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Postpartum Depression: Healing through Archetypes and the Expressive Arts Therapies

A Literature Review

Capstone Thesis

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Dance/Movement Therapy

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Abstract

This thesis is a literature review investigating treating postpartum depression through the expressive arts therapies and feminine archetypes. The expressive arts therapies explored for treatment are dance, music, art, and drama. Meditation, mindfulness, and writing are also included. The importance of expressive arts therapies in treating postpartum depression is of interest now because of the increasing number of mothers who experience postpartum depression who are looking for alternatives to treatment beyond, or complementing, traditional talk therapy and medication. A search for literature on treating postpartum depression with expressive arts therapies and archetypes was conducted on-line using the Lesley University database. This research provides resources for women who are seeking to overcome postpartum depression in increasingly creative ways. The author will be presenting recommendations for incorporating this creativity in the lives of mothers. Recommendations for incorporating expressive arts therapy interventions for treating postpartum depression will include examples of integrating feminine archetypes for healing.

Keywords: postpartum depression, postpartum health, postnatal health, postnatal depression, archetypes, feminine archetypes, dance/movement therapy, music therapy, art therapy, drama therapy.

Author Identity Statement: The author identifies as a straight, temporarily able-bodied, cisgendered white woman from Minnesota of Irish and Danish Ancestry.

Introduction

Postpartum depression is marked by numerous clinical features following a birth such as lack of interest in the new baby, lack of bonding with the baby, or feeling very anxious about the baby, lack of appetite, feelings of being a bad mother, crying for “no reason” and feeling hopeless, worthless, or sad. (American Psychological Association, 2007, p. 1)

“Expressive arts therapy uses various arts—movement, drawing, painting, sculpting, music, writing, sound, and improvisation—in a supportive setting to facilitate growth and healing” (Rogers, 1993, p. 2). In my thesis I will explore how the expressive therapies can be useful tools in helping new mothers who suffer from postpartum depression (PPD) to be able to create, move, heal, and imagine new ways of being in their bodies. I will investigate how the expressive arts therapies can be an effective treatment option for PPD and support new mothers in feeling strong and capable as well as less isolated. I will examine the role of dance, drama, music, and art to assist new mothers in finding tools to help alleviate symptoms of PPD. I will investigate empowering female archetypes/goddesses for new mothers to explore as they emerge into their new identities.

As a researcher, I chose the topic of PPD because of my personal experience I had when I gave birth to my daughter. At that time (2009), I did not even know there was such a thing as PPD, let alone realize that I could get help. With the help of friends and family support, I finally emerged from a dark place into a place where I felt competent again and could bond with and care for my daughter. As I have learned in my research, social isolation is one of the main characteristics of PPD and all of the art forms to treat it that I have investigated have a social component to them (Hyvonen et al., 2020). Dance therapy, for instance, has assisted individuals in becoming social beings again, after experiencing feelings of isolation. Participants in one

study reported that “after DMT group therapy, they tolerated others better, were more active in social interaction, and felt less tense and more trusting of their own body” (p. 5).

As a researcher, I chose the topic of PPD, the expressive arts therapies, and feminine archetypes because I believe that mothers can use these methods of learning to help them heal from PPD. These archetypes will be included in this thesis because I have found them to be helpful tools and images to meditate on and find strength from in difficult times. I would like to share what I have found useful with the people who find and read this thesis, particularly those who struggle to find the energetic means to cope with PPD.

Awareness of PPD has expanded in recent decades. For example, two years ago, *Dance Magazine* (2020) interviewed a dance therapist, Gabrielle Kaufman, who specializes in working with mothers and dancers suffering from postpartum depression. “Depression has a way of disconnecting us from our bodies and from our relationship to others” (p. 22). By collecting information on how the expressive arts therapies and archetypes can help to heal PPD, I hope to help alleviate some of that disconnect as well as counter the stigma that can sometimes be associated with PPD.

The differences between PPD symptoms of new mothers in the United States and in other countries has been highlighted in that one woman states how much pampering a mother receives in Africa, her country of origin, and how she didn’t realize how good it was there until she came to the United States during her second pregnancy (Maxwell, et al. 2018). By contrast, in the United States, we are still fighting for maternity/paternity/family leave in order to have time to heal, nurture, and become acclimated to parenthood.

In this thesis, I will critically review the literature on the expressive arts therapy and archetypes as part of treating PPD. I will discuss the implications of my findings for new

mothers seeking treatment for PPD and make recommendations for expressive arts therapy interventions. I will explore empowering female archetypes to support women in their healing from PPD.

In Greek mythology, the goddess, Aphrodite, assigned Psyche four labors to be able to live in the world in harmony with Eros and have a family (Sharman-Burke, et al.,1986). Mothers can view their own journeys being just as powerful and may draw strength from the collective unconscious, which Jung described as “a form of the unconscious, (that part of the mind containing memories and impulses of which the individual is unaware), common to mankind as a whole and originating in the inherited structure of the brain” (Jung, 1968, p.1). There are also powerful energy patterns available to us for healing throughout our lifetime. I hope to provide guideposts and a place to start for one of the most powerful energies and archetypes of all, that of being a mother. Families are a work of art. People must treat themselves with patience and tenderness during their creation.

Literature Review

This review will highlight the current literature on the treatment of PPD using dance movement therapy, music therapy, art therapy, and drama therapy. This thesis will include empowering feminine archetypes from mythology and cross-cultural perspectives as sources of healing.

Dance/Movement Therapy (DMT)

Dance/Movement Therapy (DMT) is defined as “the therapeutic use of movement to further the emotional, cognitive, physical, spiritual, and social integration of the individual” (European Association of Dance Movement Therapy, 2020, p. 1). DMT aims to involve people

in experiential work on both the physical and verbal levels. DMT has been shown to be beneficial in the treating of women experiencing depression and PPD (Pylvanainen et al., 2020).

Research in Finland treating women who were suffering from depression and poor body image was studied before and after a DMT intervention. (Pylvanainen et al., 2020). Before the intervention, body image and feelings were found to be those of embarrassment, disgust, and discomfort. The energy of the women was low, and they felt tension in social interactions. Following the DMT group intervention, the embarrassment, disgust, and tension were significantly decreased, and social interaction was more relaxed.

Hyvonen, Muotka, and Pylvanainen (2020) sought to connect the participants' body images to moments of pleasure in the body. Pleasurable moments were most often found in some type of movement and engaging in physical actions. Participants became in touch with positive feelings about the body with such activities as dancing, swimming, and sports. "Physical closeness, intimacy and hugs, being with one's partner, and *interactions with children* were mentioned in pleasurable body memories" (p. 6, italics mine). Dancing was considered vital to DMT and was seen not only as body movement, but in creative expression, and communication (Hyvonen et al., 2020). Attention was given to embodiment. Embodiment was no longer ignored.

While working with people and movement, metaphors often arise. Metaphors can produce information about a person and create fresh perspectives, aiding in working through difficult experiences, such as depression (Hyvonen et al., 2020). Hyvonen et al. facilitated postpartum support groups utilizing DMT approaches which included improvisation, mindfulness practices, use of props, and reflection through drawing, writing, and discussion. The group meetings included an orientation, a thematic exploration, and closure. The thematic explorations were based on Hyvonen's (2020) previous research regarding the treatment of

depression. The goals were to use different movement options, explore boundaries and awareness of the body, use symbols, and create a sense of safety as women expressed their emotions. Playfulness was utilized throughout the study. “40% of the DMT participants in Hyvonen’s study were classified as recovered or improved, while the treatment-as-usual group only 14% had improved” (p. 23). An important component of DMT was that it was to create movement interventions that were based on what the participants were able to do. Energy level and willingness were considered during the movement exercises. In other words, dance movement therapists met the client where they were.

DMT has been shown to be an effective treatment for mothers experiencing PPD (Loughlin, 2009; Doonan & Brauning 2016). “Every new infant is dependent on a reliable, empathic, alive mother in order to achieve a psychosomatic existence, to establish a self that ‘goes on being’ and to develop a capacity to relate to the mother or others” (Winnicott, 1963, p. 139). While treating mothers with PPD, DMT uses approaches that include opportunities for mother-infant communion through the physical senses, the natural medium of infancy. DMT can also provide an experience of the present moment in which minute swings of feeling between mother and infant can be seen or felt by both parties (Loughlin, 2009). Parents can learn to trust their intuition, gradually becoming aware of its power (Papousek & Papousek, 1997).

Loughlin (2009) developed the *Intuitive Mothering* program for mothers experiencing PPD. This program focused on developing intuition in interacting with infants. With *Intuitive Mothering*, intuition plays a vital role. The word intuition is derived from the Latin *tueor*, to look. Intuition can be enhanced, and people can learn to develop their intuition through experience (Hogarth, 2001). Lieberman’s (2000) insight into implicit learning suggested that it:

occurred early in life at the non-verbal stage and is stored as implicit memory or implicit knowledge. Lieberman argued that intuition and implicit learning are related overlapping processes, as both operate in the same neuroanatomical base of the basal ganglia in the brain. In the carefully prepared therapeutic space of the dance room, the richness of the mother-infant togetherness is heightened. (p. 4)

Mothers interviewed about their experience with *Intuitive Mothering* (Loughlin, 2009) spoke about how they used to dance and sing years ago and how they were able to re-access singing and dancing with their infants. Dancing and invigorating movement raised endorphins. Movement was good for the baby and helped alleviate the mother's PPD.

An additional aim of the sessions was for the mother to hold their infant while participating in moving with other mothers in simple circles and lines. The dyads of mother and child moved to quieter music with other mothers and children. This enabled the mother to have a sense of her body as well as tuning in to how the infant's body molded itself to hers. (p. 5)

Loughlin (2009) suggested to the new mothers that they observe their infants during the week in between sessions and report back to the group what they noticed. Mothers noticed that at two to three months of age, infants began to laugh, and that they were ready for some tickle play. These new interactions built connection and pleasure between mother and baby. Mothers expressed relief that their babies seemed to be healthy and well. These new interactions calmed mothers as well as babies and alleviated some of the worry and guilt that the mothers had experienced by being unwell. "I can see she is alright" (new mother, p.11). "DMT had an important role to play in offering pleasurable and accessible interventions for the mother-infant relationship" (p. 12).

Dance can be defined as the expression of feelings through movement (Goddard-Blythe, 2004). The activities of rocking, cradling, rolling, swaying, sliding, swinging, and balance can help expand knowledge of the body and provide a sense of physical and emotional calm, as well as promoting communication between mother and child. (Sherborne, 2001). Mothers felt invigorated by being part of an energetic environment that was created during a DMT group which encouraged these feelings. Mothers spent time with mothers, and babies spent time with other babies. These social interactions revealed that this group created benefits for both mother and child (Doonan et al., 2015).

In a group utilizing movement, mindfulness and yoga, mothers were introduced to these concepts during their movement interactions (Barton, 2011). Barton found that beginning with yoga made the shift to dancing and movement flow more easily, and that mothers were more responsive to the dancing aspect of the treatment if the class began with yoga first. Barton's program was not one of mother and infant together, but rather something the mother could do with the help of family members or friends taking care of the infant when the infant is a bit older. When the mother wishes to do something beneficial for her body and mind, this type of program could contribute to postpartum wellness and be an effective treatment for PPD.

In all of Barton's (2011) movement activities, whether alone or shared with their infant, rhythm, balance, and playfulness were emphasized, as well as getting in touch with pleasurable embodiment for both mother and baby. DMT interventions assisted new mothers in finding joy again, joy within their own bodies, and joy in attuning to and communing with their babies (Barton, 2011).

Music Therapy

Music Therapy is the clinical & evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy interventions can address a variety of healthcare & educational goals. Music therapy can also promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation. (American Music Therapy Association, 2022)

In the UK program, *Melodies for Mums*, Williams (2019) aimed to help new mothers with PND, or those at risk of it, combat their symptoms by singing songs specially chosen to improve confidence and help them bond with their babies. No musical experience was necessary. Williams discovered that music therapy can help alleviate symptoms of PPD. Music therapy assisted in forming social bonds, and the new mothers felt less isolated. *Melodies for Mums* also taught songs that could be used at home to soothe, communicate, and bond with babies and promote healthy attachment. Mothers found that they shared experiences and feelings with other mothers during the *Melodies for Mums* sessions, and this helped to reduce the stigma around PPD.

Melodies for Mums found that mothers with moderate to severe PND who participated in singing saw a significantly faster improvement in their symptoms than a control group (Williams, 2019). As one mother reported:

The singing helps not just because it gets me out for a walk and into a community, but because it becomes almost meditative. You're singing these really silly songs, but you don't have to talk...you just share space. (p.1)

Using music to treat PND is of fast-growing interest worldwide (Fancourt, 2019).

Women who have been involved in the singing class at *Melodies for Mums* had been observed holding their heads a bit higher and had “a spark in their eyes” (Farquarson, 2019, p. 2). One new mother commented how she felt “lifted, and a bit lighter” (p. 2) by the end of the session, as she headed back out into the world.

Friedman et al. (2010) used lullabies to help treat PPD in new mothers. Lullabies are an ancient form of soothing which are easily accessible to mothers for everyday use. “The postpartum period is a time when a woman may experience a mental health condition, such as PPD, but women who were shown support were less likely to remain depressed. Furthermore, the use of lullabies stimulated early language development” (p. 220). So not only did lullabies calm mother and baby, but they also had a positive effect on future learning.

Lullabies are often accompanied by movements of swaying, rocking, patting, and walking. In the program *Lullaby 101* (Friedman et al., 2010) the parents discovered how they used music in their lives, created descriptions of lullabies, worked together discovering lullabies participants knew, identified babies’ distress or overstimulation, wrote lullabies, chose soothing activities to do while singing lullabies, and chose soothing music for babies.

One of the facilitators of *Lullaby 101* was interacting with a mother and her inconsolable baby. The facilitator asked if it was alright to hold the baby and spoke comforting words to the mother before turning her attention to the fussing infant. The facilitator sang a few different lullabies and by the end of the session, the baby was sound asleep. The mother thanked her and commented, “You make it look so easy” (Friedman et al., 2010, p. 223). The facilitator reassured the mother. “I’ve had lots of practice but honestly, your baby will learn to respond to your voice, your breathing, your love. That’s how music builds the bond between mother and child” (p. 223).

CHIME, *Community Health Intervention through Musical Engagement*, is a musical program to support postpartum mothers in the Gambia, West Africa (Sanfilippo et al., 2019). Music to support perinatal and postpartum mothers already existed in these communities, which made it easier to investigate. For instance, there are infant naming rituals that occur several days after birth and are musical celebrations to recognize the new mother and her family. Performances by Kanyeleng groups (musicians in local communities) are intimately associated with pregnancy and motherhood and are vital in health communication.

CHIME provided services to both pregnant women and postpartum women, who had mild to severe symptoms of depression (Sanfilippo, 2019). This communal involvement aimed to reduce the stigma associated with treatment by working with women of all ranges of psychological distress. The study utilized midwives, birth companions, pregnant women, and musicians (griot and Kanyeleng groups). All sessions began with a welcome song and ended with a closing song. A lullaby was given at each gathering. By using the Kanyeleng groups indigenous to the culture and local to each of the four clinics involved, the sessions were appropriate to the context of giving birth in the villages. By utilizing the use of music already in place, this study reached more mothers in the communities of the Gambia.

Fancourt et al. (2018) investigated listening to music starting when the mother was still pregnant. Experiences in pregnancy were important for the mental health of the mother and the well-being of the infant. Pregnancy health has demonstrated to be an important predictor of post-pregnancy wellness or illness. Using music during pregnancy, especially the last trimester and after the birth, was shown to be helpful in healing mothers with PPD.

Fancourt et al. (2018) recommended 30 minutes per day of listening to music to promote relaxation and to alleviate stress and anxiety in women who are pregnant. Women who did this

found significant decreases in depression and anxiety. These results showed that listening to music is associated with positive mental health after giving birth.

Group singing facilitated recovery from the symptoms of PND (Perkins et al., 2019). Five distinctive features of the group singing emerged: “(1) providing an authentic, social, and multicultural creative experience; (2) ability to calm babies; (3) providing immersive ‘me time’ for mothers; (4) facilitating a sense of achievement and identity; (5) enhancing mother-infant bond” (p. 1). The mothers learned new activities to do with their babies, and reported increased confidence in doing so, as well as transferability to their lives outside the sessions. Participants in the study were appreciative of the multicultural music that was used during their time together.

Interacting with other mothers was a highlight for the mothers, along with a general sense of being accepted, and of the babies being accepted, exactly as they were. It did not matter whether the infant was fussing or colicky, the atmosphere provided was one of acceptance and patience. As one mother reported:

It’s just the way that (the babies) are with each other, and you can see they remember each other. It just shows that once a week with the music and the drum and then the singing, they’ve all developed, and they’ve all grown up so much. (Perkins et al., p.8)

Art Therapy

“Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (American Art Therapy Association, 2022).

Morton and Forsey (2013) reported on an organization in the United Kingdom called *My Time, My Space*. The organization aimed to be an “innovative approach to the treatment of

postnatal depression, using creativity in a group setting. Post-course evaluations have shown positive outcomes with a reduction in postnatal depression and reduced social isolation” (p. 31). Groups of up to 10 women were identified as having postnatal depression (PND). Each woman could be referred by their health visitor, general practitioner, or family support worker. Within *My Time, My Space*, professionally run childcare was offered, so that the women could have a break from caregiving and be encouraged to become completely immersed in the artistic process of painting, creating collage, or sculpting. The process of creating itself, rather than the product, was emphasized in the group. Each session was two hours long and was led by an accomplished artist, along with a health worker and family support worker who took the workshop along with the women who were participating in the course. Some of the mediums used were paint, fabrics, collage, jewelry, silk painting, and sculpting materials.

The atmosphere in the groups was one of informality and relaxation. There was lots of laughter and time to bond with other women who were also experiencing PND. Many of the participants in the course deeply valued the chance for social interaction, and the making of new friends had an uplifting effect on their mood (Morton et al., 2013). As one participant reported, “I go to psychotherapy and I don’t say a word, but in nine weeks of *My Time, My Space* I’ve said more than in 18 months of psychotherapy” (p. 33).

One of the health visitors described the program as transformative and highlighted its ability to reach women on many levels, in a variety of different ways, including socially, creatively, and psychologically (Morton et al., 2013). Participants felt less stigmatized and alone when working as a group together. This camaraderie helped to reduce the stigma in seeking help for PND.

Art therapy could be a practical alternative or complement to pharmacological treatment (Hu et al., 2021). Pharmacological treatments had often been the norm for major depressive symptoms, but they sometimes had detrimental side effects, and could impact a mother who is breastfeeding her infant. Art therapy provided a safe and non-invasive method to work with mothers who had been experiencing depression. Art therapy can not only “be served as a useful therapeutic method to assist patients to open up and share their feelings, views, and experiences, but also as a...treatment for diagnosis and help for medical specialists to obtain complementary information different from conventional tests” (p. 3).

Families could consider being part of an art therapy organization, such as a painting group, when the baby is a bit older. A group case study (Arroyo et al., 2013) was conducted as an “investigation into the effects of a 20-week art therapy painting group on parents' self-reported measures of postnatal depression, self-esteem, and relationship with their infants” (p. 1). Parents answered a questionnaire designed to assess possible PND, feelings of self-esteem, and the quality of their relationships with their infants pre and post group intervention. The researchers concluded that their study produced the benefits of stress relief, social interaction, bonding with their babies and partners, speaking about feelings, and having a pleasurable time making art. These feelings of pleasure spilled over into their lives and were a positive experience for the mothers, babies, and families. Painting groups are cost-effective. Early interventions of painting groups can cost far less than treatment at a later date. Mothers related that they discovered their strengths and new abilities while attending painting groups.

Historically, art therapy painting groups have been commissioned by children’s centers in the UK, for the benefit of mothers with PND, with the intention of improving the self-esteem of women and the quality of the relationship between mothers and their infants (Arroyo et al.,

2013). Some art therapy painting groups involved the whole family. A few of these families found at first that the messy play involved in the painting group was very challenging, as the children experimented with mark making on paper, doors, walls, and clothes. However, as the group progressed and families discovered the merits of messy play, they began to enjoy and be engaged in the pleasures of mess making themselves.

Arroyo et al. (2013) designed their art therapy painting group in such a way that mothers and babies could come in on a regular basis, or they could just drop in. The painting group worked with mothers and babies from birth up to three years of age. One of the important features of working together in a group such as this is that it provided support for both mother and infant throughout critical phases of attachment in an infant's life. The painting group provided ongoing support for both mother and baby for the first few years of the baby's life. The mothers could make friends within the group, paving the way for less social isolation and more community support. It was stressed that fathers or partners were also welcomed to join the group, creating family time. The babies formed critical attachments with both parents, and partners, if there were more than one, so that the family bonded together, and learned to create as a method of communication and communion.

Parents, grandparents, relatives, and close friends can be included in art therapy programs to help create and sustain bonds between caregivers and the child. Enlisting the help of close friends and relatives could alleviate some of the symptoms of PPD and give mothers some much-needed downtime and rest. Caring for the caregivers is an important aspect of recovering from PPD and can make all the difference in the child forming secure and healthy attachments during the critical years of birth to three.

Some of the mothers who participated in a painting group had pictures of themselves and their babies taken to remind them, during the week, of the progress and fun they have had together as a dyad (Arroyo et al., 2013). Parents reported that they had put these pictures up in their homes to give them a boost when they were feeling challenged. The paintings that the mother and baby created were often hung around the house and enabled the mothers to feel optimistic about their relationship with their baby during some of the more difficult moments that were sometimes encountered. The paintings were a reminder of shared creativity, shared space, and healthy bonding of mother and child from their participation in the painting group.

Hall (2008) added that the enhancement of the mother/infant relationship through taking part in painting groups can have a long-standing beneficial effect on the infant's future skills to make and sustain relationships. Babies in painting groups were witnessed interacting with other babies, which suggests that their "cultural and social life grows and evolves" (Winnicott, 1971 pp. 139-140). Enjoyment and happiness increased, and the more difficult emotions practically disappeared when infants played in dyadic and triadic interactions (Kugiumutzakis et al., 2004).

As the weeks went by, parents and caregivers began to share life experiences with one another (Arroyo et al., 2013). As they became more comfortable within the painting group, both stressful and enjoyable things were discussed, forming a trust between the participants. The painting group gave mothers, fathers, partners, and children the opportunity to explore their relationships with one another in new, more expressive, and creative ways, free of the constraints of normal domestic life. Mothers, fathers, and partners became more comfortable with letting their infants lead the way. When returning to the group with children that had been born after the first time participating in the program, the baby leading was accessed much more easily than it

had been previously. Through painting, healthy attachments between mothers and babies were being formed.

Drama Therapy

Drama Therapy is an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world. (American Drama Therapy Association, 2022)

Drama therapy has been shown to benefit new mothers suffering from PPD. Barry (2006) described drama therapy groups as a source of support and emotional safety where participants find the group to be a sheltered place to take risks and explore difficult feelings. Barry created a drama therapy group for mothers and babies to explore their connection with one another through dramatic work embodying the relationship between mother and baby. The group was offered for free so that the sometimes-considerable hurdle of payment could be overcome at a time when income had been reduced for mothers following the birth of a child.

As one new mother said of the group right from the beginning, “It focuses on how *you* are, which is rare as a new mother” (Barry, 2006, p. 3). Barry started the group by going back to the beginning of the journey of birth, before the adventure of motherhood began. In reference to being a new mother, “She was a baby once, and she has in her memories of being a baby; she also has memories of being cared for and these memories either help or hinder her in her own experiences as a mother” (Winnicott, 1966, p. 6). The group also explored the differences between their expectations of parenting and the reality of parenting. Exploring and managing expectations was a relief for some new mothers because they found that they were not alone in

their often-unexpected feelings after the baby was born. Support was often missing, which came as a shock to many mothers. The early weeks of the group were spent deconstructing expectations versus reality of motherhood and coming to an understanding that encompassed both.

The mothers then created a “journey through pregnancy” (Barry, 2006, p.4) map/sculpture with a pathway made out of large sheets of paper, where they could place objects along that pathway to represent themselves and their partner. This map allowed the new mothers to make sense of the nine months that led up to the birth of the baby and to discover how they had been feeling. Mothers were able to examine their feelings and find a sense of peace.

Barry (2006) explored the birth stories of the mothers. He always took the time to examine the mothers’ stories, so that their feelings could be acknowledged and worked through together as a group. The mothers had developed enough trust so that they felt safe in sharing their experiences of the baby’s birth.

Many women feel vulnerable in labor in the unfamiliar hospital setting and are quick to assume the victim role and absorb negative feelings rather than react with anger and release them. This is one instance where group dynamics and group process can be very helpful. (Barry, 2006, p. 6)

One of the art projects Barry (2006) facilitated with the group was a “body map” (p. 8). The instructions were to create a large body outline and then fill it with images, pictures, and words to examine how women were currently feeling about their bodies. Mothers reported that this activity caused them to feel that they were not alone in feeling that their new bodies were not as attractive as their pre-birth bodies. There was a great deal of humor involved as the mothers created larger-than-life size images that were exaggerated enough for the women to gain some

space from their feelings and to realize that they were not as ugly as they had been feeling. Then Barry (2006) had the women turn the paper over and draw their bodies from the baby's point of view. This drawing was usually a much more positive image.

A saggy tummy becomes a soft reassuring place to be held against, painful breasts are seen as sources of goodness and comfort, tired eyes suddenly become pools of meaningful communication. After being so harsh and critical from their own perspective there is a warmth, a tenderness and most of all a pride in seeing their bodies as their babies do. They also see, often for the first time, how unconditional this love from their babies is. (Barry, 2006, p. 8)

In a drama therapy group based in the United States, body image was also examined and explored (Bechtel et al., 2020). One of the challenges in new motherhood was adjusting to a “new” body. Sometimes new mothers did not like what they saw in the mirror and creating sculptures of their bodies assisted in creating a more creative positive body image, which was helpful for new mothers experiencing PPD. Drama therapists can model positive body images for their clients by assisting the participants in this activity. The facilitators of the drama therapy group created an intervention in which life-size sculptures of the participants' bodies were created out of clear packing tape.

Creating the tape sculptures of the body was beneficial in the following ways: (1) important sensory experiences and heightened awareness of the tape on the body, including being ‘held’ by the tape (2) the intimate nature of touch and the tape process, (3) the need to ask for and receive help in maintaining a position or being aware of how to ask for that help and support, (4) the care, attention and attunement of the group

members to the person being taped, (5) the teamwork and cohesion that arises when the groups work well together. (Bechtel et al., 2020, p. 2)

The group members then took turns dialoguing with each other and using the tape sculptures to facilitate sharing their feelings about their bodies. This activity lent itself to healing body image and imagining it in a positive way in a safe, contained environment. This helped alleviate some of the symptoms of PPD and assisted mothers in acclimating to their new forms.

The body sculpting workshop (Bechtel et al., 2020) has been held in a number of different venues around the United States. The workshop has taken place at conferences, college campuses, eating disorder treatment centers, and community centers. The program was available for groups of varying sizes. There have been women, men, and non-gender identifying people who have participated in the program and found the experience to be valuable. This inclusive format could be helpful for many different family structures around women experiencing PPD and struggling with body image.

Mothers Artists Makers (MAM) is a group for mothers who are involved in the theater in Ireland (Tartiere, 2016). MAM produced a theatrical performance in the fall of 2016 entitled *Observe the Mothers of Theatre Marching Towards the Stage*. Mothers and their children occupied the stage of the Abbey Theatre, Ireland's national theatre. "During the performance, names of women were read, some powerful historical warriors, and others dead as a result of Ireland's inadequate maternity care and poor societal attitudes toward unwed pregnancy" (Tartiere, 2016, p. 222).

Individual mothers shouted lines from the stage, such as "sleeping in one-hour shifts" and as a group, "depression and anxiety" (Tartiere, 2016, p. 123). MAM worked together to create a scene with a woman suffering from PPD. The other mothers carried her child and helped the

fallen mother up. The MAMs currently have “more than 350 members nationally and continue to host its ‘cuppas’ (meetings) in a nonjudgmental space which has accommodations for their children” (p. 122). MAMs have touched Ireland’s national theatre, as well as inspiring comparable groups such as the Parent Artist Advocacy League, founded by Rachel Spencer Hewitt in the United States. A “feminist future embraces parents, caretakers, and those with guardianship responsibilities back to the stage, from which they and their contributions have too often been forgotten” (p. 124).

Drama therapy and theater have much to contribute to motherhood and healing PPD. Groups of mothers are getting together for a common purpose, for artistic exploration, and to strengthen and comfort one another. Women in drama therapy groups such as MAM found that they were not alone, and there was no shame in difficult feelings (Tartiere, 2016). There was also a joy in sharing happier moments. The social aspect of group work was inherently valuable. By working with one another, mothers and others had created healing space for all families.

Archetypes

Archetypes are universal patterns of energy that draw their strength from the collective unconscious. Jung defined the collective unconscious as “a form of the personal unconscious, (that part of the mind containing memories and impulses of which the individual is not aware), common to humankind as a whole and originating in the inherited structure of the brain” (Jung, 1968, p.1). Archetypes can be accessed through mythology and fairy tales, especially those of goddesses, gaining inspiration and insight through what they represent for women, agency, and power.

Remember, there is a natural time after childbearing when a woman is considered to be of the underworld. She is dusted by its dust, watered by its water, having seen into the

mystery of life and death, pain, and joy during her labor. So, for a time she is ‘not here’ but rather still ‘there.’ It takes time to re-emerge. (Estés, 1995, p. 441)

There is an abundance of information on archetypes (Krans, 2019; Jung, 1968) but I have not found information for treating PPD with them. However, it is my hope that by reading through and meditating on, or writing about, or making art about the positive attributes of a particular archetype, women may come to feel more empowered in their psychic and energetic selves. Krans (2019) has this to say about archetypes:

There is the one birthing, and the one being born. This moment can be thought of as the beginning of archetypal energy: when oneness comes to be understood more deeply through its separation into parts. The Mother and Child. The Heavens and the Earth. The Self and Other. (p. 24)

Mothers can work with archetypes and the expressive arts therapies by using symbols, dreams, imagination, and artistic images. Women’s healing journeys can be inspired by the transformative power of the goddesses of the “Great Stories” (England, 2002, p. 1) such as journeys of the heroine. Women’s experiences can be woven into dances, artwork, writing, drama, and music. Mothers can use the inspiration of the goddesses to make sense of their birthing journey through art of all kinds. The birthing process is similar to the creative process, and healing through one can inform the other. In my research, I have found that archetypes can be drawn upon to create new stories that honor the legacy of the “Great Mother” within (Sharman-Burke, et al., 1986, p. 25). Our stories are our power, and we may use the expressive arts therapies to express that power for healing. “We can use the arts to let go, to express, and to release. We can gain insight by studying the symbolic and metaphoric messages. Our art speaks back to us if we take the time to let in those messages” (Rogers, 1993, p.2).

Discussion

This research has changed the researcher. I have learned that there is so much help for women who are experiencing PPD. I personally feel less alone and aim in this thesis to help other women feel that they are not the only ones experiencing symptoms of PPD. There is help available, and there is nothing to be embarrassed about or ashamed of. The phrase that keeps running through my mind as I write is that we, as mothers, have to mother ourselves before we can mother another. Being part of an expressive arts therapy group or engaging in expressive arts individually has been shown to be a worthwhile piece to pursue in a woman's journey into acceptance and healing. I hope that my thesis will contribute to the field by having some preliminary information on the expressive arts therapies and archetypes in being an effective treatment model for PPD, either alone, or in conjunction with more traditional talk therapy and medication.

Overall findings I have discovered are, for example, how important the social aspects of recovering from PPD are. This helps to reduce stigma and feelings of isolation. There are many examples of expressive arts therapy for helping women with PPD that I have come across in my research (Barry, 2006; Tartiere, 2016) and using the arts as part of a therapy program has had significantly positive results (Barry, 2006). Mothers bonded with their babies, and each other, during Barry's (2006) dramatherapy for PPD program. Mothers broke their silence around PPD during the Mothers Artists Makers project, sharing their struggle with an audience (Tartiere, 2016). The more information found to treat PPD, the less of a stigma it will carry. It is my hope to contribute to the non-stigmatizing information of PPD by recommending resources and expressive arts therapy interventions that can support women in healing while empowering them to take an active role in their mental health journey. I seek to begin a dialogue between

archetypes as part of the expressive arts therapies and to use them as a therapeutic intervention in treating PPD.

Some of the gaps in research that I have identified are the limited literature citing the results of specific expressive arts therapies for PPD, especially of using the different modalities of expressive arts therapies together. In order for the expressive arts therapies to be taken seriously and seen as a viable form of treatment for PPD, more studies will need to be developed. Research will need to be conducted using the expressive arts therapies and archetypal interventions for the treatment of PPD. Comparing a control group with a group utilizing the expressive arts therapies and archetypes could integrate the expressive arts therapies and archetypes as a treatment modality. Also, a possibility is introducing the expressive arts while mothers are still in the hospital, or at home, to alleviate PPD as it begins, and documenting those findings. Surveys given to mothers with questions about possible PPD could be given after giving birth. Psychological aftercare for women who have given birth, by sending follow-up surveys and phone calls, could also be an effective way to screen for PPD and begin serving women who need care. PPD is still a taboo illness and must be treated effectively by breaking the silence and speaking to women about their experiences with PPD. Information about using archetypes in treatment of PPD is limited, and it is my hope that this thesis begins introducing the ideas of expressive arts therapies using empowered feminine archetypes to heal and become whole.

I have developed expressive arts therapy interventions integrating female archetypes in the treatment of PPD. I recommend that therapists use this information to create an expressive arts therapy pilot program working with mothers who are experiencing PPD. This program could include interviewing experts in the field of expressive arts therapy and interviewing the

mothers to hear from the women themselves what seems to work in terms of the healing process. Mothers could seek out therapists who work with the expressive arts therapies and inquire as to whether or not they would be interested in investigating feminine archetypes as part of the healing process. Another recommendation is to read through this thesis and see which modalities appeal to mothers and their imaginations. Is it dance/movement therapy? Drama therapy? Art therapy? Music therapy? Or a combination of all four? New mothers may find inspirational reading in the references section of this thesis as well. It is my hope that the information that I have compiled will provide a good starting point for women seeking help with recovering from PPD. Integrating expressive arts therapies and archetypes into treatment involves research as well as creating forms of artistic ritual to strengthen and heal. Examples of rituals that can be used are included in the following section and can be used for creating personal artistic rituals using the expressive arts therapies.

Feminine Archetypes for Treating PPD

I have developed expressive arts therapies interventions integrating goddess archetypes to support women in their healing journey from PPD. There is a goddess archetype that corresponds to the expressive arts modalities explored in this thesis, including dance/movement therapy, art therapy, drama therapy, and music therapy. I recommend working with these goddess archetypes through reading, writing, meditation, artmaking, movement, and ritual. Mothers are encouraged to explore according to their own inner timing and energy levels and see what seems to work well for them.

Demeter/The Empress corresponds with dance/movement therapy. A woman can create “mother moves” as I describe in Demeter’s section, walking, swaying, pacing, bouncing, and humming. Mothers can work with Yemaya in the music therapy section by using chanting,

singing, and personal ritual. Coatlicue, in the art therapy section, can be used by creating a mandala that symbolizes how mothers want their lives to be, using symbols that are meaningful to them. Coatlicue can also be used as inspiration for postpartum seclusion and care at such a vulnerable time. And finally, Shakti, who can be dramatically embodied as energy moving from the base of the spine to the crown of the head. Mothers could then write about the experience after they have embodied their feelings through drama therapy.

Working with these archetypal goddess energies can be done alone or with close friends or family members. Experimenting with the energies of these feminine archetypes/goddesses can be a powerful source of integration, healing, self-expression, joy, and community. I encourage researchers to investigate healing with archetypes and see what emerges for new mothers and all women. There is much to be mined here in terms of women's psychological, spiritual, physical, and mental health.

Demeter/The Empress

Here we meet the great goddess Demeter, who is Earth Mother, ruler of all nature and protectress of young defenseless creatures. Demeter governed the orderly cycles of nature and the life of all growing things. Demeter is a matriarchal goddess, an image of the power within the earth itself. (Sherman-Burke & Greene, 1986, p. 24)

On an inner level, the image of Demeter reflects the experience of mothering. This does not solely refer to the physical processes of gestation, birth, and nurturing of the infant. It is also the inner experience of the "Great Mother" (Sherman-Burke & Greene, 1986, p. 25). The development of the body as something valuable and precious needs care. It is the experience of being a part of nature and rooted in the natural life, the appreciation of the senses and the simple pleasures of daily existence.

In an effort to personalize the experience for mothers who may be reading this thesis, I use the reference “we, as mothers” to invite mothers to meditate alongside me on empowering female archetypes.

We, as mothers, begin our archetypal story with the mother’s love. “Regardless of our personal birth story, each of our hearts beat for the first time in the warm womb of the mother” (Krans, 2019, p. 63). After the birth of a child, it is good to remember that unless we, as mothers, mother ourselves, we cannot mother another. There are many kinds of pregnancies and births—projects, art, career paths, music, dance, and there are re-births throughout our lives. Mothers can trust their wise bodies; our bodies know what we need to do to care for our child and for ourselves.

From their wise imaginations, mothers can create *Mother Moves*. Mothers can engage in rocking, swaying, stretching, patting, and humming. They can imagine themselves reveling in the warm, tenuous, fecund, fertile arms of the goddess Demeter. Women can trust that their embodied knowing is valid, and they can draw upon the energy of Demeter to nourish themselves and their children. Mothers may call upon relatives and friends to help them do this, allowing themselves to be cared for during this tender and important time. New mothers can trust the goddess within as we grow and change.

Yemaya

Yemaya springs forth from the waves. She symbolizes melodies and dancing and shares her riches with humanity. Her melodies come from inside and are honored and shared by those who meditate on her likeness.

Yemaya is considered to be the mother of all Orishas (Zolrak, 2017). Orishas are supernatural archetypal energies worshipped by the Yoruban people. The energy of

Yemaya is derived from the sea. At the beginning, and over many thousands of years, there were only masses of water over the face of the earth. It can be said, therefore, that life had its origins there; that is why we consider Yemaya as the mother of all other Orishas. (p. 78)

Yemaya is related to maternity. She protects mothers during their birthing time. New mothers who wish to draw on the energy of this Orisha can do so by creating a ceremony with water. Perhaps the mother can take a bath filled with fragrant flower petals and arrange seashells around the room where she bathes. Yemaya's colors are blue and silver. A woman may adorn herself with blue clothing and decorate her body with silver jewelry in honor of the Orisha. Rituals such as these can be healing for a new mother experiencing PPD.

Lastly, "a mother may choose to bury the placenta and umbilical cord under a tree or bush with no thorns. The plant will grow healthy and strong and fruitful, the same as the child" (Zolrak, 2017, p. 79). Yemaya is the mother of water. Women may use water and singing to draw upon her strength.

Coatlicue

The Mexican goddess, Coatlicue, is often one who is called upon in relation to pregnancy and postpartum care. Mothers may take inspiration from the traditional 40-day seclusion that Coatlicue calls for, with friends and relatives attending the new mother and helping her care for her new infant. In some parts of rural Mexico, the tradition of the postpartum respite is still in use. Perhaps it is time to claim some of this caretaking for new mothers around the globe.

In the Mexican tradition, relatives do the housework and cooking and attend the new mother, who spends her time resting, taking herb baths to firm up her tissues, and eating

tasty, nutritious food. These days are considered vital for her recovery from the birth process, and her production of quality milk for the baby. When they're done, women return to their normal, productive activities. (Pomeroy, 2022, p. 222)

Today, the postpartum seclusion of the goddess is seen as a vital time to focus inward and re-emerge into the world full of vitality and creativity. It may be a good time to engage in art such as painting. Perhaps, as Jung (1968) suggested, people may engage in the painting or drawing of a mandala. The word mandala is Sanskrit for circle. Mandalas are used in meditation and prayer and can promote relaxation. Mandalas often have a beneficial and soothing effect on the person creating them. Mandalas can represent order, balance, and wholeness, and may contain archetypal images for healing (Jung, 1968). Perhaps the new mother can try her hand at creating mandalas during her respite, to soothe and comfort, as well as to envision what she wants in her new life with her family.

Shakti

Shakti is the power within you. The timeline for the awakening of the Shakti energy follows its own road. The evolution of your consciousness is analogous to the physical growth of a baby. A baby's growth from childhood to adolescence to maturity is governed by biological systems, but it is optimized by nourishing food, sunshine, and exercise and other environmental forces. In spiritual growth, that same life force works to transform and evolve your experience of who you are, of your lifegoals and priorities, and of how you relate to others and the world. It strengthens you to hold higher frequencies of energy. (Kempton, 2022, p.1)

Mothers can welcome Shakti energy into their lives through meditation and yoga.

Women might also consider engaging in other types of movement with friends or relatives to

awaken the energy of the goddess. Mothers may choose to embody the energy of this Hindu deity, waking up the spirit, and dramatizing that awakening through singing, artmaking, dance, and drama. They can create dramatic interpretations of Shakti waking up at the base of the spine and traveling toward the crown of the head. New mothers may choose to meditate on the power of Shakti as a spiritual awakening after giving birth to a new being.

Mothers may work with the energy of the goddess, Shakti, to embrace the new role of mother, raising the vitality and vigor of the body to begin the healing after baby. Shakti is divine female energy, a powerful archetype to get in touch with and cultivate. Shakti supports and raises the consciousness and health of the body. She encourages new growth. When working with the divine energy of Shakti, people should take their time. Too much energy too soon could cause burnout, so it is important for people to take it at their own pace. Shakti energy permeates the entire body. Getting in touch with the energy of this goddess can aid in the transformation of a woman who suffers from PPD into a thriving and vital new mother and person.

Conclusion

In summary, I have discovered that the expressive arts therapies are a valuable tool in treating postpartum depression. Groups involving dancing, singing, art making, or creating theater are all important ways in which a mother may begin to heal herself from PPD. Working with a group under one of these umbrellas alleviates social isolation and helps mothers realize that they are not alone in their feelings. Movement, music, the visual arts, and drama, as well as writing and mindfulness activities, can begin to bridge the divide between who mothers think they are and who they want to be, without judgment or shame. Through archetypes and the expressive arts therapies, mothers may uncover who they truly are. As more and more of these arts groups are being formed, some of the stigma associated with PPD has the potential to melt away. Archetypes give a mother a strong, empowered, inspiring example through which she may

explore her own agency and power. Mothers may find a sense of feeling grounded, and uplifted, as they work with these powerful energies. Working with the expressive arts therapies and empowering feminine archetypes can supplement talk therapy and/or medication as well as being used as an alternative option on their own.

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THESIS APPROVAL FORM

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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: Jena Leake, PhD, REAT