# Exploring Relationships Post Perinatal Loss

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**ABSTRACT**

Perinatal loss has been know to cause complex grief resulting in depression, anxiety, and PTSD in women. However, there are few studies that look at the long term impact on how this trauma impacts women's interactions and beliefs around future relationships. This heuristic study shows how exploring these beliefs through textile artwork allows women to explore if there are links to her loss and the relationships developed post loss. While no direct correlations were found the study did show that the levels of trust and intimacy in relationships are correlated to the level of sharing the participants were willing to engage in.

*Keywords*: perinatal loss, stillbirth, miscarriage, relationships, divorce, romance, friendship

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CHAPTER 1

# Exploring Relationships Post Perinatal Loss

According to the CDC there are approximately 24,000 stillbirths each year in the United States alone (Pregnancy and Infant Loss, 2020). This number is only looking at loss at or after 20 weeks gestation and does not include miscarriages. Women experiencing the loss of a child during pregnancy are faced with a trauma that challenges their self-identity and how they relate to the world around them (Andrus, 2019; Kristensen & Hedtke, 2018). This loss of identity stems from complex grief that aids in feelings of self-blame and the sense that a part of themselves died along with their child (Bellet et al., 2020). Society has not even assigned a title for parents who have experienced this type of loss. For a child that loses their parents they are called an orphan and for spouses that lose their spouse they are called a widower or widow. However, parents that experience the trauma of losing a child are left without definition.

Research Question

What, if any, long term impact does perinatal loss have on a woman when they are building new relationships 9 years post loss?

## Basic Assumptions

My basic assumption is that understanding one's history is important for understanding any trauma experienced when building close relationships. However, I theorize that the level of inclusion of the loss experience within newer relationships will be minimalized as the losses do not have a direct impact on daily functioning and areas of interest. Therefore, the perinatal loss experience would not be a natural area of communication unless histories or childbearing experiences are being discussed.

## Statement of Purpose

The purpose of this study is to explore the impact that pregnancy loss has on women's future relationships. Through the act of creating a tapestry I have explored the personal impacts and emotions surrounding my own identity and attachments to those who did not witness my perinatal losses firsthand.

## Definition of Terms

### *Perinatal Loss*

For the purpose of this study perinatal loss is defined as "The non-voluntary end of a pregnancy from the time of conceptions, during pregnancy, and up to 28 days of the newborn's life" (*What is perinatal loss?* Perinatal Loss – Home, 2021).

### *Stillbirth*

The loss of a child during pregnancy from 20 weeks gestation up to and during delivery (Pregnancy and Infant Loss, 2020).

### *Miscarriage*

The loss of a child during pregnancy up to 20 weeks gestation (Pregnancy and Infant Loss, 2020).

## Women/Woman

For the purpose of this study, the use of women and woman are defined as any individual person that has had a pregnancy or is capable of getting pregnant.

## Justification of the Study

While resources for women have started to grow over the past few years, there is still a general lack of acknowledgement of the level of traumatic grief and its long-term effects that this community has experienced (Andrus, 2019; Jacobs et al., 2000; Kristensen & Hedtke, 2018). A

different approach to grief is needed for these women since they are not ending a relationship with death but are instead starting one (Kristensen & Hedtke, 2018). For women who have experienced stillbirth there is the possibility that they have a narrative already available to them to share. There has been some evidence that suggests that by sharing these stories women experience a decrease in symptoms in post-traumatic stress disorder (PTSD) and anxiety within the first few years after the loss (Crawley et al., 2013). However, I was unable to find research that looked specifically at the long term impacts these losses have on women's future relationships.

# CHAPTER II

## Literature Review

The loss of a child during pregnancy has far-reaching effects on a woman's life. Studies have found that one of these effects is that these women often face identity issues (Epstein-Johnson, 2021). Women who lose children during pregnancy are not given a title. This lack of title leads to questions about women's claim to motherhood, issues around grief, and may lead to increases in symptoms of PTSD, depression, and anxiety (Brierley-Jones et al., 2014; Rothaus, 2021).

### Prevalence of Perinatal Loss

Reports have found that 1 in 4 first trimester pregnancies and another 1% of second trimesters pregnancies are reported to end in miscarriage (San Lazaro Campillo et al., 2018). This number increases when considering that miscarriages and stillbirths account for between 14 and 16 percent of pregnancies (Giannandrea et al., 2013; Shreffler et al., 2011; Shreffler et al., 2012). In the United States alone this means that between 500,000 and 650,000 miscarriages and around 24,000 stillbirths occur yearly (Centers for Disease Control and Prevention, 2020; Geller et al., 2010).

### Challenges after Perinatal Loss

Women who have experienced one or more miscarriages and/or stillbirths face challenges surrounding their identity. This is more than just what they are called. In many cases these women experience ongoing mental health issues that can impact them socially, financially, emotionally, and physically. They face the stigma that perinatal loss is something one should move on from or get over. This stigma of leaving behind the idea of the child means that these

women are left questioning if they are a mother and if they have a right to grieve or share their story (Brierley-Jones et al., 2014).

### *Mental Health*

Studies have shown that women who have experienced pregnancy loss are likely to exhibit lower self-esteem, an increase in clinically significant rates of depression, a significant increase in anxiety, long term grief, and increased rates in clinically significant PTSD (deMontigny et al., 2017; Giannandrea et al., 2013; Wonch Hill et al., 2016; Krosch & Shakespeare-Finch, 2017).Giannandrea et al. (2013) conducted a study on 192 women who have experienced pregnancy loss and found that of these respondents 56% had major or minor depression, 39% had anxiety disorders, and 8.8% had PTSD, and 29% had met comorbid criteria for anxiety and depression. Another study found that symptoms of PTSD and prolonged grief have been found in women many years after the initial loss (Krosch and Shakespeare-Finch, 2017).

In a study conducted with 162 women who have had a stillbirth within 10 years of the questionnaire found that these women experienced an increase in feelings of being isolated and/or feeling excluded, instances of abandonment, and often had an increase in feeling of guilt and shame (Brierley-Jones et al., 2014). Lang et al. conducted a study with 13 couples up to 13 months after they experienced perinatal and infant death. In this study they identify this type of loss as ambiguous and leading to a sense of disenfranchised grief (2011). However, I was unable to find research that looked at the long-term effects these feeling have on women past 5 years.

### *Family and Social Systems*

The level of mental health struggles mothers may face has also been linked to the level of social support they receive during and after birth. Meyer provided a first-person account of her

loss in which she states that although her support system had good intentions their uninformed responses served, “to marginalize and invalidate experiences of pregnancy loss” (2016). Since the topic of prenatal loss is still considered a widely “taboo” topic it is rarely discussed until an individual has had personal experience with it. The outcomes for the lack of exposure means that support systems are not properly informed or trained about the mental struggles women face after experiencing the trauma of perinatal loss (Geller et al., 2010). However, having a conversation about the perinatal loss when women are willing to talk about the trauma with their social support system, especially with their spouse and mother, has been found to be an effective way for these women to cope.

Marital strain and a high divorce rate have also been observed in studies. One of the causes for this has been linked to variations in the spouses’ communication and grief styles as well as the individuals’ expectations of and excitement about the pregnancy (Jaffe, 2017; Shreffler et al., 2012; Van, 2012). Men have been found to be more likely to internalize their grief while women’s grief tends to be externalized (Stinson et al., 1992). This may be partly explained by the expectation of gender roles within American society. However, with perinatal loss women may also be experiencing higher levels of shame and guilt due to feelings that they did something wrong during the pregnancy or that the loss was their body’s fault. When these stereotypes are present men may be more reluctant to talk about the loss while women may feel a deep need for these discussions. Shreffler et al. found that women who have experienced perinatal loss have a higher chance of divorce than those who did not experience this type of loss (2012). The rate of divorce was also found to increase significantly when women experienced more than one loss. This may result in women seeking new romantic partners after their perinatal

loss and having to address the importance of the place of the loss within the new relationship understanding their trauma.

Social support systems expand past one's spouse or significant other. Community and extended family may also play important roles in how well women process through their loss (Lang et al., 2011). Community support can include co-workers, members of religious organizations, medical staff, and anyone else the women spent time with. Perinatal loss may result in women feeling the need to pull away and separate themselves from these relationships. The additional loss of these relationships can compound the grief these women are already feeling (Collins et al., 2014). Individuals may disconnect because they are not comfortable being faced with the level of grief these women face, they may not agree with how the women talks or address their loss, or they may disengage because they feel helpless. Some women will pull away from relationships with other women when they become pregnant or if they have children of their own, as seeing their friend's situation reminds them of what they have lost. Women may leave a job and their relationships with co-works because of the level of mental health struggles they are facing, returning to work may feel like a trigger for their grief, or they may have a change in priorities that instigates a career change. Some women may also leave behind relationships they built in their place of worship due to a crisis of faith or feeling that their organization was not there for them (Collins et al., 2014; Lang et al., 2011).

### *Spirituality*

Spirituality is a term used to refer to one's beliefs around their purpose, the purpose of events, and what the meaning of these are (Horovitz, 2017). This term can encompass religious beliefs for those who follow a religion, but also encompasses one's own sense of purpose outside those beliefs. Women experiencing perinatal loss are often faced with spiritual and/or religious

crisis after the loss. They may begin to doubt their religious beliefs, the role they thought their higher power plays, and they may even wonder if they are being punished by a higher being. However, women may find that they have grown spiritually while also letting go of aspects of their beliefs that no longer feel relevant or accurate (Alvarenga et al., 2019; Wortmann & Park, 2009).

Some women experience a crisis of faith because they feel that their religious institutions were not supportive of them after their loss, that they have done something wrong and are being punished or that they cannot understand how something like this could be allowed by a caring god (Wortmann & Park, 2009). This then can lead to a feeling of shame as they process their doubts. However, some women also find comfort within their spiritual beliefs. They may lean on rituals to honor their child, hold on to beliefs that God's purpose was not to stop the loss but to support them after, or have been able to create a narrative that explains the loss. They may even discover that they have a greater appreciation for life and have even reported feeling that their purpose in life has changed to a more supportive role within their society (Alvarenga et al., 2019; Wortmann & Park, 2009).

### *Infertility*

Another challenge that women face after perinatal loss is the struggle with infertility. Seftel found that 9 million or 15 percent of couples' experience infertility in the United States each year (2006). Women may have become pregnant after years of struggling with infertility only to experience perinatal loss. This may only reinforce the idea that their bodies have failed them or that they have done something wrong (Andrus, 2021; Seftel, 2006). Often medical professionals will talk to women about lowering their stress levels to help with conception. This

can then be interpreted by some women as their infertility being psychological due to their own stress or fear of having another loss.

Many women develop ideas about their children before they are ever conceived. They may begin to experience the feeling of motherhood as they envision their children (Anton, 1992). This means that women struggling with infertility may face years if not a lifetime of grief due to the loss of who they envisioned their child to be (Daniluk, 2001; Johansson & Berg, 2005; Schwerdtfeger & Shreffler, 2009; Seftel 2006). This grief can reemerge when passing the infant isle at a store, when being asked to a baby shower, or even as they watch those around them get pregnant and celebrate their children's milestones. However, this is a grief that is still widely ignored in society (Anton, 1992; Seftel, 2006). Society, in general, does not acknowledge the loss since their children never took their first breath.

**Developmental Theories**

Moving from being an expectant mother into a mother is an initiation for women most of whom are in the stage Jung called "youth" (Jung, 1960/1972; Swan-Foster, 2021). The disruption in the initiation process leaves a woman in limbo around their identity. Prenatal loss can be a jarring revelation that prompts these women to separate from the idealism of their youth and face the idea of mortality. It may also cause feelings of inferiority.

Jung believed that an individual consisted of the conscious and unconscious (Jung, 1960/1972; Swan-Foster, 2018). When faced with perinatal loss both aspects of the person will be challenged. The conscious self consists of the ego and persona. The ego becomes challenged as women are faced with questions of identity, feeling that they are unable to share their story, and in struggling to connect with their community. This also causes issues with persona as women start to question how they can connect to others when their lives are consumed with loss.

As these women follow the stages of grief and begin to integrate the loss into their lives parts of the unconscious may start to emerge into their conscious. Memories from the trauma of loss may have been previously hidden within their personal unconscious. They may become more aware of their shadow, parts of themselves that their ego would not allow to surface beforehand. Women may also find that they are becoming more aware of aspect of the collective unconscious regarding how society handles grief, mental health, spirituality, and community. This awareness may then impact how they choose to interact with society as a whole or even communities that were important to them prior to their perinatal loss.

Bowlby indicated that the attachment theory is relevant during perinatal loss due to the attachment that is involved as women begin to plan for the life of the child growing inside them and the love that is already present (1969). The level of attachment may be indicated by the length of the pregnancy. The further along women are, the more they become invested in various ways. These investments can start as early as receiving a positive pregnancy test and include shopping for the nursery, thinking of names, hearing the heartbeat, and feeling the first kick (Robinson et al. 1999). It is also suggested that high levels of attachment to a perinatal loss may increase instances of unresolved grief and impact women's ability to attach to subsequent pregnancies (Robinson et al. 1999; Turco, 1981)

**Current Treatments**

Treatment for women experiencing mental health challenges and difficulties after perinatal loss can change depending on their need. Diagnosis can range from major depression disorder, generalized anxiety disorder, or even PTSD (Giannandrea et. al., 2013; Seftel, 2006). For example, not everyone experiencing loss will struggle with PTSD. Some women may seek out support groups online or local groups to help cope with their loss. However, this type of loss

may fall under the term complicated grief, complex prolonged grief that may be debilitating (Iglewicz, 2019; Rothaus, 2021).

Complicated grief therapy (CGT) is a therapy that may help women find meaning behind the loss, recognize that they have experienced loss, and recognize grief as a process to be worked through (Khoshaba, 2013). CGT may be used with bereaved individuals who are struggling with complex grief. This type of therapy works with clients to acknowledge and accept the loss, find ways to cope with their emotions, find meaningful ways to lives their life and interact with others, and create a narrative that allows the client to tell their story to remember the one who died (Iglewicz, 2019). Rothaus utilizes this concept of complicated grief and goes further by also identifying it as somatic, impacting one both physically and emotionally (2021). She identifies the women's need to utilize physical or ritualistic movements as part of art therapy to help them recognize parts of their unconscious shadow.

Somatic techniques may also be used for grief and trauma. These include mental awareness of the body and its position as well as incorporating movement (*Somatic Experiencing: Healing Trauma with Body-Mind Therapy*, 2020). This is effective to help balance the nervous system when it has become dysregulated, and an individual is living in a cycle of stress and trauma responses. These techniques can include kinesthetic practices such as being aware of one's physical position, planting one's feet in order to feel grounded, utilizing breathing techniques, making vibrating sounds, and shaking it off (*Somatic Experiencing: Healing Trauma with Body-Mind Therapy*, 2020). In art therapy these methods can be integrated into arts-based practices. Individuals may throw clay, utilize the internal rhythm of sewing, and even paint to music (Hinz, 2020)

## Art Therapy

Art therapy is the therapeutic use of art to explore one's internal beliefs, ideas, and perceptions. With the utilization of art in a therapeutic setting one can utilize creativity to explore areas that they may not have words to describe, explore ideas that are impacting their lives they may not be fully conscious of, and even to use the process itself to express, understand, and convey emotions (Rubin, 2016)

### *Art Therapy and Perinatal Loss*

The use of Art therapy with women experiencing perinatal loss is growing as more and more people have begun to speak out about their own loss and their need for therapy. Rothaus propositions that by approaching perinatal loss on a somatic level along with grief work and the use of rituals, women can move from experiencing their loss as the shadow into the realm of society (2021). This is accomplished by honoring the loss and validating the woman through art making. She calls these creations "talismans" that can be used to bring insight and validity to the experience.

Wolf & King also refer to the act of giving birth being parallel to the act of creating and as "rupture and repair" (2021). In this idea they talk about how each month women experience hormonal shifts that they suggest are, "ongoing construction, deconstruction, and reconstruction" (2021, pp. 22). The use of sewing textiles to create a doll, tapestry, or even clothing may allow woman to connect with their inner selves as well as work through their complex somatic loss. The rhythmic act of pushing and pulling thread allows clients to have engagement with their bodies, breath, and inner rhythm (Rothaus, 2021). These artworks can be created as representations of a lost child or even a self-representation of the women's past and future selves (Feen-Calligan et al., 2009)

### *Expressive Therapies Continuum (ETC)*

Decreases in mental health struggles have been found when women are given the space to reflect and process through the memories of their experiences (Crawley et al., 2013). The process of art making can utilize many levels of the ETC depending on where the clients are within their stages of grief. The ETC provides insight into the use of material and methods convey emotions and meanings and how they may impact a client (Hinz, 2020) The kinesthetic level of the ETC can be used with the idea that perinatal loss is somatic (Rothaus, 2021). The movement as clients spreads paint across a canvas or rhythmically pulls thread in and out of material can be calming or releasing for clients (Hinz, 2020). This release then allows cognitive recall through the creation of the client's narrative. Clients may also function on a symbolic level as the ideas of birth, death, and identity emerge in their artwork. Symbolism around these topics has been deeply engrained in cultures all over the world and clients may find that the use of symbolism allows them to link the parts of their narrative that are in their subconscious (Jung, 1960/1972; Swan-Foster, 2018).

## Summary of Literature Review

The experience of perinatal loss has widespread impact on women's sense of identity, mental health, spiritual health, physical health, connections to society, and personal insights. The grief experienced with this type of loss is complex and deep. However, there are proven methods of therapy that allow these women to be able to reframe their narrative in a manner that allows them to feel connected and claim their own identity as women that are surviving perinatal loss.

# CHAPTER III

## Methodology

The goal of this heuristic study is to utilize artistic exploration using textiles to create an artistic expression for me to explore relationships that I have built after the experience of my own perinatal loss. I spent two weeks working on designing and executing an artistic expression of my relationships in relation to the loss of my pregnancies.

### Participant

The heuristic study will explore my beliefs and feelings around relationships after perinatal loss. At the time of the study, I was 41 years of age and had experienced 2 prenatal losses, one at 36 weeks gestation and one around 7 weeks gestation. The first loss was over 12 years prior to participating in the study and the second was over 9 years prior. At the time of the study I also had not experienced a live birth. During the study I was in a polyamorous relationship with a nesting partner and a boyfriend after having divorced the previous years from my children's father. I had also built multiple new relationships over the last three years that I identified as important to highlight.

### Research Design

I spent two weeks creating a tapestry utilizing textiles that included fabric, thread, clay, and wire. A mix of sewing, embroidery, and wrapping techniques were utilized. During this time, I created sketches of possible tapestry ideas, spent time cutting out shapes from various material, adhered the shaped to create the overall image, and wrapped wire to create branches. A journal was kept on hand to record thoughts and questions that arose during the process. Throughout the research process I also receive weekly counselling sessions to process any emotions or memories that surfaced.

## Art Directive

Through the initial engagement with the topic of perinatal loss I identified an area of study that would have great personal significance due to my own history. It also has significance for other individuals who have been impacted by perinatal loss (Betts & Deaver, 2019; Moustakas, 1990). The loss of a child during pregnancy shifted my own perspective of how I approached my own life. Over the last few years this shift has meant that talking about the death of children is no longer an area that I avoid. However, these conversations are only common within the perinatal loss community and with those that were present during my own pregnancy. This study allows me to utilize tapestries to explore my current relationships and if/how my losses have impacted them.

During the incubation phase of the study, I planned the practical aspects of creating the tapestry (Betts & Deaver, 2019; Moustakas, 1990). This included sketching, gathering supplies, and creating the tapestry. This phase was designed to help redirect my primary focus on the initial question to provide the emotional and mental focus that will be needed as the question is explored further into the study (Moustakas, 1990; Polanyi, 1964). This phase also brought up unconscious thought processes and beliefs that I had not previously been aware of.

Illumination occurred throughout the process as I engaged in journaling about the process (Betts & Deaver, 2019; Moustakas, 1990). The journal was used to document this phase as new areas are brought to my attention. The culmination of the various journal entries was then utilized in the explication phase as I looked back to identify the themes that address the original question as well as any recurring themes that may present themselves throughout the process (Betts & Deaver, 2019; Moustakas, 1990).

## Data Collection and Analysis

My journal and imagery were stored in a locked filing cabinet when not being worked on or analyzed. I then analyzed the journal entries and imagery to find themes that may be present. The journal entries were aimed to analyze my emotional state, thought processes, and reminders throughout the process as well as identify any changes in how I identify my role as a partner and friend who has experienced perinatal loss and if any identifying themes become important. The names and identifying information of those I identified as being in a relationship with were changed for their privacy.

Themes were identified through the review of journal entries and time spent with the completed artwork. I continued to examine why I made specific choices in placement, color, technique, and even in the choices of what relationships to represent. Through this examination themes were then compiled into categories for further examination.

## Ethical Implications

The American Art Therapy Association, AATA, has outlined specific ethical guidelines for researchers to follow when conducting research. One of these guidelines concerns providing informed consent to all research participants. They also must be informed of the limitations to privacy that may occur due to the nature of surveys compiled on the internet. Due to the nature of a heuristic study, the researcher will be providing the artwork that they themselves have created. This is with an understanding that their artwork will be presented in a fashion that does not allow for anonymity (Ethics, 2017).

For this study the qualifications, or lack thereof, of the researcher and the individuals supervising the researcher will need to be clearly presented in order to not mislead the participants as to the level of qualifications the researcher has at the time of the study. This

includes listing that the researcher is a master's student at St. Mary of the Woods College so as not be indicated that they are a licensed professional (Ethics, 2017).

**Researcher Bias**

I have participated in support groups and various online forums for the past 13 years regarding perinatal loss. During this time, I have also spent 4 years in personal therapy processing my losses and 4 years in a program where many of my papers also focused on perinatal loss. Due to this I have biases around the importance of creating a narrative for my children and honoring their memory. My personal focus on this subject may provide a level of bias in the outcome of the research.

# CHAPTER IV

## Results

### Resistant Process

Utilizing the push-and-pull movements of embroidery, creating the face molds, and the act of collaging allowed me to access more cognitive aspects of my beliefs due to the level of resistance needed to complete this work (Hinz, 2020). Each step from cutting out the pieces of the heart to attaching the faces involved a higher level of structure and complexity. The wire and leaves had to be organized in a manner that they were ablet to be connected to show the branches of the tree emerging from the heart. Using embroidery meant I had to pay close attention to the process and the piece. This was highly valuable since I often find myself wanting to disconnect from the process and getting distracted.

This level of internal avoidance was explored with my personal counselor (Taylor, 2023). It brought up struggles within my personal relationships that were then correlated with insecure attachment styles due to early trauma that were reinforced through the trauma surrounding my perinatal loss. Having an anxious-avoidant attachment style has led to dissatisfaction within my relationships. This leads to distrust and conflict. Due to this I lean toward being highly protective of my children by being distrustful of who I share their story with and how much I disclose. R., a close friend, has proven that they will be present and not leave despite my insecurities. This has led to more open communication and inclusion. The rest of my relationships are guarded and do not have that same level of trust yet. There are feelings surrounding losing part of my children each time a relationship ends. So not only do I fear the loss of the relationship but also that being open is me allowing someone to take part in my child's story (Egeci & Gencoz, 2011; Saavedra et al., 2010). Egeci & Gencoz (2011) found a correlation that showed that individuals with

insecure attachment styles may also struggle with identifying when relationships are cohesive and instead distance themselves emotionally due to feelings of discomfort.

**Material**

The choice of material was due to both financial limitations as well as the significance of the material I had. As much as I wanted to go pick out all the "perfect" materials to represent what I wanted to say I knew that financially I needed to be responsible. I decided to pull out my box of material that I inherited from my mother. I also pulled out the skirt I wore to take pictures of when my son was born. My idea was to use the skirt as the background material and to use other materials to layer. The first issue I ran into was that the thought of cutting up the skirt had me crying. I quickly realized that whatever I do with that skirt needs to be done in a manner that solely honors his memory. So, as set as I had been on using that material I had to set it aside.

The tote of material from my mom ended up feeling like a sweet gift. I had forgotten that she had bought material to make Max a blanket with. That material became accents on my heart. Then I found coordinating materials that fit perfectly with the colors. One of the largest pieces of material was a brown suede that was the exact color of the skirt I had wanted to use. She had also left me plenty of embroidery thread, needles, and iron on backing. The only thing that I needed to shop for was the material for the leaves. When I found the black and white tree material I felt like it was complete. Baby Love would be represented in the red for the heart while Max has representation in the character material.

**Imagery**

Symbolically the imagery I ended up choosing changed from that of creating a tapestry that was more of a story line to one of a cohesive image. Each image is an organic representation of an idea, belief system, or a moment of healing (Hinz, 2020)

## Faces

Faces also may hold significance within art therapeutic art practices. How an individual chooses to represent the face utilizing facial features or the lack of facial features should be explored. For this art piece I found that the lack of features was related to the idea that I have viewed relationships as limited since my stillbirth. The death of my son forced me to face the idea of mortality. Even more than the thought of a physical death, it taught me that all things end. In relationships I am seeing a pattern of expecting the end. Throughout my journal I referenced my relationships as if they were a part of a season instead of trusting that some relationships may last a lifetime. This shows a lack of permanence in my thought process.

Through the creation of the tapestry, I noticed there were splits in the level of how much I acknowledge my losses based on the level of intimacy and similar trauma experiences. With R. I noticed that I was much more open and that she knows most of my story. While she has not experienced perinatal loss our trauma histories in other areas are very similar. However, the level of sharing I have done continued to puzzle me as I have not been that open with any of my other relationships. Through the study and journaling, I came to realize that the reason it has been so easy to share was because while she was not technically in my life during my pregnancy with Max, she did work in the clinic I used as a receptionist. She was the one that would check me in for appointments, knew my aunt, and heard that one of the clients had lost their baby. She remembers getting the news and tearing up for me even though I was just someone she had seen in passing. For me this was a huge revelation. While I knew we had met back then, I had never associated her with having been in my presence with Max. Because of this past connection Max and Baby Love regularly come up in conversations. Like me, she wonders what they would have been like. D, her spouse, knows the story due to being around during my conversations with R.

While he will not bring up my children, he has expressed that I never have to hide them anymore than I would B., N., or K. This has made their home a safe place to spend anniversary dates.

My other relationships are more separated from my identity as a mother of loss. J. tries to understand and knows more of the story than any of my other romantic partners. This is primarily due to his own experience of walking through perinatal loss with his ex. My relationship with G. is different from my others. When we are together, we get to be carefree. While he knows of the losses, we do not speak of that time often. Bringing that up would feel like I am taking space from the joy I experience with him. This is the first relationship I have had where I deeply love someone and do not want my personal trauma history to shade that relationship. In this relationship my children feel more like a trauma story than present humans.

B. knows there have been losses because he asked about them when he first started coming to my house at the age of eight. For him, Max, is a sad story that does not get brought up unless he is expressing grief over his mother's death, or I am showing symptoms of struggling with grief. However, he has a love for Baby Love. Because of my pregnancy with her I was not able to start fostering children and that saved space in my home for him. Unlike B., N, would rather ignore that any of that happened. He does not speak of his or my trauma histories except for on anniversaries. N. is not comfortable expressing or witnessing strong emotions or stories that may bring up strong emotions within himself. K. is no longer around to understand. She chose to step away from our made family when her own mother passed and again, I experienced the loss of a child. She is open to one day being part of my life again but when I let myself hope I feel loss alongside it. For this reason, I am reserved in how much I allow myself to think about and feel connected to her.

Outside of focusing on my godchildren, my made family, and my romantic partners it felt important to highlight two contradicting relationships. P. and I have a tense relationship due to differing perspectives on life. With her I find it hard to maintain a friendship primarily on the way she has chosen to raise her children and the feeling that she continues to expose them to the manipulations and verbal abuse from their father. I find myself becoming jealous that she gets to raise her son and daughter while I lost mine. My relationship with her consistently brings up that internal question about why someone like her gets to raise her children in that manner but someone like me who would have protected and encouraged mine lost them both. In contrast, E., has experienced six losses. The foundation of our friendship is due to shared grief. With E. I have walked through how to honor her own children and, the importance of giving them names. We have even created art together about our losses. Our losses and artistic expressions are the base of our entire friendship. However, this bond has also limited the depth I am willing to go with her. I am cautious about how much of my life Max and Baby Love consume now. Bearing witness to someone else's grief process brings them to forefront of my own mind and gives me less separation to stay in the present.

Anatomical Heart

The heart is an image that started to have personal significance due to heart disease running in my family. I began to connect with this image soon after my mother had her first heart surgery. It is an image that represents insecurity in the future due to not only the not knowing if I have inherited her heart disease but also the knowledge that we lived with death being a possibility in our family at any moment. However, it also has come to represent wonder at how life can change in beautiful ways that we did not know were possible. I watched as doctors were amazed at how my mother's body adapted to the damage of her own heart and the resilience of

her heart over years. Many of my personal images and my own self-portraits now contain anatomical hearts. After my perinatal losses I learned to face the idea that we are not promised a long life with anyone. I started to embrace the idea of cherishing moments instead of anticipating futures.

Tree Symbolism

The leaves were created from material that shows crosscut sections of trees. This imagery felt significant in that the number of rings on a crosscut section can identify the life of a tree. It shows the years the tree has lived as well as significant events that impacted the tree. My relationships feel like these rings in a tree. Some relationships have been seasonal, like my relationship with E. Other relationships have lasted and have formed their own reminders and layers.

As I examined the possible importance of symbolism using trees, I realized that they have come to represent resilience, strength, protection, and self-exploration throughout my life. This fits with historical records of the various meanings of trees (Rotherham, 2013). Trees have been associated with various religions and mystical belief systems. They have shown good versus evil, life versus death, and even depicted a link between earth and the heavens.

During my own childhood I would spend hours climbing and reading in trees. I even had a hallowed out tree in my neighborhood that I would hide in when I felt anxious about what was happening at home. Willow trees have held specific importance since my early childhood. We had a Willow growing in our neighborhood that I would often try to break branches off of. Inevitably I would only end up hurting my hand no matter how hard I pulled or twisted the branches. Willow tree branches appear thin and fragile. However, they are strong and still

flexible. For this reason I chose Willow as my nickname in 2022 and many of my new relationships know me by that name instead of my birth name.

The mix of a Willow tree growing out of the heart is how I have started depicting my self-portrait. It has come to represent a deep belief in my own internal strength and resilience. This image also serves as a reminder that who I am not is not finite and I will continue to grow and change. As I examined this in relationship to my views on personal relationships, I realized that I do not want to stay in this place of distrust and waiting for them to end. I want to be more resilient when it comes to relationships.

# CHAPTER V

## Discussion

Creating the tapestry allows function on the symbolic level of the Expressive Therapies Continuum by exploring belief systems around identity, relationships, and losses. Integrating the creative process within heuristic arts-based research has allows art to provide insight into specific topics (Hinz, 2020). Utilizing textiles associated with perinatal losses also allowed clients to enter the immersion phase of the heuristic study. This bridges the gap between their own history and beliefs to allow personal growth and a deeper understanding of their history within perinatal loss (Moustakas, 1990).

### Shifting Identity

One of the themes that emerged in this study is an awareness of the gap in identity that I have in society and within my own relationships (Hill et al., 2016; Lang et al., 2011). This gap may make women feel that they need to get over the lost pregnancy and the loss of the hopes they had for that child. Feeling that there is a lack of support from society leads to further questions over identity and a decline in women's mental health (Geller et al., 2010; Hill et al., 2016; Jaffe, 2017). This gap may result in the hesitancy of women to share about their loss with those that were not present during that time.

### Creating a Safe Narrative

By collaborating with women to help create a narrative identity for their perinatal loss, therapists help them to become better equipped to share their story in a manner that they feel comfortable with sharing without feeling like they are being retraumatized (Gillies & Neimeyer, 2006). These women would also be better able to look at their own story and find the positives within it instead of the focus being on death and loss (Baddeley & Singer, 2010).

A narrative is not a simple thing to create when trauma is involved. The creation involves looking back at the trauma where emotions may resurface (Crawley et al., 2013). When utilizing the visual creative process to form this narrative, women may choose to use textiles, pictures, or item that are closely related to the perinatal loss. The texture, smell, or look of the item may bring back memories they had previously forgotten. This manifested as increased anxiety throughout the heuristic aspects of the study. I found that the resistant aspects of the needlework and the cognitive aspects of planning the overall piece were highly soothing on my nervous system (Hinz, 2020). However, the anticipation of starting each session heightened my stress levels. I would worry about messing the piece up. I found that control and planning became a high priority for me. Through this study it became evident that what constitutes a safe narrative may look different in each relationship based on the level of intimacy.

**Honoring**

Creating this artwork became more aimed at the idea of honoring my children's memory through this process and less about relationships. I was not focused on honoring or examining most of my relationships. The face of R. was the only face of importance in placement with relation to the heart. The rest of the faces were placed to balance the overall appearance of the piece. The act of honoring my children is something that is a regular event for me. However, the idea that it was more important to honor the dead than the living who are in my life felt shocking.

Women may find that when years have passed since the loss, they are unable to integrate both the past and present. Their loss may become equivalent to a separate life within their mind. Due to this split and compartmentalization the integration of the loss into their present relationships may become difficult. Women may find that they inform new relationships about the loss rather than honor the loss within the new relationship.

## Limitations

This study is limited due to the nature of a heuristic study. A study is needed that looks at the long-term global perspective regarding identity struggles within relationships. This study is not looking at the traditions and customs of different nationalities, races, or societal norms that may play into the view of how women experiencing perinatal loss are identified. The limit of a single participant within the United States means that I am providing a small sample from an American medical model. The study is not examining outside influences on the participants' answers from the viewpoint of different customs and traditions throughout the United States.

The time frame for this study is also a limitation. It will be looking at a small-time frame and may be influenced by my current state of mind instead of the overall transition of identity after loss. This is also a limitation in the survey as it will only be looking at my current beliefs instead of the long-term changes. Changes regarding divorce and current marital status, sexuality, and living children could all potentially play a role in the outcome of how a woman views relationships post perinatal loss long term.

## Recommendations and Future Studies

Most studies conducted look at the impact of perinatal loss on existing relationships and mental health struggles within the first 5 years post loss. More studies are needed on the long-term impact on women's relationships post loss, the long-term changes on life choices and mental health, and the long-term impact that the loss has on a women's self-image. Looking at the longer-term effects would better prepare mental health and medical professionals to support women in the early stages of loss. Another aspect that should be explored is the impact of attachment styles on how women approach their own perinatal loss.

## Conclusion

While no explicitly direct correlations between perinatal loss and new relationships were found, I have found that my new relationships were influenced by history. Having a history of traumatic events may have a direct impact on the approach any individual has with new relationships. However, the experience of perinatal loss may bring out a more protective aspect to an individual's trauma history. My personal approach to trauma and issues surrounding triggers and coping skills have played a role in my own approach to relationships and trust.

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# Appendix A

Willow's Tree by Sarah Taylor. January 2023. Fabric, Clay, and Wire

## Appendix B

## A Close Up of R's Face.