Spring 5-21-2022

Intermodal Transfers Offer Creative Recovery Options from Postpartum Depression: A Critical Literature Review with Recommendations for Treatment

Sarah Swedlow
sswedlow@lesley.edu

Intermodal Transfers Offer Creative Recovery Options from Postpartum Depression: A Critical Literature Review with Recommendations for Treatment

Capstone Thesis

Lesley University

May 2, 2022

Sarah Swedlow

Art Therapy

Raquel Stephenson, Ph.D., ATR-BC, LCAT

Abstract

Postpartum depression (PPD) is considered as a universal health epidemic, affecting between 10-20% of mothers. Despite this high prevalence rate, symptoms of PPD often go overlooked and underdiagnosed in physical and mental healthcare due to a lack of research and awareness. The expressive therapies have introduced creative treatment options for PPD; however the modalities are often kept separate. Intermodal transfers, informed by the Expressive Therapies Continuum (ETC), can provide effective and accessible benefits to mothers with PPD. This literature review critically analyzes the efficacy of intermodal transfers in the treatment of PPD. The findings show that a multimodal approach is accessible and effective in reducing depressive symptoms, potentially preventing the severity of PPD, and improving the support for new mothers. A proposed intervention is included in the appendix for guidance towards future practice.

Keywords: Postpartum depression, intermodal transfers, expressive arts therapy, art therapy, dance/movement therapy, expressive writing, Expressive Therapies Continuum

Intermodal Transfers Offer Creative Recovery Options from Postpartum Depression: A Critical Literature Review with Recommendations for Treatment

Introduction

Childbearing is one of the most frequent yet understudied causes of depression, though the causes and symptoms of postpartum depression (PPD) are frequently overlooked and untreated in healthcare systems (Fox et al., 2018). Neglect of maternal mental health often begins during pregnancy, during which 10 to 15% of expectant mothers experience depressive symptoms which increases the risk of developing PPD after delivery (Mirmolaei et al., 2020). PPD seems to be difficult to prevent, so the refinement of mitigative measures is necessary to aid the large population of mothers who suffer from the depressive symptoms (Ayers et al., 2018). While early intervention is crucial for maternal and infant health, there is a lack of evidence-based, low-risk treatment options for both mental and physical symptoms of PPD. In many cases, women's introduction to motherhood would greatly improve simply from assistance in processing their childbirth experience, forming healthy bonds with their infant, and reducing stress level (Jeffs, 2021).

Gaps in the current literature include inexact prevalence measures of symptomatology, unknown risk factors associated with PPD development, and a limited knowledge of attempted interventions and their success rates (Jeffs, 2021). Much of this could stem from the lack of normalization around maternal mental health (Mandracchia, 2021), however the growing research in the past decade is propelling an increase in awareness around symptoms, risk factors, prevalence, and treatment options (Armstrong & Howatson, 2015; Arroyo & Fowler, 2013; Ayers et al., 2018; Chan, 2021; Fitelson et al., 2011; Flanders et al., 2016; Fox et al., 2018; Gebregziabher et al., 2020; Hogan et al., 2017; Jeffs, 2021; Kamath et al., 2021; Mandracchia,

2021; Matinnia et al., 2018; Mirmolaei et al., 2020; Stickel et al., 2021).

Many treatment options in recent years have focused on the benefit that the expressive therapies lend to the healing journey of new mothers (Armstrong & Howatson, 2015; Arroyo & Fowler, 2013; Ayers et al., 2018; Chan, 2021; Hogan et al., 2017; Jeffs, 2021; Mandracchia, 2021; Mirmolaei, 2020). Interventions within art therapy, music therapy, dance/movement therapy, and drama therapy practices give clients unique opportunities to access, understand, and express their thoughts and emotions (Davis et al., 2018). The expressive modalities have long been studied as separate processes, however therapeutic exploration that incorporates multiple modalities can engage the whole brain and deepen the sense of healing. The aim of this thesis is to review the existing literature on the experience of PPD while increasing awareness of existing successful treatment options using the expressive therapies and proposing the benefits that intermodal transfers can provide.

Personal Identification with the Topic

I first became interested in studying PPD in 2019 while witnessing a conversation about a family member's declining mental health in the period following her transition into motherhood. The tone of the conversation felt negative and critical, as though her depression was her fault. Although I had not spoken to this family member in years, I felt empathy towards her and her situation. I have since decided to work toward reducing the stigma placed on women with PPD and have devoted much of my time at Lesley University to studying new ways to help those affected by the symptoms.

Method

I utilized the Lesley Library online database to critically examine the existing literature on experiences of PPD and existing treatment options while exploring overlap in expressive

therapies for innovative options benefitting new mothers. I searched for peer-reviewed journal articles to ensure the information I found was valid and reputable. Topics included postpartum depression (PPD), art therapy, dance/movement therapy, expressive writing, expressive arts therapy, intermodal transfers, bottom-up processing, whole-brain stimulation, and application of the Expressive Therapies Continuum (ETC). I supplemented the information from the scholarly journals with articles found on Google with search topics including current treatment options, international experiences of PPD, and systemic risk factors. Intersectional analysis of these topics informed the formulation of possible treatment for PPD symptoms and implications for further research and application.

Literature Review

This literature review will explore experiences, symptoms, risk factors, and current treatment options available to mothers suffering from PPD. To expand upon the current available resources, I will also review the literature on the expressive therapies and how they can offer an alternative treatment for new mothers that is accessible and effective.

The Postpartum Experience & Symptomatology

Women whose experiences deviate from the "normal" adjustment to motherhood may endure one of three increasing levels of symptomatology: baby blues, PPD, and postpartum psychosis, respectively. It is estimated that between 50-70% of women experience baby blues, a period of a few days in which new mothers may suffer from "depression, anxiety, tearfulness, insomnia, helplessness, and negative feelings towards the infant" (Fitelson et al., 2011; Kamath et al., 2021, p. 989).

PPD consists of more acute symptoms typically beginning within four to six months following delivery and include "excessive weepiness…agitation, pervasive feelings of sadness or

loneliness…panic" (Jeffs, 2021, p. 9), "loss of energy and appetite, insomnia, social withdrawal, irritability, and even suicidal attitude" (Kamath et al., 2021, p. 989). The prevalence of PPD is poorly recorded due to a lack of supporting research in the mental health field. The fifth, and most recent, edition of the Diagnostic and Statistical Manual of Mental Health Disorders (5th ed.; DSM-5) suggests that "between 3% and 6% of women will experience the onset of a major depressive episode during pregnancy or in the weeks or months following delivery" (American Psychiatric Association [APA], 2013), however more recent and inclusive studies have shown that the prevalence is much higher. Kamath et al. (2021) estimate the global prevalence of PPD is closer to 10-15%, with higher percentages of new mothers developing symptoms in regions with poorer access to healthcare due to availability or cost. London-based research group, BioMed Central, estimates an even higher rate of 20% worldwide (Jeffs, 2021), and the prevalence could still be higher than this estimate because PPD often goes undiagnosed by medical professionals (Kamath et al., 2021). It may be difficult to diagnose a new mother with PPD because the most common symptoms are congruent with those of nondepressed new mothers, including "changes in weight, changes in mood, sleep disruption, fatigue, and changes in libido" (Jeffs, 2021, p. 8). However, with one in seven mothers reporting PPD as their primary complication after birth, the disorder is considered to be a universal health epidemic (Chan, 2021; Jeffs, 2021) so increasing the efficacy of diagnosis is crucial to depressed mothers gaining the support they require.

Postpartum psychosis is reported in 0.14-0.26% of new mothers and typically occurs within four days after delivery. Symptoms of this most severe postpartum experience may include "fear, restlessness, confusion followed by hallucinations, delusions, disorientation [and] suicidal or infanticidal impulses" (Kamath, 2021, p. 989).

Recent PPD studies have started to recategorize the symptoms, leading to a better

understanding of the disorder. Fox et al. (2018) created six PPD symptom clusters: worry; anger; emotional, circadian, and energetic regulation; appetite; somatic and cognitive impairment; and distress display. Because PPD is listed under the depressive disorders in the DSM-5, symptoms of depression like emotional, circadian, and energetic regulation tend to be what providers and patients primarily assess when approaching a diagnosis. However, the cluster of worry symptoms has shown greater prevalence to PPD than the cluster of emotional, circadian, and energetic regulation, which is more common in major depressive disorder (MDD). This recent finding has lent evidence to PPD being a disorder of its own instead of a subcategory under MDD, but more research of this kind is needed to improve awareness and understanding of PPD in the mental healthcare field.

PPD Risk Factors

Causes of PPD are still widely unknown due to the lack of research and awareness around the diagnosis, however there are likely several biopsychosocial factors that increase the risk of a new mother developing symptoms (Mandracchia, 2021). Many previously hypothesized risk factors have been proven to hold no statistical significance, including unwanted sex of the baby, maternal body mass index (BMI), negative life events, and whether the pregnancy was planned (Jeffs, 2021). Kamath et al. (2021) conducted a cross sectional study of 950 postpartum mothers in India to identify additional factors that could increase the risk of developing PPD, measured using the Edinburgh Postnatal Depression Scale (EPDS). 150, or 15.8%, of the participants were found to have PPD and the conditions of each mother's birth experience were noted to find themes associated with risk factors. The results showed correlation of lower socioeconomic status, mode of delivery (lower segment cesarean section), infant admission to the neonatal intensive care unit (NICU), and primigravida (a woman's first pregnancy) with an

increased occurrence of symptoms. The 150 participants who showed signs of PPD were referred to the hospital's psychiatric services to receive counseling and psychoeducation around their circumstances. 149 of the participants' symptoms improved without the aid of pharmacotherapy (Kamath et al., 2021).

The development of PPD symptoms can be affected by psychological, biological, and social factors. Psychologically, a history of maternal mental illness, including depression and anxiety, can lead to a resurgence of new or repeating symptoms (Kamath et al., 2021). Depression that develops during pregnancy is often accompanied by a fear of childbirth and is a significant predictor of developing PPD (Matinnia et al., 2018; Mirmolaei et al., 2020). Although PPD is difficult to prevent, physical and mental healthcare providers can target women who have had previous experience with mental illness to assess for early signs of PPD (Chan, 2021). Such awareness could reduce symptoms of depression before the challenges of parenting begin.

Biologically, the physical and hormonal changes a woman's body endures throughout pregnancy and childbirth, including any complications, can cause it to feel unfamiliar and alienating due to new weight patterns and shifts in mood (Ayers et al., 2018; Kamath et al., 2021; Mirmolaei et al., 2020). Hormonal changes, like increased cortisol levels that occur during pregnancy, are responsible for a heightened response to stressors in one's life. Stickel et al. (2021) conducted a longitudinal study on the cortisol levels in new mothers, beginning during pregnancy and leading into the first 12 weeks postpartum. The women whose cortisol levels did not return to a baseline measurement by the end of the 12-week period did report higher frequency of PPD, providing evidence that the stress activation physiologically lingers after the birth of the baby. While hormone levels and physiological factors may be able to predict a woman's chance of developing PPD, there are many environmental factors that can impact the

development of symptoms.

Socially, a lack of support, financial challenges, marital conflict, and the internalization of high societal expectations on motherhood can increase and/or worsen symptoms of hopelessness, stress, and depression (Kamath et al., 2021; Mandracchia, 2021). Two domains of influence were found by Gebregziabher et al. (2020): "the woman's potential to bear the responsibility of motherhood and the social support they receive after delivery" (p. 8). The woman's potential to bear the responsibility of motherhood includes factors like occupation, socioeconomic status, and the intention of the pregnancy. Social support after delivery includes support from a partner, friends, family, or parenting groups. Education around the symptoms and treatments available has also been shown to successfully promote self-referral for clinical treatment which could be crucial to managing the negative effects.

Societal expectations placed on mothers further contribute to the feelings of guilt and/or failure (Barlow & Cairns, 1997), which can worsen the risk of developing PPD symptoms. Women across cultures are expected to instinctively know how to nurture, raise, and emotionally support their children. Mothers may feel inadequate when this unrealistic ideal is not met, though the fear of being labeled as a bad mother often keeps them silenced and isolated. Acknowledging the complexities of motherhood and holding each mother as the expert of her own experience can validate these challenges while finding viable solutions for her unique circumstances.

A few studies have begun to accommodate for cultural shifts within families over the past several decades that may affect the experience of PPD as well. One area that's gaining awareness encompasses expanding gender norms, parenting roles, and sexual orientation of parents. Parenting with traditional values often looks like the mother bearing a majority of the childcare and housework once becoming a parent while the father may be far less involved, at least in

heterosexual relationships. While many families across cultures still uphold these values, Kestler-Peleg et al. (2019) studied spousal relationship quality through a postmodern approach to parenting that has a more equal share of child-rearing and housework. Postmodernism accounts for the shifts in family units and acknowledges that there is not much of a familial norm like the nuclear family that was revered in the 20th century.

Regardless of a family's structure and tradition, a positive sense of spousal relationship quality was shown to reduce the chances of a new mother developing PPD symptoms. Perceived relationship quality includes the equal division of familial tasks before and after the birth of the child. Each relationship can have a distinctive idea of what spousal equality looks like, but whether the discussed plan of responsibilities is upheld after the baby is born is the main factor that eases the mother's risk of developing PPD. If the mother is left with more child-rearing and housekeeping responsibilities than the plan delineated, which often happens, she is likely to feel a greater sense of overwhelm, anxiety, and depression related to PPD.

Cultural shifts in familial structures outside of the traditional norm include nonmarital co-parenting, single parents, and LGBTQ+ families (Kestler-Peleg et al., 2019). Flanders et al. (2016) studied the effects of PPD for women who identified as lesbian or bisexual and found that bisexual women reported higher levels of mental health issues both in everyday life and postpartum. The hypothesis for this distinction is rooted in an additional layer of *otherness* for nonmonosexual people who do not form relationships with just one sex. While lesbian women are a sexual minority, they tend to be received in a more positive light within the LGBTQ+ community than nonmonosexual people of any gender. This phenomenon is especially heightened when the nonmonosexual women are in relationships with men, as society tends to define one's sexual identity with the sex of their partner. Since poorer mental health is a

predictor for developing PPD, it is crucial for practitioners to recognize the sexual minorities as having separate and unique experiences and to keep sexual orientation in mind even if the patient is in a relationship with someone of the opposite sex.

Additional gender norms that may heighten the risk of developing PPD symptoms become apparent in the severe lack of paid parental leave in most countries. New parents are often burdened with financial stress and feelings of inadequacy when faced with the decision of staying with the infant or paying for childcare services to avoid missing work (Mandracchia, 2021). There are societal expectations for mothers to adjust their career trajectories to care for the baby, which leave women responsible for the traditional child-rearing tasks (Parker, 2015).

Recently, advocacy for genderless parental leave has gained support, claiming that mothers should not carry the sole responsibility of infant care. The United States Department of Labor (USDOL, n.d.) allows up to 12 weeks of paid parental leave under the Federal Employee Paid Leave Act (FEPLA) of 1993 as long as the employee has a "continuing parental role with the child" (para. 3). Contingent requirements exist within the workplace which can limit eligibility such as organization-specific contracts and the duration of employment prior to the child being born (USDOL, n.d.). Even if the full 12 weeks of leave is approved and taken, parents may not feel ready to return to work or to leave their infant in the care of others, which can introduce or worsen symptoms of PPD (Mandracchia, 2021).

PPD Health Implications

Symptoms of PPD can have lasting effects on the mother's health, on the development of the infant through childhood, and can even increase the risk of partners and supporting family members developing symptoms of depression (Ayers et al., 2020; Mirmolaei et al., 2020; Jeffs, 2021). Mothers may be hesitant to seek help due to fear of the stigma associated with mental

illness and the label of failing at natural maternal instincts, however untreated symptoms of PPD can increase the risk of chronic depression (Ayers et al., 2018; Kamath et al., 2021). The World Health Organization (WHO) recognizes this threat to wellness as a significant link to maternal mortality as severe cases can lead to suicidal behaviors (Ayers et al., 2018; Jeffs, 2021). These symptoms and behaviors can negatively impact the mother-infant relationship and affect the level of care the new baby receives. Children of depressed mothers are more likely to develop a depressive and/or emotional disorder than those of nondepressed mothers, as cognitive, emotional, and behavioral development is affected (Ayers et al., 2018; Jeffs, 2021; Hogan et al., 2017; Kamath et al., 2021). The need for healthcare increases during the perinatal period in order to avoid such implications, however the responsibility to get help should not fall solely on the mother, as her mental state is not voluntary, nor is her impact on her family (Mirmolaei et al., 2020).

Current Diagnosis and Treatment Options

PPD is not acknowledged as a differential diagnosis from a Major Depressive Episode (MDE) in the DSM-5, meaning the symptoms experienced by new mothers are similar to those of other depressive disorders (APA, 2013). An MDE is classified as having postpartum onset if symptoms begin within four weeks of delivery, however symptoms often do not begin until closer to three months postpartum (Fitleson et al., 2011). While receiving an official diagnosis can be daunting due to the stigmas associated with mental illness, medical recognition of PPD as a separate disorder could potentially increase awareness and accuracy in the professional health care provided.

Preventative Screening

Screening for PPD has been recommended as a baseline procedure in the attempt to

recognize symptoms before they reach complex levels (Fitelson et al., 2011). The Edinburgh Postnatal Depression Scale (EPDS) was created over 30 years ago (Cox et al., 1987) and is still the most widely used assessment of PPD symptoms (Fitelson et al., 2011; Kamath et al., 2021). The assessment comprises 10 Likert-type questions for self-reporting with ratings from 0 (not at all) to 3 (most of the time). Mothers who score above a 12 or 13 are likely to be experiencing PPD and should receive further medical support (Cox et al., 1987). Unfortunately, the questions included are simplistic and disregard the biological, psychological, social, and environmental factors that have been linked to PPD symptoms. The brief list of questions is included below to delineate how unspecific the assessment is:

1. I have been able to laugh and see the funny side of things
2. I have looked forward with enjoyment to things
3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
5. I have felt scared or panicky for no good reason
6. Things have been getting to me
7. I have been so unhappy that I have had difficulty sleeping
8. I have felt sad or miserable
9. I have been so unhappy that I have been crying
10. The thought of harming myself has occurred to me (p. 782)

The inclusion of language like “for no good reason” or the omissive description of “things” feeling funny, fails to attribute PPD symptoms to the chemical changes in the brain, shifts in responsibility, and new realms of worry that were explored in the literature review. The EPDS assessment has remained the primary assessment tool for PPD since 1987 and, according to the Massachusetts General Hospital Center for Women’s Mental Health (2008), attempts have been

made to shorten the diagnostic questionnaire to just three items which could further neglect mothers' experiences due to additional simplification. While the short assessment is quick and efficient at screening for potential signs of PPD, deeper clinical assessment is recommended to confirm a diagnosis and propose further treatment (Kamath et al., 2021).

Additional mental health assessments have been utilized in screening maternal wellbeing after delivery, however they were not created specifically for postpartum use like the EPDS was. The Beck Depression Inventory (BDI) is widely used in the mental health field to assess patients' mood and behavior for the risk of developing depression (Mirmolaei et al., 2020). The 21 self-reporting statements accompany a Likert scale from 0 to 3 to determine intensity of symptoms in categories such as affect, behaviors, physical symptoms, and interpersonal symptoms. Scoring of the BDI reveals whether a patient is suffering from mild (11-20), moderate (21-30) or severe (30-63) depression. The Depression, Anxiety, and Stress Scale (DASS-21) is another 21-item assessment that designates seven questions to each of the three mental health conditions (Mirmolaei et al., 2020). The DASS-21 also provides a Likert scale from 0 to 3 to indicate intensity in each category. An overall score is not calculated as the focus is on screening the possibility of the separate conditions.

The level of care beyond screening varies globally due to the scope and accessibility of health care coverage, however targeting new mothers soon after birth provides the widest scope for preventative measures against developing PPD (Ayers et al., 2018). In the United States, screenings are held during postnatal obstetrical or pediatric appointments within four to six weeks postpartum (Fitelson et al., 2011). In India, the average stay in a hospital for mothers who deliver in a facility is under 48 hours which leaves a short window of time for specialists to address the risks and signs of PPD (Kamath et al., 2021). With little time to educate or screen for

PPD directly after delivery, it becomes more important to screen for symptoms during check-ups, however it is unclear how regularly these appointments occur and whether adequate resources are provided to mothers and families. In the UK, mothers who give birth in a hospital receive intensive preventative care (Ayers et al., 2018). Women are visited daily by their midwife and/or doctor for the duration of their hospital stay. Following hospital discharge, mothers are visited at least three times by a community midwife over the first two weeks, with more visits depending on complications of the birth. Over the next six to eight weeks, mothers are scheduled to have routine check-ins with their general practitioner and are subsequently assigned a community specialist who can provide information and support around the health of the mother and her baby for up to five years postpartum (Ayers et al., 2018).

Psychological Treatment Options

Should a new mother receive an official PPD diagnosis, antidepressant prescriptions are the most common form of treatment, however research shows that medication is not always effective on its own (Jeffs, 2021) and offers only a temporary solution (Mandracchia, 2021). Recent studies have shown that women are more inclined to consider therapeutic approaches to recovery due to common negative side effects and to avoid the risk of exposing the baby to the medication through breastfeeding (Jeffs, 2021). If psychological services are pursued, cognitive behavioral therapy (CBT) is the most empirically supported approach, in which therapists help clients to target distorted thinking patterns through behavioral changes, resulting in improved adaptability and coping mechanisms (Fitelson et al., 2011; Polak et al., 2021).

Interpersonal therapy (ITP) is another psychological approach that has been beneficial in the improvement of PPD symptoms (Fitelson et al., 2011). ITP establishes depression as an illness within a social context and focuses on one of four treatment methods: role transition, role

dispute, grief, and interpersonal deficits. Typically occurring over a period of 12 to 20 weeks, IPT is a brief, solution-focused approach in which the therapist helps the client to modify relational behaviors and strengthen social supports. IPT has been adjusted to fit interpersonal goals specific to mothers with PPD such as mother-infant bonding, the relationship with a partner or supportive family, and the transition back to work (Fitelson et al., 2011).

Therapeutic groups have been shown to reduce the depressive symptoms of PPD while also creating a supportive network of individuals experiencing similar challenges (Narvaez Linares et al., 2021; Simhi et al., 2021). The group structure allows for interactions and bonding between mothers who feel isolated in their experiences and provides the opportunity for new mothers to learn from the modeling of others who have found success in reducing their symptoms (Simhi et al., 2021). Narvaez Linares et al. (2021) found that brief (eight week) structured groups led by experts in the field offered a holistic approach to recovery by incorporating several modalities such as psychoeducation, peer support, and partner involvement. Weekly interventions introduced themes including education around PPD, self-nurturing activities, identity, attachment, communication, and relationships. Sessions were also available to partners, friends, and family members to encourage the discussion and normalization of the PPD experience. Through validation among peers and interpersonal support systems, mothers reported a decrease in the severity of their symptoms.

Mental healthcare providers in the expressive therapies have begun to address creative avenues to recovery from PPD symptoms and such practices are explored later in this paper. The expressive therapies have methods to reach unconscious thoughts and emotions, potentially providing deeper healing than talk therapy or pharmacotherapy (Jeffs, 2021). It is common, however, for mothers to neglect seeking treatment due to the time, energy, and responsibilities

required in taking care of a newborn (Jeffs, 2021) so new treatment options should be accessible for the lifestyle of new motherhood.

Regardless of the theoretical applications and counseling styles, resources are becoming more accessible through telehealth options like Zoom meetings and phone calls. According to Simhi et al. (2021), providing multiple treatment options increased the engagement rates as women were able to select the format that best meets their needs and availability. Conducting individual and group session both in person and in online formats expands the possibilities and meets the client on a personal level of involvement. Telehealth practices gained popularity during the COVID-19 pandemic and have proven to be safe and effective while increasing the accessibility of care to those in need (United States Department of Health & Human Services [USDHHS], n.d.). As more research on the benefits of telehealth is conducted, potential treatment options should gain validity.

Expressive Arts Therapy (ExAT)

Expressive arts therapy (ExAT) incorporates visual art, music, dance and movement, and/or drama in a therapeutic setting to deepen healing and self-discovery (Little, 2021). These modalities have been studied and refined as separate entities for decades, however scholars in the field of ExAT have argued that the integration of all art forms increases the benefits they provide (Davis et al., 2018). Through the simultaneous engagement of several senses, ExAT practices allow clients to explore and process thoughts and feelings through nonverbal channels which stimulate the whole brain, thus disrupting habitual responses (Davis et al., 2018; Little, 2021). The arts bypass these cognitive defenses through decentering, or the movement away from the conscious realm, and externalization, or the separation of the client's identity from the presenting problem (Little, 2021). During this process, "the breath changes, the body relaxes, the feelings

become free, and thoughts or associations might become animated" (Eberhart, 2002, p. 132, as cited in Davis, 2018), providing unique opportunities to understand and express oneself. By relieving clients from the challenge of finding the words to describe complex emotions, ExAT expands the client's capacity to address their problems in ways more effective than traditional talk therapy may offer (Davis et al., 2018; Jeffs, 2021; Little, 2021).

Intermodal Transfers

Within the holistically creative approach of ExAT, intermodal transfers intentionally weave through two or more modalities to foster growth and healing (Davis et al., 2018; Little, 2021). Intermodal transfers have shown to expand a client's capacity for processing and understanding, allowing narratives to positively shift (Little, 2021). Ram-Vlasov and Orkibi (2021) claim that this practice works so well because "human imagination is inherently intermodal since we imagine, as well as dream or daydream, not only visual images but also sounds and rhythms, movements, actions, and spoken and written words" (p. 3).

Ram-Vlasov and Orkibi (2021) demonstrated the potential benefit of intermodal transfers in their modified model of the classic art therapy assessment, the Kinetic Family Drawing (KFD), by incorporating multiple modalities. During the KFD, developed by Robert C. Burns and S. H. Kaufman in 1970, clients are asked to draw their family partaking in an activity, as "kinetic" suggests movement amongst members. Actions and interactions between family members lend insight into relationships and dynamics amongst the family from the client's perspective. Ram-Vlasov and Orkibi introduce creative writing and psychodrama to the KFD to create the Kinetic Family in Action (KFiA) assessment to be used in family AT sessions.

During the KFiA, each family member present in the session is invited to complete a drawing of the family partaking in an action, as they would in the KFD. Once the drawings are

completed, each client, or scene protagonist, is asked to write a script for the scene they have visually depicted with lines for all members, allowing an active exploration into the thoughts and feelings of their relatives. Time is allotted for each protagonist to take the role of director in assigning each family member a role in their script and the theatrical piece is acted out by the family. Reflection and discussion are allowed at the end to explore different family members' reactions and thoughts. The transfer between modalities allows for a more dynamic exploration of narratives and relationships within a family that solely static drawings do not encapsulate. While each modality has its own benefits, intermodal transfers provide a cumulative impact to deepen self-exploration, systemic understandings, and processing (Little, 2021; Ram-Vlasov & Orkibi, 2021).

Research on the benefits of intermodal transfers has begun to transpose into the academic and professional realms of mental health care (Davis et al., 2018; Gerber et al., 2018). Davis et al. (2018) studied the use of intermodal expressive arts to deepen the cohesion of graduate level counseling interns within their group supervision meeting. The intermodal method began by playing a range of instrumental clips of music, each eliciting different emotional reactions. The interns were invited to write single-word feelings that came to mind while the music played, producing a list of words encompassing different thoughts and emotions by the end of the musical segment. The list of words was then swapped amongst co-interns with the emphasis of non-judgement from the intervention leader, as sharing personal writing can be a vulnerable task. Each intern was then invited to create a poem using as many of the words from their co-intern's list as possible, while adding words was allowed to aid in the composition. Group members were given construction paper, colored pencils, and markers to create a card within which to contain their poems. The completed cards were returned to the original intern who created the list of

words to be read out loud to the rest of the group. By moving through the different modalities, the intervention wove in and out of verbal and nonverbal expression. A sense of trust and acceptance amongst individuals and within the group as a whole was created, serving as a container for the education of clinical skills and interpersonal relationships (Davis et al., 2018).

Gerber et al. (2018) developed an ExAT laboratory for doctoral students to engage with intrinsic arts-based research (IABR), in which the researchers took on the simultaneous role of participant in a year-long intermodal arts-based exploration. Gerber et al. (2018) noted the nuanced role of the expressive arts in IABR, stating how ExAT allows clients to express "profound experiences, construct personal narratives, and enhance self-awareness within a carefully constructed and emotionally held relationship" (p. 2), whereas arts-based research embodies the experience of the artistic exploration to better understand the phenomena of the methods themselves. The students/participants came from the doctoral disciplines of art therapy (AT), dance/movement therapy (DMT), and music therapy (MT) and were given one hour each week to create without explicit direction in order to study the authentic experience of transitioning between modalities. Reflective journaling and group discussion following each art-making session were documented, coded, and analyzed at the end of the year. Major themes produced from the intermodal exploration included emotional expression, awareness, attunement, memory activation, emotional reintegration, and transformation.

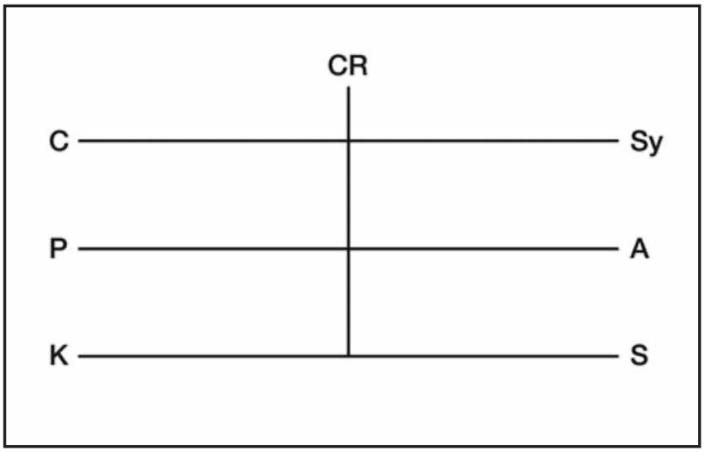
While intermodal transfers are an intrinsic part of ExAT, there is currently little research or theoretical grounding for their facilitation, directionality, and timing, leaving therapists to their own discretions while planning interventions. Little (2021) proposed using the Expressive Therapies Continuum (ETC) as theoretical groundwork for intermodal transfers to improve clinical consistency, which was validated in her Capstone Thesis.

The ETC Framework

The ETC was originally presented by Kagin and Lusebrink in 1978 as a theory in the expressive therapies arena using visual art techniques and materials to develop a structure of hierarchical levels (Little, 2021). Lusebrink went on to delineate how the other expressive modalities can be informed by the ETC in 1991 and Graves-Alcorn made the concept more accessible by simplifying the language and furthering the research to expand the theory. The ETC spans four developmental levels, the first three of which contain components representing the functioning of the brain's left and right hemispheres (Lusebrink, 2010). Figure 1 visualizes the ETC, which is read from bottom left to top right as Kinesthetic (K), Sensory (S), Perceptual (P), Affective (A), Cognitive (C), and Symbolic (Sy). The fourth level is the creative level (CR), which can be achieved at any previous level (Jeffs, 2021). The hierarchy is cumulative in nature as the processing that occurs in the lower levels informs the higher ones, mirroring the cognitive development from early childhood, middle childhood, and adolescence, respectively (Little, 2021).

Figure 1

Expressive Therapies Continuum Hierarchy



(Lusebrink, 2010, p. 173)

Kinesthetic/Sensory Level

The base level of the ETC aids in preverbal information processing though movement of the body (Hinz, 2019). While most artistic expression involves movement of some kind, Kinesthetic processing focuses on the therapeutic benefit of the movement itself as a release of energy and tension, allowing a state of relaxation to commence. Expressive activities on the Kinesthetic level embody resistive sensations such as working with heavy objects, self-soothing through repetitive movements, "[p]ounding, pushing, scratching, stabbing, smashing or rolling clay, pounding nails into wood, cutting, scribbling, splashing paint, and tearing paper" (Hinz, 2019, p. 44). The Sensory component processes information from the five senses without the presence of cognitive input, which aids in the formation of emotions and making decisions. Sensory activities include finger painting, rubbing smooth clay, using scented markers, and exploring musical instruments without concern of composition. Cognitive processing is often avoided in this component by closing one's eyes or refraining from creating forms in one's work to boost the purely sensual exploration, aiding in sensory tolerance and self-soothing skills.

Perceptual/Affective Level

The second level of the ETC aids in information processing through visual representations of internal thoughts and feelings (Hinz, 2019). The Perceptual component engages the left hemisphere with the formal elements of art, including "line, color, form, pattern, size, direction, [and] boundaries" (p. 71). Materials and activities on this level, such as colored pencils, mosaic tiles, musical rhythm, posture exploration, and roleplays, create structure to provide containment when emotions become overwhelming (Hinz, 2019; Little, 2021). Referred to as the "emotional container of the ETC" (Little, 2021, p. 20), The Perceptual component fosters order out of the perceived chaos of emotional exploration, with the goal of stress

reduction through internalized understandings. The Affective component encourages emotional expression and immersion while engaging the right hemisphere (Hinz, 2019). More fluid mediums and vivid colors are used to invoke emotional reactions and articulation due to the lower levels of structure and complexity provided. While emotional exploration can feel overwhelming to some, materials and activities accompanied by psychoeducation around emotions can teach clients soothing regulation skills to use, both in session and in their everyday lives. Such materials and activities include chalk pastels, watercolor paints, drawing or painting to music, and representing emotions through various colors, movements, or sounds (Hinz, 2019; Little, 2021). The polarized components at this level "[enable] recognition and containment of emotions" (Little, 2021, p. 20).

Cognitive/Symbolic Level

The third level of the ETC aids in complex, abstract, and logical thought processing (Hinz, 2019). The Cognitive component engages the left hemisphere in planning, problem-solving, and decision-making through activities and mediums which help visualize abstract thought processes for clearer comprehension. Examples include drawing from observation or imagination, constructing narratives through still life composition, thematic collage, sequential processing in music composition, and lifeline mapping of past, present, and future experiences and goals, either on paper or through embodied movements (Hinz, 2019; Little, 2021). Linguistic modes of expression support the complexity of external and analytical language-based processing, such as journaling and writing poetry, prose, or lyrics (Gerber et al., 2018; Little, 2021). The Symbolic component balances the concrete nature of the Cognitive component through metaphoric synthesis, creating a "bridge between outer existence and inner meaning" (Hinz, 2019, p. 123). Symbol resolution, or the unpacking of the various layers a metaphor may

contain, fuels self-discovery through regressive symbols of past experiences and needs and progressive symbols of goals and growth. Intertwining the client's individual and idiosyncratic thoughts with archetypes and collective symbols support self-understanding, potentially through spirituality, religion, mythology, and folktales, as clients find applicable (Little, 2021). Symbolic experiences and mediums also utilize linguistics to process emotional internal structures, including guided visualizations, projective art, mythical or supernatural representation of personal traits, writing lyrics or poems, sand tray scene creation, and the intermodal process of writing a story about art, music, or movements previously created by the client (Hinz, 2019; Little, 2021).

Creative Level

The pinnacle level of the ETC is reached when the client gains the ability to shift between multiple components and/or levels (Hinz, 2019; Little, 2021). Clarity in the self-discovery journey comes to fruition as the left and right hemispheres are simultaneously engaged, information is being processed on different levels, and goals and solutions are realized. Expressive therapists can guide these shifts vertically or horizontally through intentional intermodal transfers or planned exercises, depending on the therapeutic goals developed with the client. A combination of mediums can help activate this phenomenon, although staying within a singular medium can access multiple levels as well. For example, clay work can engage the first level through the senses, the second level through its formal elements and structural makeup, and the third level through the creation of symbolic objects (Little, 2021). Intermodally unlocking the Creative level of the ETC can reach the goal of whole-brain stimulation and hemispheric connection throughout one's lifespan (Hinz, 2019; Little, 2021).

Discussion

Existing research on both PPD and the expressive therapies has gained traction over the past few decades and recent overlap of the two fields has begun to produce evidence for expressive interventions for reducing the effects of PPD symptoms. Many studies have shown that singular expressive modalities provide benefits for postpartum mothers (Armstrong & Howatson, 2015; Arroyo & Fowler, 2013; Ayers et al., 2018; Chan, 2021; Hogan et al., 2017; Jeffs, 2021; Mandracchia, 2021; Mirmolaei, 2020). This literature review suggests that guiding clients through deliberate intermodal transfers has the potential to deepen their healing. Four themes to support this claim became apparent while analyzing the existing literature: creative-level healing, accessibility, the involvement of support systems, and potential preventative measures.

Creative-Level Healing

When expressive therapists guide their clients through intermodal transfers according to the ETC, whole-brain stimulation activates the Creative level (Hinz, 2019). Incorporating multiple modalities in such self-exploration relieves the pressure of verbally expressing complex emotions and experiences (Davis et al., 2018). A bottom-up approach along the ETC can engage a client on a preverbal level before leading up to cognitive processes of their inner thoughts and feelings (Hinz, 2019). The kinesthetic/sensory level aides in the release of energy and tension, the perceptual/affective level, introduces emotional recognition and containment, and the cognitive/symbolic level introduces analytical problem-solving skills to address one's needs and growth (Hinz, 2019; Little, 2021). Women experiencing PPD symptoms have found relief from expressive interventions and intermodal transfers that unlock the Creative level of the ETC can deepen a sense of clarity around one's presenting problem (Jeffs, 2021; Little, 2021). Therefore,

postpartum women can access and understand their complex emotions though expression in multiple modalities.

Accessibility

New mothers often neglect to seek treatment for PPD due to the energy and time commitment needed amidst caring for their infant, so treatment should include time- and cost-efficient options (Mirmolaei et al., 2020). While antidepressants can reduce symptoms of PPD without extraneous effort, medication is a temporary solution unless accompanied by therapeutic services (Mandracchia, 2021). Additionally, mothers are more likely to seek therapeutic treatment to avoid to the risk of transferring antidepressants to their babies through breastfeeding (Jeffs, 2021). Offering therapy appointments in person and virtually through telehealth further expands the support available for mothers to select based on their personal needs and availability (Simhi et al., 2021).

Several theoretical approaches can be employed to help mothers explore their depression (Fitelson et al., 2011; Narvaez Linares et al., 2021; Polak et al., 2021; Simhi et al., 2021), though expressive interventions can transform the healing process by tapping into the intermodal nature of human imagination (Ram-Vlasov & Orkibi, 2021). The expressive arts provide accessible tools for healing, both inside and outside of sessions; movement exercises, journaling, and basic art techniques can be done with minimal materials from the comfort of one's home between appointments or in telehealth sessions.

Involvement of Support Systems

A major symptom of PPD is the feeling of loneliness which is often worsened by accompanied social withdrawal (Jeffs, 2021). Intermodal transfers have been shown to enhance social connection and to deepen the understanding of others' perspectives (Davis et al., 2018;

Gerber et al., 2018; Ram-Vlasov & Orkibi, 2021). Intermodal exploration allows individuals to construct narratives and enhance self-awareness within significant relationships (Gerber et al., 2018). The active exploration of thoughts and feelings through multiple modalities has a cumulative impact on the understanding from one's support systems like family, partners, and friends (Ram-Vlasov & Orkibi, 2021). Family therapy session can involve these supporters in intermodal interventions to shed light and clarity on the experience of having PPD. Therapeutic groups have been shown to reduce the symptoms of PPD while encouraging social connection, trust, and acceptance within a network of mothers in similar positions (Davis et al., 2018; Narvaez Linares et al., 2021; Simhi et al., 2021).

Preventative Measures

While PPD is difficult to prevent, screening measures like the EPDS, BDI, DASS-21, and knowledge of former mental illness can help providers target women who may be at risk of developing symptoms (Chan, 2021). Interventions with an intermodal exploration of existing symptoms, worries, or fears around childbirth and parenting can be introduced prior to delivery and the challenges that come with caring for an infant. More research is needed on this topic, though it could open the discussion of additional preventative measures for PPD symptoms.

Implications for Practice & Future Research

Based on the findings from this literature review, I propose that expressive therapists can implement the ETC when planning such interventions. To explore how expressive therapists might use the ETC to achieve the desired Creative level, I have developed a recommendation for treatment (see appendix). Weaving between movement, visual arts, and expressive writing, my intervention will showcase how modalities can be combined to guide clients through the ETC to achieve Creative-level healing.

Continuing to expand the literature on the experience, prevalence, and causes of PPD will increase awareness, which has been shown to positively affect the level of support that family members and friends can provide for new mothers (Poreddi et al., 2020). Negative beliefs and stigmas around PPD and the women who suffer from it can worsen the impact of symptoms as women may feel even more responsible for their suffering. The current gaps in the literature are opportunities to "understand and develop culturally sensitive educational programs to raise awareness among the general public, family members of postpartum women, and health care providers" (p. 495).

As the literature on PPD grows, it is pertinent that researchers acknowledge the cultural shifts among families in recent decades to be more inclusive of the diverse population of modern parents. In a comprehensive review of 143 studies on PPD Flanders et al. (2016) found no record or mention of the participants' sexual orientation, so a gap in the literature is not an understatement. Even the recent studies that have targeted general mental health implications in the LGBTQ+ community have homogenized gay, lesbian, and nonmonosexual people under the same umbrella grouping which is harmful to the community's treatment effectiveness. In my review of the literature on sexual minority parents, I was unable to find peer-reviewed research on the effects of PPD in the transgender community. I acknowledge that referring to the birthing parent as a "mother" throughout this paper is exclusionary to transgender and nonbinary parents and I hope to continue the expansion of inclusionary rhetoric in the field.

Further inclusive research should focus on the effects of PPD on new parents, regardless of gender, who did not birth the child. Pederson et al. (2021) highlight a gap in the literature around new fathers' experiences, finding only three qualitative studies on this underrepresented population. They found potential barriers to seeking help among a small sample of eight fathers

which included “recognition and perception of depressive symptoms; knowledge and beliefs about PPD; taboo, stigma and conforming to masculine norms; the fathers’ partner; screening and perinatal healthcare services” (p. 4). More research is needed to gain awareness of the transition into parenthood for those who did not experience pregnancy and childbirth.

Regarding the accessibility of treatment through the expressive therapies, interventions should be available to all people regardless of physical, mental, or developmental disabilities. Throughout my time at Lesley University, I have read articles and engaged in discussions that focus on such inclusivity which can be applied this body of literature.

Limitations

The primary limitations of this paper include my personal experience and method to gathering resources. I have not personally experienced pregnancy, childbirth, or PPD, so my analysis of the literature is not directly informed by the perspective of the population at hand. Additionally, most of the references included in this critical review were retrieved from the online database available to Lesley University students and I acknowledge that there are other studies on PPD, intermodal transfers, and the expressive therapies that I could not access or did not include.

Conclusion

Awareness and treatment options for PPD have gained traction over the past couple decades with a sharp increase in the last 10 years. As the literature continues to grow, the extent of care available to new mothers and their families will hopefully become more accessible and less stigmatized. Intermodal transfers informed by the ETC are accessible, effective options for expressive therapists to provide to women effected by PPD. Maintaining an expressive and intermodal lens will increase the support for those affected by challenges associated with

pregnancy, childbirth, and the transition into parenthood. This includes the birthing parent, their support network, and the child over the course of the adjustment period. I hope to construct a practice that raises awareness around, and destigmatizes, the experience of PPD in the coming years as a professional in the mental health and expressive therapies fields.

References

American Psychiatric Association. (2013). Depressive disorders. In Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org.ezproxyles.flo.org/10.1176/appi.books.9780890425596.dsm04

Armstrong, V. & Howatson, R. (2015). Parent-infant art psychotherapy: A creative dyadic approach to early intervention. *Infant Mental Health Journal*, 36(2), 213-222. https://doi.org/10.1002/imhj.21504

Arroyo, C. & Fowler, N. (2013). Before and after: A mother and infant painting group. *International Journal of Art Therapy*, 18(3), 98-112. https://doi.org/10.1080/17454832.2013.844183

Ayers, S., Crawley, R., Button, S., Thornton, A., Field, A. P., Flood, C., Lee, S., Eagle, A., Bradley, R., Moore, D., Gyte, G., & Smith, H. (2018). Evaluation of expressive writing for postpartum health: A randomised controlled trial. *Journal of Behavioral Medicine*, 41, 614-626. https://doi.org/10.1007/s10865-018-9970-3

Barlow, C. A. & Cairns, K. V. (1997). Mothering as a psychological experience: A grounded theory exploration. *Canadian Journal of Counseling*, 31(3), 232-247. https://files.eric.ed.gov/fulltext/EJ555253.pdf

Chan, A. N. Y. (2021). *The implementation of mindfulness and dance/movement therapy for women with postpartum depression: A literature review* (Publication No. 384) [Master's thesis, Lesley University]. Digital Commons. https://digitalcommons.lesley.edu/expressive_theses/384

Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of*

Psychiatry, 150, 782-786. https://med.stanford.edu/content/dam/sm/ppc/documents/DBP/EDPS_text_added.pdf

Davis, K. M., Snyder, M. A., & Hartig, N. (2018). Intermodal expressive arts in group supervision. *Journal of Creativity in Mental Health*, 13(1), 68-75. https://doi.org/10.1080/15401383.2017.1328294

Fitelson, E., Kim, S., Baker, A. S., & Leight, K. (2011). Treatment of postpartum depression: Clinical, psychological and pharmacological options. *International Journal of Women's Health*, 3, 1-14. https://doi.org/10.2147/IJWH.S6938

Flanders, C., Gibson, M., Goldberg, A., & Ross, L. (2016). Postpartum depression among visible and invisible sexual minority women: A pilot study. *Archives of Women's Mental Health*, 19, 299-305. https://doi.org/10.1007/s00737-015-0566-4

Fox, M., Sandman, C., Davis, E., & Glynn, L. (2018). A longitudinal study of women's depression symptom profiles during and after the postpartum phase. *Depression and Anxiety*, 35(4), 292-304. https://doi.org/10.1002/da.22719

Gebregziabher, N., Netsereab, T., Fessaha, Y., Alaza, F., Ghebrehiwet, N., & Sium, A. (2020). Prevalence and associated factors of postpartum depression among postpartum mothers in central region, Eritrea: A health facility based survey. *BMC Public Health*, 20(1), 1-10. https://doi.org/10.1186/s12889-020-09676-4

Gerber, N., Bryl, K., Potvin, N., & Blank, C. A. (2018). Arts-based research approaches to studying mechanisms of change in the creative arts therapies. *Frontiers in Psychology*, 9, 1-18. https://doi.org/10.3389/fpsyg.2018.02076

Haeyen, S. & Noorthoorn, E. (2021). Validity of the self-expression and emotion regulation in art therapy scale (serats). *PLoS ONE*, 16(3), 1-15.

https://doi.org/10.1371/journal.pone.0248315

Hinz, L. D. (2019). *Expressive Therapies Continuum: A framework for using art in therapy* (2nd ed.). Routledge. https://doi-org.ezproxyles.flo.org/10.4324/9780429299339

Hogan, S., Sheffield, S., & Woodward, A. (2017). The value of art therapy in antenatal and postnatal care: A brief literature review with recommendations for future research. *International Journal of Art Therapy*, 22(4), 169-179. https://doi.org/10.1080/17454832.2017.1299774

Jeffs, D. (2021). *Art therapy provides relief to new and expecting mothers: Option 2 literature review* (Publication No. 470) [Master's thesis, Lesley University]. Digital Commons. https://digitalcommons.lesley.edu/expressive_theses/470

Kamath, V., Ajila, D., & Shashirekha, H. D. (2021). Prevalence and risk factor analysis for postpartum depression: A cross sectional study at tertiary care center. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 10(3), 988-992. https://dx.doi.org/10.18203/2320-1770.ijrcog20210721

Kestler-Peleg, M., Lavenda, O., Keren-Leneman, S., & Ginzburg, K. (2019). Spousal relationship (e) quality and adjustment to motherhood in israel. *Journal of Family Issues*, 40(11), 1561-1578. https://doi.org/10.1177/0192513x19842590

Kleinlooh, S. T., Samaritter, R. A., Van Rijn, R. M., Kuipers, G., & Stubbe, J. H. (2021). Dance movement therapy for clients with a personality disorder: A systematic review and thematic synthesis. *Frontiers in Psychology*, 12, 1-12. https://doi.org/10.3389/fpsyg.2021.581578

Little, E. M. L. (2021). *How the expressive therapies continuum informs intermodal transfers* (Publication No. 508) [Master's thesis, Lesley University]. Digital Commons.

https://digitalcommons.lesley.edu/expressive_theses/508

Lusebrink, V. B. (2010). Assessment and therapeutic application of the expressive therapies continuum: Implications for brain structures and functions. *Art Therapy*, 27(4), 168-177. https://doi.org/10.1080/07421656.2010.10129380

Mandracchia, O. (2021). *Dance movement therapy: A treatment option for postpartum depression* (Publication No. 502) [Master's thesis, Lesley University]. Digital Commons. https://digitalcommons.lesley.edu/expressive_theses/502

Massachusetts General Hospital Center for Women's Mental Health (2008, October 27). *Identifying postpartum depression: A three question screening tool*. https://womensmentalhealth.org/posts/identifying-postpartum-depression-a-three-question-screening-tool

Matinnia, N., Ghaleiha, A., Jahangard, L., Ghaleiha, A., & Farahmand, E. (2018). Psychological risk factors for postnatal depression: A prospective study of iranian low income primigravidae at health care centres. *Social Sciences & Humanities*, 26(4), 2555-2569. https://ebscohost.com.ezproxyles.flo.org/eds/pdfviewer/pdfviewer?vid=7&sid=4e11ff44-9a84-4c59-b7a1-e5badc0de549%40redis

McMillan, C.-R. (2018). Be still and know: Authentic movement, witness and embodied testimony. *Dance, Movement & Spiritualities*, 5(1), 47. https://doi-org.ezproxyles.flo.org/10.1386/dmas.5.1.71_1

Mirmolaei, S. T., Khalili, F., Besharat, M. A., & Kazemnejad, A. (2020). The effect of narrative writing on depression, anxiety, and stress of pregnant women. *Journal of Client-Centered Nursing Care*, 6(1), 43-54. https://doi.org/10.32598/JCCNC.6.1.327.1

Narvaez Linares, N. F., Vandette, M-P., & Firzly, N. (2021). Postpartum depression: Can

participation in a psychoeducational group therapy program help mothers better cope with their symptoms? Canadian Journal of Community Mental Health, 40(2), 126-130. https://doi.org/10.7870/cjcmh-2021-015

Parker, K. (2015, October 1). *Women more than men adjust their careers for family life*. Pew Research Center. https://www.pewresearch.org/fact-tank/2015/10/01/women-more-than-men-adjust-their-careers-for-family-life

Pederson, S. C., Maindal, H. T., & Ryom, K. (2021). "I wanted to be there as a father, but I couldn't": A qualitative study of fathers' experiences of postpartum depression and their help-seeking behavior. *American Journal of Men's Health*, 15, 1-13. https://doi.org/10.1177/15579883211024375

Polak, K., Reisweber, J., & Meyer, B. L. (2021). Transcending self therapy: Four-session individual integrative cognitive-behavioral treatment: A case report. *Psychological Services*. http://dx.doi.org.ezproxyles.flo.org/10.1037/ser0000539

Poreddi, V., Thomas, B., Paulose, B., Jose, B., Daniel, B. M., Somagattu, S. N. R., & Kathyayani, B. V. (2020). Knowledge and attitudes of family members towards postpartum depression. *Archives of Psychiatric Nursing*, 34, 492-496. https://doi.org/10.1016/j.apnu.2020.09.003

Ram-Vlasov, N. & Orki, H. (2021). The kinetic family in action: An intermodal assessment model. *The Arts in Psychotherapy*, 72, 1-9. https://doi.org/10.1016/j.aip.2020.101750

Simhi, M., Sarid, O., Rowe, H., Fisher, J., & Cwikel, J. (2021). A cognitive-behavioral intervention for postpartum anxiety and depression: Individual vs. group format. Journal of Clinical Medicine, 10, 1-11. https://doi.org/10.3390/jcm10245952

Stickel, S., Eickhoff, S., Habel, U., Stickeler, E. Goecke, T., Lang, J., & Chechko, N. (2021).

Endocrine stress response in pregnancy and 12 weeks postpartum: Exploring risk factors for postpartum depression. *Psychoneuroendocrinology*, 125, 1-8. https://doi.org/10.1016/j.psyneuen.2020.105122

United States Department of Health & Human Services. (n.d.). *Telehealth: Delivering care safely during covid-19*. https://www.hhs.gov/coronavirus/telehealth/index.html

United States Department of Labor. (n.d.). *Paid parental leave.* https://www.dol.gov/general/jobs/benefits/paid-parental-leave

Appendix

Proposed Intervention for PPD Using Intermodal Transfers

I have synthesized my research with directives learned throughout my graduate-level courses to create an example intervention in which bottom-up processing attains bilateral brain functioning with Dance/Movement Therapy (DMT), Art Therapy (AT), and Expressive Writing (ExW), respectively. These expressive modalities have been shown to be individually beneficial to the improvement of PPD symptoms, however my research shows that an intermodal transfer could lend greater benefits to the recovery process. The intended goals of this intervention include the recognition, understanding, and acceptance of emotions and experiences related to PPD through expression and creation.

Sensory Component The proposed intervention would start with a movement exercise to promote participants' emotional and thought regulation through body awareness on the first level of the ETC. DMT is the "psychotherapeutic use of movement to promote emotional, social, spiritual, cognitive, and physical integration of the individual for the purpose of improving health and well-being" (Kleinlooh et al., 2021, p. 2). Guided movements within a therapeutic relationship can foster a mind-body connection, synthesizing internal and external experiences on a preverbal level that may not be accessible through words due to PPD symptoms (Kleinlooh et al., 2021; Little; 2021; Mandracchia, 2021). The DMT practice of authentic movement falls into the Sensory component by activating inner noticing through "closing one's eyes, waiting, and then moving in response to felt bodily sensations, movement impulses, emotions and images" (Whitehouse, 1958, p. 43, as cited in McMillan, 2018, p. 77). The right hemisphere is engaged in information processing to unlock the emotions stored in one's body. Postpartum women have experienced major physical changes over the perinatal period, and movement

would allow them to nonverbally identify these differences as movement is suggested to be the primary language of the human body (Chan, 2021; Little, 2021). DMT has been shown to relieve symptoms of PPD by strengthening the mind-body connection and fostering acceptance of the transition from being an "autonomous self" to a mother (Chan, 2021, p. 32). DMT provides additional relief in areas such as cognitive flexibility and healthy attachment with the new baby through decentering "from negative ruminating thoughts into noticing the presence with non-judgmental thoughts, self-compassion, and self-empowerment" (p. 27). Mindfulness practices incorporating the body allow new mothers to take control of their internal experiences rather than letting the physical sensations of their emotions distract from their needs as an individual in addition to the needs of their infant.

Affective Component The next step of the intervention would guide participants to the second level of the ETC through an AT exercise. Art aids in expressing complicated emotions by tapping into the unconscious through *externalization*, or creating a physical representation of one's experience, in order to gain understanding through distance and focus on the present moment (Gerber et al., 2018; Little, 2021). As Haeyen and Noorthoorn (2021) put it, "the inner self becomes visible, tangible, and concrete through the work produced" (p. 3). AT engages the Affective component of the ETC when fluid mediums and vivid colors amplify one's emotions, which are again expressed in nonverbal ways (Jeffs, 2021). Staying in the right hemisphere in the Affective component allows for a visual translation of the emotions explored in the first step for deeper understanding. Removing the need to describe experiences in words has been shown to relieve symptoms of PPD and the produced artwork has acted as a catalyst for further exploration with a therapist as the unconscious emotions begin to surface (Jeffs, 2021). AT can also foster maternal attunement, self-confidence, self-compassion, and healthy attachment with one's new

infant, especially if art is done with the baby (Armstrong & Howatson, 2015; Arroyo & Fowler, 2013; Hogan et al., 2017; Jeffs, 2021).

Cognitive Component The final step of the intervention would land participants on the third level of the ETC for language-based processing of the emotions that surfaced during the first two parts. ExW, in which clients write out their thoughts and feelings, has been shown to improve physical and mental health in as little as three days when done for at least 15 minutes each day (Ayers et al., 2018; Mirmolaei et al., 2020). The left hemisphere is activated through this form of journaling and executive functions such as problem-solving and logical processing are strengthened (Little, 2021). Journaling about stressful events related to pregnancy, birth, and motherhood at least twice a week reduced depression, anxiety, and stress in new mothers in one to two months (Ayers et al., 2018; Mirmolaei et al., 2020).

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: _____Sarah Swedlow_____

Type of Project: Thesis

Title: Intermodal Transfers Offer Creative Recovery Options from Postpartum Depression:

A Critical Literature Review with Recommendations for Treatment

Date of Graduation: _____May 21, 2022_____

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

Thesis Advisor:_____Raquel Stephenson_____ _____