano, S. (2018). Cultural processes in psychotherapy for perinatal loss: Breaking the cultural taboo against perinatal grief. *American Psychological Association*, 55(1), 20-26. <https://doi.org/10.1037/pst0000122>

Mayo Foundation for Medical Education and Research [MFMER] (n.d.). Dilation and curettage

(D&C). Retrieved from <https://www.mayoclinic.org/tests-procedures/dilation-and-curettage/about/pac-20384910>

Ningrum, S., Budihastuti, U., & Prasetya, H. (2019). Efficacy of yoga exercise to reduce anxiety

in pregnancy: A meta-analysis using randomized controlled trials. *Journal of Maternal and Child Health, 4*(2), 118-125. <https://doi.org/10.26911/thejmch.2019.04.02.07>

Perryman, K., Blisard, P., & Moss, R. (2019). Using creative arts in trauma therapy: The

neuroscience of healing. *Journal of Mental Health Counseling, 41*(1), 80–94.

<https://doi.org/10.17744/mehc.41.1.07>

Seftel, L. (2001). The secret club project: Exploring miscarriage through the visual arts. *Art*

*Therapy: Journal of the American Art Therapy Association, 18*(2), 96-99.

<https://doi.org/10.1080/07421656.2001.10129753>

Seftel, L. (2006). *Grief unseen*. London, UK: Jessica Kingsley Publishers.

Séjourné, N., Callahan, S., & Chabrol, H. (2010). Support following miscarriage: What women

want. *Journal of Reproductive and Infant Psychology, 28*(4), 403-411.

<https://doi.org/10.1080/02646830903487375>

Streeter, K. & Deaver, S. (2018). Art therapy with women with infertility: A mixed-methods

multiple case Study. *Art Therapy: Journal of the American Art Therapy Association,*

*35*(2), 60-67. <https://doi.org/10.1080/07421656.2018.1483163>

The StayWell Company, LLC (2020). Pediatric health library: Miscarriage. Retrieved from

<http://healthlibrary.brighamandwomens.org/Library/DiseasesConditions/Pediatric/HighRiskPregnancy/90,P02471>

Thompson, T. (2011). Circles of change. *Stanford Social Innovation Review*, 9(4), 42-47.

Retrieved from [https://ssir.org/articles/entry/circles\\_of\\_change](https://ssir.org/articles/entry/circles_of_change)

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

Wright, P. (2011). Barriers to a comprehensive understanding of pregnancy loss. *Journal of Loss and Trauma*, 16(1), 1–12. <https://doi.org/10.1080/15325024.2010.519298>

***THESIS APPROVAL FORM***

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**Student's Name: Amanda McKernan**

**Type of Project: Thesis**

**Title: Healing Miscarriage Trauma Through Expressive Arts Therapy, Ritual, and Healing Circles:  
A Critical Literature Review**

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor: Donna C. Owens**