

Before and After Motherhood: An Arts-based Phenomenological Study

Lindsey Chisholm

MAAT Program, Saint Mary-of-the-Woods College

### **Abstract**

Experiences of motherhood are individual, yet also informed by the cultural context of the mother. Current feminist research seeks to understand and improve the conditions that surround women. This qualitative study uses a feminist phenomenological and an arts-based approach to explore the lived experiences of 5 mothers. Each participant created two collages, one representing their perceptions of motherhood prior to having children, and another representing their experiences after becoming a mother. The participants discussed their artwork and participated in a semi-structured interview. All data was analyzed thematically with the assistance of computer software. Results demonstrated the participants' need for support and self-care, the negative impact of judgement from other people, and the incongruence between media representations and the reality of motherhood.

*Key words:* motherhood, motherhood identity, societal pressure, feminism, arts-based research, phenomenological research.

## TABLE OF CONTENTS

ABSTRACT.....	2
LIST OF FIGURES .....	6
I. INTRODUCTION.....	7
Problem Statement.....	7
Research Questions.....	7
Basic Assumptions.....	7
Definition of Terms.....	8
Justification of the Study .....	9
II. LITERATURE REVIEW .....	10
Motherhood Identity .....	10
The Good Mother.....	12
Standard Treatment of Peripartum Depression (PPD).....	14
Art Therapy with Mothers. ....	17
Expressive Therapies Continuum .....	23
III. METHODOLOGY .....	25
Participants .....	25
Procedures.....	26
Risks.....	28
Data Collection .....	28
Data Analysis .....	29
Methodological Integrity .....	30
IV. RESULTS .....	31
Participant 1: Lisa.....	31
Data Collected.....	31

Lisa's Themes .....	32
Participant 2: Jessica .....	33
Data Collected.....	33
Jessica's Themes .....	35
Participant 3: Erin .....	36
Data Collected.....	36
Erin's Themes .....	36
Participant 4: Melissa.....	38
Data Collected.....	38
Melissa's Themes.....	39
Participant 5: Laura.....	40
Data Collected.....	41
Laura's Themes.....	41
Overall Themes .....	43
The Impact of Judgement from Others .....	43
Love .....	44
Anxiety.....	44
Working Mothers .....	45
COVID-19 Pandemic.....	46
Before Motherhood.....	47
Observed mothering.....	47
Social media and other cultural influences .....	48
After Motherhood .....	49
Support.....	49
Fatigue.....	50
Self-care is a necessity .....	50
Summary connecting to research question .....	50

V. DISCUSSION .....	52
Literature related to results .....	52
Strengths and Limitations of the Study.....	52
Researcher Bias.....	53
Contributions to the field .....	54
Recommendations for Future Research .....	55
REFERENCES .....	56
APPENDICES .....	62
APPENDIX A: Art Interventions .....	62
APPENDIX B: Interview Questions.....	64

## LIST OF FIGURES

Figure 1. Lisa’s “Before Motherhood” Collage.....	31
Figure 2. Lisa’s “After Motherhood” Collage .....	31
Figure 3. Jessica’s “Before Motherhood” Collage .....	34
Figure 4. Jessica’s “After Motherhood” Collage.....	34
Figure 5. Erin’s “Before Motherhood” Collage.....	37
Figure 6. Erin’s “After Motherhood” Collage .....	37
Figure 7. Melissa’s “Before Motherhood” Collage .....	39
Figure 8. Melissa’s “After Motherhood” Collage.....	39
Figure 9. Laura’s “Before Motherhood” Collage .....	41
Figure 10. Laura’s “After Motherhood” Collage.....	41

## CHAPTER I

### **Introduction**

#### **Problem Statement**

‘Mother work’ is inextricably related to the overall health of society. Both men and women can perform mother work responsibilities, which include providing physical, emotional, and educational care for children. However, in the most dominant practice of motherhood, which has been formed by patriarchal values (O’Reilly, 2021), men are not expected to contribute to mother work. As more women are working full time, one might expect societal expectations of motherhood to adjust likewise, but this is not the case (O’Reilly, 2021). Childcare and homemaking remain the primary responsibility of women in most households that comply with historical European-American gender roles. This creates an undue burden on mothers, and in turn, their families. If we explore societal expectations of motherhood, it may help people examine their actions and role in perpetuating the current, arguably oppressive, patriarchal framework of motherhood.

#### **Research Question**

What are the perceptions and experiences of motherhood before and after mothers have a child or children?

#### **Basic Assumptions**

Motherhood is both is a role and an identity (O’Reilly, 2021). After having children, mothers develop a new identity that incorporates changes to their daily roles, responsibilities, and family needs (Siegel, 2021). These motherhood roles and identities are influenced by

culture, family, friends, and experiences (O'Reilly, 2021). Before becoming mothers, many people grow up observing their own mothers or caregivers. As children grow up, they also see other mothers within their extended families, neighborhoods, or in public. In every culture, children have experiences of being mothered and observe other mothers, which influences how people perceive motherhood (Chodorow, 1999).

The study is framed through the lens of phenomenological research methods, and it is also arts-based because it required the participants to create two collage artworks that communicate their perceptions and experiences of motherhood. The collages promote cognition, (Hinz, 2020) which may help to elicit more information from the participants as they reference their artwork to explain their thought process.

### **Definition of Terms**

Mothers can be either biological, which means they conceived and gave birth to their child, or non-biological, including adoptive parents, stepparents, or partners of the biological parents. Motherhood is not defined by sexual orientation or marital status, but instead by the daily care and guardianship of a child. For the purposes of this study, I use an inclusive definition of the word mother: people who are the primary caregivers for their children, regardless of gender identification or biological relationship to the child.

The study was open to both primiparous and multiparous mothers. Primiparous mothers are first-time mothers, with only one child, while multiparas have more than one child of different ages (American Psychological Association; APA, 2022). This study included new and experienced mothers because it was desirable to represent different perspectives of motherhood.



Exploring patterns in the experiences of the two groups may also generate ideas for future research.

### **Justification for the Study**

This study is rooted in feminism, which is defined as literature that gives voice to the authentic experiences of women in the fight for gender equality (McHugh, 2020). Exploring motherhood from a feminist perspective is both logical and responsible, as the experience of motherhood cannot be separated from the cultural context (Henderson et al., 2016; Hogan et al., 2015). This study will contribute to a growing body of qualitative research that aims to empower mothers.

## CHAPTER II

### **Literature Review**

Despite the progress women have made toward equality in education and in the workplace in the U.S., gender roles and motherhood expectations have not progressed at the same speed (Forbes et al., 2021). This disparity in progress poses challenges, especially for working mothers (Lamar et al., 2019). Mothers' responsibilities and roles, both in and outside of the home, are considered by many to be oppressive and may be a source of conflict for men and women (Forbes et al., 2021, Hogan, 2012). Furthermore, cultural norms of intensive mothering create pressure for women to sacrifice everything in service of their children (Hays, 1996). Because intense mothering beliefs are deeply ingrained in U.S. culture (Forbes et al., 2021), inability to meet these unattainable standards leads to guilt, and may affect the mental and physical health of mothers (Borelli et al., 2017). Feminist research is often a catalyst for transformation, with the goal of improving women's lives through equality (Creswell & Poth, 2018). Because current research demonstrates that societal expectations of motherhood may cause distress for some women (Borelli et al., 2017; Lamar et al., 2019), further exploration of motherhood experiences is warranted.

### **Motherhood Identity**

Swan-Foster (2021) states that matrescence is the process of maternal development and identity, informed not only by pregnancy, childbirth, and motherhood, but also the social, cultural, political, spiritual, religious, and psychological contexts. Motherhood identity is the topic of multiple phenomenological studies of motherhood.

Arnold-Baker (2019) conducted in-depth interviews with eight first-time mothers in the United Kingdom about their experiences in becoming mothers. She used an existential-phenomenological perspective to detect themes in the interviews. Although she found multiple themes, Arnold-Baker focused specifically on exploring how mothers felt about “becoming mothers.” Four aspects of developing a motherhood identity emerged: not feeling like a mother, adopting a motherhood identity, not feeling different, and feeling that motherhood is an important role. Interviews revealed the influences of societal expectations, family, and employment status on developing a new motherhood identity. The study also revealed that identity formation is an ongoing process.

Similarly, Hennekam et al. (2019) also examined how women’s identities change after they became mothers. Hennekam et al. were particularly interested in mothers’ identity as they transitioned back to work. The study took place in the Netherlands, a country with a high employment rate of women, at 72.4 %. Hennekam et al. state that the government and employers in the Netherlands have adopted policies that encourage women to return to the work force, but that society favors a part-time work schedule for mothers. The participants were 22 first-time mothers who had just returned to work full time. The study compared themes from two interviews, the first after the women became mothers, the second interview after the mothers returned to work. The results of the study demonstrated that a variety of factors contributed to mothers’ identity formation, including societal expectations, workplace, and partner support. Mothers working full-time outside of the home (instead of the culturally preferred part-time schedule) received negative comments. Mothers who lacked support from their partners or who did not have other mother role-models to ease their transition to the workplace experienced more

stress. The results of this study demonstrated that societal and personal factors play a role in motherhood identity development.

Katou et al. (2021) conducted a qualitative study of 21 first-time mothers' transition to motherhood in Japan. The authors' explanation of this transition seems tantamount to the development of a motherhood identity as described in the aforementioned studies. Katou et al. (2021) conducted semi-structured interviews which resulted in seven major themes:

'Confusion with first childcare experience,' 'suffering related to childcare,' 'clinging to the image of an ideal mother,' 'internal conflict while comparing oneself to other mothers,' 'under-taking childcare by disengaging from one's stereotype,' 'realization of becoming a mother' and 'changing relationship with surrounding people' (p.490)

Although the study was conducted in Japan, the themes were like those found in other cultures, like in the study by Arnold-Baker (2019) in the U.K. and Hennekam et al. (2018) in the Netherlands. Katou et al. state that the transition to motherhood was not easy for the participants, which the authors believe may be a result of Japanese societal expectations of a 'good mother.' Trying to reach unattainable societal standards of ideal motherhood is a source of stress, especially as new mothers are developing their identity (Arnold-Baker, 2019; Hennekam et al., 2018).

### **The Good Mother**

Through interactions with friends, family, doctors, and mass media (Chae, 2015), women encounter larger society's expectations and/or norms of motherhood. Hays (1996) coined the term *intensive mothering* to describe U.S. society's requirements of a "good mother" as one who spends "copious amounts of time, energy, and material resources" raising their children (p. 8).

Although nearly two decades later, intensive mothering is still a valid description of current societal expectations. Unfortunately, intensive mothering expectations create unattainable standards for mothers, which may have implications for women's mental health (Prikhidko & Swank, 2018).

Forbes et al. (2020) used software to sample a population of 525 mothers from the U.S. that represented different races, ethnicities, and education levels to examine intensive mothering beliefs. Results indicated that intensive mothering expectations existed in all demographics. Because the pressure to be a 'good mother' was related to anxiety, and mothers who viewed motherhood to be challenging had higher rates of depression, the authors suggest that counselors discuss societal pressures when working with new mothers.

A phenomenological study by Forbes et al. (2021) explored 15 working mothers' experiences of intensive mothering. More than half of the mothers surveyed felt that there was an inequitable workload in the home, with mothers responsible for most of the childcare responsibilities. Most mothers found it difficult to juggle multiple roles and live up to their standards of ideal motherhood. Mothers also frequently set aside their own needs to care for others, which had impacted their physical and psychological health. Although the researchers did not specifically ask about mental health consequences, participants revealed that the demands of motherhood increased anxiety.

Henderson et al. (2016) used an online survey of 268 mothers in the U.S. to study the mental health consequences of idealized motherhood. The study found that regardless of the participant's beliefs in intensive mothering ideology, the pressure to meet the high standards of mothering in the U.S. is common. Mothers who felt pressure to be perfect, and guilty for not meeting their parenting expectations, had increased levels of stress and lower scores of self-

efficacy. Motherhood self-efficacy is defined as the mother's perceptions about their ability to care for their children. Mothers with low self-efficacy and increased stress were more likely to also have symptoms of depression and anxiety. The study's findings cannot be generalized because snowball sampling led to a mainly white, middle class, married, and highly educated participant population. However, these findings are in line with those of Forbes et al. (2020), which had a more diverse population.

### **Standard Treatment of Peripartum Depression (PPD)**

Although this study does not specifically focus on women with PPD, examining research on the process and themes explored in treatment provides additional information on common psychosocial issues for new mothers. Additionally, some women and their families dismiss mental health concerns as “just hormones,” or fatigue because of the stigma that is associated with PPD. Therefore, a review of the literature on treatment practices will provide another perspective on maternal mental health and well-being.

Psychotherapy is the preferred method of treatment for women with mild PPD, while psychotherapy and pharmacological treatment is recommended for women with more severe symptoms (Cox et al., 2016; Langan & Goodbred, 2016). If possible, physicians and mothers avoid the use of psychotropic medications due to the risk of side effects to the fetus (in a pregnant woman) or through breastmilk for postpartum mothers (Sachs, Committee on Drugs, 2013). If medication is necessary, selective serotonin reuptake inhibitors (SSRIs) are the most widely prescribed form of antidepressants for peripartum use because they pose less risk to the baby (Langan & Goodbred, 2016).

Due to the limited research on the subject, the ability to definitively identify the most effective form of psychotherapy for mothers with peripartum depression is not possible. However, Cognitive Behavioral Therapy (CBT) (Pugh et al., 2015) and Problem-Solving therapy (PST) (Sampson et al., 2021) may be promising approaches.

Pugh et al. (2015) completed a qualitative study of the experiences of 24 Canadian mothers with symptoms of Perinatal Depression (PPD) after completing Therapist-Assisted Internet Cognitive Behavior Therapy (TAICBT). Participants were recruited through newspaper, internet, television, and paper advertisements. Information booths at community events and in-person appearances at support groups also helped to advertise the study. Inclusion criteria for participants was age >18 years, a score of  $\geq 10$  on the Edinburgh Postnatal Scale (EDPS), notification of participant's healthcare provider, a child under 1 year of age, access to a computer with an internet connection, and residence in the same province as the internet therapy program. Clients were excluded from the study and referred to a mental health clinician if they were at moderate risk for self-harm or suicide, had symptoms of psychosis or mania, or had substance abuse problems. All participants completed a demographic questionnaire, the EDPS, and a survey of their experiences with the TAICBT program. Overall, qualitative data demonstrated that participants enjoyed the convenience of the program and felt a positive therapeutic alliance with the online therapist. Many participants also valued the anonymity, psychoeducation, individualized treatment, and the resulting perceived improvement of parenting skills and feelings of normalization. Disadvantages of the TAICBT program were lack of face-to-face time, difficulty completing homework, inconsistent completion of the psychoeducational portion of the program, and the fast pace of the program. Limitations are the small sample size of the study, which means the results cannot be generalized to the larger population. The sample was also

relatively homogenous: of the 24 participants, 92% were Caucasian, 96% were married, and 87% had at least an undergraduate level of education. The program may not be accessible to women of low socioeconomic status (SES) because participants required a computer and internet access. TAICBT may be beneficial to some mothers with PPD, with modifications, including less homework, a more consistent meeting time, and a slower paced program. The study shows that psychoeducation and normalization of feelings may be important components of PPD treatment.

Sampson et al. (2021) studied the efficacy of Problem-Solving Therapy (PST) in treating Perinatal Depression (PPD). Participants were a heterogenous mix of non-Hispanic White and non-Hispanic Black participants. Of the 37 participants, most were unmarried, unemployed, and had one child. All participants were sampled from a residential treatment facility for women and their families, at risk or with, substance abuse problems. Sampson et al. explain that their population prompted the study's use of PST because of its history of success in treating other mood disorders in low SES populations. The study used a one-group pre-test/post-test design to determine if the intervention reduced scores of depressive symptoms on the Edinburgh Postnatal Scale (EDPS). For inclusion in the study, participants had to be  $\geq 18$  years of age, given birth within 12 months, and scored  $\geq 10$  on the EDPS. Those receiving psychotherapy, experiencing psychosis, or who indicated a risk of self-harm were disqualified from the study and referred to a psychiatrist. The study used the Patient Health Questionnaire (PHQ-9) and EDPS to assess depressive symptoms. The New General Self-Efficacy Scale (NGSE) was also given to participants to assess feelings of self-efficacy. The authors believed that PST would help increase self-efficacy, which could be beneficial for mothers with PPD. The PST intervention included psychoeducation and individual problem-solving related to PPD. The study found a significant decrease in depressive symptoms, from a mean pre-test score on the EDPS of 16, to a mean post-



test score of 9.6. The PHQ-9 pre-test scores were a mean of 12.9, while mean post-test scores were 8.6, also demonstrating a reduction in depressive symptoms. NGSE scores showed a small improvement in self-efficacy, with a mean pretest score at 28.2, increasing to 31.3 at post-test. Like the study by Pugh et al. (2015), post-study surveys of the participant's experiences indicated that the intervention helped them problem solve and understand their PPD symptoms. Although the study revealed promising results in building evidence for the use of PST with the PPD population, the study had several limitations. The small sample does not allow for the results of the study to be generalized to the larger population. Additionally, participants had substance abuse and other co-occurring disorders, which made it difficult to determine if the interventions would be equally beneficial to mothers only diagnosed with PPD. This study, like Pugh et al. (2015) used a cut-off score of 10, which is below the EDPS's threshold (12-13) for probable existence of depressive disorder.

More research is required to determine the best psychotherapy approach to treating peripartum depression (PPD). However, the studies referenced above both noted the participant's positive response to psychoeducation and normalization of their feelings. Art therapy is another treatment approach for PPD that is explored in current literature.

### **Art Therapy with Mothers**

Art therapy is a mental health practice that integrates artmaking, creativity, and psychological methods to improve the lives of individuals and communities (American Art Therapy Association, 2022). Art therapy is conducted by master-level art therapists who must adhere to the ethical guidelines of the profession. Art therapy can help to improve cognitive and sensory functioning, social skills, as well as increase self-esteem, and resiliency. Art therapists are trained to work with diverse populations who may have medical or mental health concerns,

providing culturally responsive care to meet the unique needs of each client (American Art Therapy Association, 2022).

While this study does not examine the therapeutic use of art, due to the limited phenomenological arts-based research with mothers, this review includes literature that addresses mothers' mental health or attachment issues. I expect that using art to explore emotions and experiences will provide another mode of communication. The process of creating artwork may help participants to express content too difficult to put into words.

Current research on using art therapy with mothers primarily focuses on fostering mother-infant attachment, treatment of peripartum depression (PPD), or anxiety. However, I include this literature because peripartum depression and anxiety disorders are so often under-diagnosed (Cox et al., 2016). Additionally, some phenomenological studies of motherhood found that some participants had untreated mental health issues (Forbes et al., 2020; Forbes et al., 2021; Hennekam et al., 2018).

Scotti & Gerber (2017) completed an arts-based research study with eight mothers to explore their experiences as they transitioned to motherhood. Scotti & Gerber chose self-portraiture and a dramatic play to capture that which was beyond the participants' words. The participants completed 'Montage portraiture' in which they traced photos of themselves and their babies, then added to the drawings as they discussed their experiences of motherhood during an interview. Each of the participants provided a progression of sequential images that was captioned by the narration from the interview. After analyzing and creating a synthesis of each participant's artwork, one of the researchers performed a final play that allowed viewers to feel the experiences of the mothers more genuinely. This was a non-traditional approach to research that could be used to promote deeper personal understanding.

A literature review by Hogan et al. (2017) explored the value of art therapy in antenatal and postnatal care. The review included art therapy studies with Peripartum Depression (PPD), trauma, and mother-infant bonding. The authors also include studies that used the ‘arts,’ an all-encompassing term for music, drama, creative movement, and visual art. Hogan et al. revealed ‘themes’ in peripartum depression, including birth trauma, social support, and the impacts on child development. The literature review calls for future studies on art therapy with the peripartum population, especially group art therapy, as social support helps to increase self confidence and self-esteem.

Siegel (2021) detailed her experience working with postpartum mothers and infants in which she used art therapy to encourage healthy attachment. Siegel reveals themes common to postpartum women, including existential concerns about life, death, and the constancy of self. To promote bonding with their infant and connection with the self, post-partum mothers worked kinesthetically at first. Siegel suggested playful scribbling, sculpting with Model Magic, the use of soft pipe cleaners, and the creation of a collage journal.

A small pilot study by Morton & Forsey (2013) looked at the effect of an arts-based group on reducing symptoms of depression in mothers with Peripartum Depression (PPD). The study was based on an ongoing community project in the United Kingdom called ‘My Time, My Space’ in which an artist, health visitor, and childcare provider worked with mothers in a socially supportive environment. The authors specify that the group was not intended to offer counseling or psychotherapy. Rather, the focus of the study was the impact of the safe and supportive environment on mothers. In the pilot study, a group of eight mothers with postnatal depression met for two hours, once per week, for 10 weeks. Mothers were referred to the group by their health care provider or family support worker. The study used pre- and post-scores of the

Edinburgh Postnatal Depression Scale (EDPS), along with qualitative interview questions, to examine the effectiveness of the program. The mean pre-group EPDS score was 17.3 and the mean post-group score was 11.1, which demonstrated a reduction in symptoms. Responses to qualitative interviews also demonstrated a reduction in symptoms of depression and a positive reception of the group. Limitations of this study were its small size and potential conflict of interest, as one of the researchers of the pilot study was also employed by the charity that runs the 'My Time, My Space' program. Other than listing art media, the effect of artmaking and choice of media on participants was not explored. The authors stated that a skilled artist facilitator was essential for the success of the group, however, they did not explain their criteria for selecting the appropriate candidate.

Sarid et al. (2016) presented a combined method, cognitive behavior therapy and art therapy (CB-ART), as treatment for perinatal mood and anxiety disorders (PMADs). As part of the treatment, participants with PMADs met for six sessions either individually or in small groups. During four of the six sessions, participants drew a recalled *Image, Symptom, or Memory* (ISM) associated with a distressing emotional or physical state. After processing the image with the therapist, the participants altered the image by adding more uplifting elements, such as brighter colors or imagery that the participants associated with good memories. Participants used the Subjective Units of Distress Scale (SUDS) before and after each ISM intervention. The results of the SUDS indicated a reduction in distress after each session. In the other two sessions, other CBT methods were introduced, including drawing, and writing about a 'safe place' to return to when distressed. In another session, participants drew the location of the physical or somatic feelings of distress in their body. Next, they altered the image to decrease its effect, or encouraged the participant to imagine the distress leaving the body. Each CBT-ART method was

followed with daily homework, such as altering images related to the exercises practiced in session. Sarid et al. (2016) call for future studies to evaluate the use of CB-ART with those who have other mental or physical health problems.

A study by Kim (2020) examined the effectiveness of an art therapy intervention in lowering the levels of anxiety, depression, and stress in first time mothers. The study specified that participants must be first time mothers with children under one year of age with sub-clinical levels of peripartum depression (PPD). Women with postpartum psychosis or women taking psychotropic medication for PPD were excluded. A total of 47 mothers participated in the study, which took place in weekly, one and a half hour sessions, over the course of six weeks. Participants were separated into three groups: an art therapy group, an open studio group (without art therapy, but socializing while independently using art materials), and a family club (control group: social support without art or therapy). Assessment measures were administered pre- and post-intervention: The State Trait Anxiety Inventory (STAI: Y-6 item), Edinburg Postnatal Depression Scale (EDPS) and the Parenting Stress Scale (PSS). Kim hypothesized that the art therapy group would demonstrate decreased levels of anxiety and depression. The pre-test and post-test scores for each of the three assessments (STAI: Y-6 item, EDPS, and PSS) for each group (art therapy, open studio, and family group/control) were compared using Multivariate Analysis of Variance (MANOVA). However, results indicated that there was not a significant difference in reduction of symptoms between the three groups ( $\Lambda = 0.77$ ,  $F(6, 82) = 1.92$ ,  $p = .09$ ,  $n_p^2 = 0.12$ ). The author gives several explanations for the results: (1) six treatment sessions may not have been enough time to see improvement in symptoms of depression, (2) directing mothers to deal with issues relevant to PPD may have exacerbated symptoms of depression, and (3) the art therapy and open studio groups may have been too similar. Limitations of the study include

the small convenience sample and a lack of diversity in facilitators and participants. Although the author identified the MANOVA procedure of statistical analysis, this method involves a complex formula and unless one is well-versed in the method, it is difficult to understand. A table of raw pre- and post-data for all assessments would have been helpful for readers.

A small group case study of 4 mothers by Arroyo & Fowler (2013) investigated the effects of a mother-infant painting group. The study proposed three hypotheses: (1) the painting group would reduce symptoms of postnatal depression (2) the painting group would increase mothers' self-esteem (3) the participants would experience improved mother-infant relationships. The mothers and babies (and fathers, occasionally) attended 20 weekly sessions of art therapy in a community center in the United Kingdom. The art therapy sessions were described as non-directive, focusing on the cooperative use of painting to help children bond with their parents. The study used the Edinburg Postnatal Scale (EDPS) and Soft Outcomes Universal Learning (SOUL) evaluations as pre-tests and post-tests. The study used two other self-report evaluations (Self Esteem Evaluation and the Relationship with Child Evaluation) however, the authorship and validity of the two evaluations is unclear. The results of the study were analyzed using their respective and quantitative and qualitative methodologies. Scores on the Self Esteem Evaluation demonstrated that there was a 70% average increase in mothers' self-esteem between pre- and post-treatment. The mean pre-treatment EDPS score was 18.25, and the mean post-treatment EDPS score was 15.5, which did not reveal statistically significant improvement of depressive symptoms. There was an improvement of mother-infant relationships, with mean pre-treatment scores of 6.25, and mean post-treatment scores of 8.5. However, due to the small sample size, statistical analysis did not find the improvement between the pre- and post-treatment scores to be significant. Qualitative analysis found that the painting activity helped families to relax and get

creative. The study did not describe criteria for inclusion or exclusion in the study. Two of the assessment instruments, the Self Esteem Evaluation and the Relationship with Child Evaluation are unknown and potentially unvalidated and unreliable.

The methodology and focus of the art therapy studies included in this review vary significantly. Most studies indicate that the participants received some benefit from the art therapy interventions. Of note is the recurring use of a group art therapy format, which has shown to benefit participants as they communicate and validate one another's feelings. Additionally, the successful therapeutic use of many different art materials indicates that the process of artmaking may be more important than defining a specific media or intervention.

### **Expressive Therapies Continuum**

The Expressive Therapies Continuum (ETC) (Hinz, 2020) is a book and framework for using art in psychotherapy. The text is based upon foundational theories by Kagin and Lusebrink (1978). The ETC does not endorse any specific psychotherapeutic approach, instead it aims to match developmental and affective functioning with art processes and media to best serve the client's needs. The ETC uses a developmental hierarchy to organize art media and processes. The hierarchy is divided into levels: Kinesthetic, Sensory, Perceptual, Affective, Cognitive, Symbolic, and Creative. Hinz suggests specific art media and processes for each level of the ETC. Clients are encouraged to begin work with their preferred media, which tells the art therapist something about their level on the ETC. For example, a client who chooses to make realistic, detailed drawings of objects that lack symbolic or expressive content, is likely most comfortable working at the Perceptual level of the ETC. Therefore, the therapist should allow the client to begin therapy with interventions using art media and processes on that level, such as pencils and markers. The therapist would then slowly encourage the use of media from other

levels of the ETC depending on the client's needs. Hinz (2020) posits that a well-functioning individual can work comfortably on all levels of the ETC.

I used the ETC as a guide when selecting the art process and analyzing the artwork for this study. Increased cognitive functioning, promoted by more complex art processes, such as a topic-directed collage, helps clients build problem solving skills. A topic directed collage could potentially help modify maladaptive thoughts in those with peripartum depression (PPD). Although the participants of this study did not say they were diagnosed with PPD, three of them mentioned having symptoms of depression in the peripartum period.

The ETC offers guidance for analyzing artwork. For example, differing uses of space may indicate the client's level of emotional involvement or the amount of cognitive and symbolic processing (Hinz, 2020). Increased color use is usually an indicator of emotional expression, for example, a lack of color or the use of dark colors may indicate feelings of depression (Gantt & Tabone, 1998; Hammer, 1997; Wadeson, 2010, as cited in Hinz, 2020). Content and symbolism of images is subjective (Hinz, 2020), so the participants discussed the symbolism of their artwork with the researcher during the Zoom meeting.



## CHAPTER III

### **Methodology**

This study uses a feminist phenomenological approach to research. Phenomenological research is focused on communicating the lived experiences of its participants, describing data instead of measuring results, as in quantitative research (McHugh, 2020). Feminist research promotes gender equality and the advancement of women (McHugh, 2020). Therefore, using a feminist phenomenological approach, this study focuses on communicating experiences of motherhood within the larger social context to promote understanding and increase awareness of contemporary mothering. If the study can identify sociocultural and gender-based norms that impact mothers, people can use that information to better support them.

This study was approved by the Internal Review Board (IRB) of Saint Mary of-the-Woods College. This study asked, “What are the perceptions and experiences of motherhood before and after having children?” The study used three instruments to collect data from each participant 1) A demographic questionnaire 2) Two collage artworks about their perceptions and experiences before and after motherhood, and 3) A semi-structured, individual interview.

### **Participants**

Inclusion criteria for the study specified that participants must be mothers, ages 18 years and older, who have at least one child aged three months to five years. The study included only mothers of children five years old and younger because, as time passes, memories may fade. Establishing a minimum age requirement of three months for the mothers’ children aims to give new mothers enough time to adjust and reflect on their new their motherhood experiences.

Participants were required to interact on a Zoom meeting, individually with the researcher for no longer than two hours to complete artwork and participate in a semi-structured interview.

The researcher recruited five participants, whose ages ranged from 30- 42 years. The participants came from different locations in North America. One participant was from Canada, while the others lived in different states in the United States: Ohio, Indiana, and North Carolina. Four out of the five participants were Caucasian, and one participant was Hispanic. All participants identified as cisgender female. Each participant had at least an associate degree; two participants had a master's degree. Three out of five participants had one child. Two participants had either two or three children. The participant's children ranged between 1-14 years of age. Four out of five participants were married and one participant was single. Four out of five participants were employed outside of the home and one was a stay-at-home mother.

### **Procedures**

The participants were recruited through flyers posted on Facebook and Instagram in a PDF format in the newsfeed of groups about mothering, parenting, and raising children. Snowball sampling was also used. Recruitment via snowball sampling occurs when participants refer people that they know meet the criteria of the study to participate (Bennett et al., 2020). Potential participants who met the inclusion criteria contacted the researcher through email, as indicated on the flyer.

Prior to participation in the study, the researcher reviewed eligibility criteria with all potential participants through email. If eligible, the researcher sent the demographic questionnaire and informed consent forms through email. The purpose of the demographic questionnaire was to obtain data that helped the researcher in thematic analysis and the

triangulation of data. Participants signed all forms digitally, prior to participating in the study, and then returned them through email to the researcher. After receiving the signed consent forms, the researcher and participant scheduled a time for the Zoom meeting.

Participants were asked to have the following art materials on hand during the Zoom meeting: 8.5 x 11 inch white paper, magazine clippings, found objects, patterned paper, glue sticks, and/or liquid glue. During the meeting, the researcher explained the timeline and schedule of activities: 1) Hour one: Each participant completed two collage artworks. 2) Hour two: Participate in a semi-structured interview, referencing collage artwork throughout. 3) Participants should take a picture of both collages, and then email the photographs to the researcher.

The two collage artworks were intended to add a deeper understanding of participants' perceptions before and after motherhood. The prompt for the first artwork was, "make a collage using images (and words, if you wish) about your perceptions of motherhood before becoming a mother." For the second artwork, the prompt was, "make a collage using images (and words, if you wish) about your experiences after becoming a mother." Participants were informed that artistic skill was not expected or required. Full instructions of the art procedures are included in Appendix A.

Directly following the artmaking portion of the Zoom meeting, the researcher conducted semi-structured interviews (see Appendix B) with each participant, for no longer than one hour. The researcher asked each participant the same questions, and then followed-up with questions related specifically to their responses. The questions focused on 1) the perceptions and experiences of motherhood before and after becoming a mother, 2) how interactions with friends and family effected their experiences, and 3) how the larger society impacted their experiences.

Each participant was asked to share and discuss their collages, followed by open-ended questions from the researcher to clarify information.

### ***Risks***

This study posed minimal risk to the participants. One potential risk was that the art making process and interview could elicit a negative emotional response as participants reflected on challenging experiences. Although no participants demonstrated dysregulation during the meetings, the researcher was prepared to provide a list of sources for counseling. Participants may have benefited from the study as they reflected on their strengths and personal growth. Additionally, participants may have benefited from reading the results of the study, which may normalize their experiences as a mother. All participants indicated that they would like to receive the results of the study on the demographic questionnaire. Participants were emailed the final study after its completion.

### ***Data Collection***

Four types of data were collected for this study, including the questionnaire, audio recordings of the interviews, transcriptions of the interviews, and photographs of the artwork. The researcher took screenshots of each of each participant's artwork directly after completion, making sure that there were no personally identifiable objects in the background. The participants were also asked to take a photograph of their artwork and then email it to the researcher, as this provided a better-quality image than the researcher's screenshot. Audio/visual recordings and transcriptions of the interview were made with Zoom software.

Only the interview transcriptions and photographs of artwork were analyzed. To identify and reference data during analysis, each participant was assigned a pseudonym. The researcher

labeled each photograph with the participant's pseudonym and included it on their demographic questionnaire for reference during data analysis. Data was only accessible to the researcher using password-protected external hard drives and a locked document safe. When the hard drives were not in use, they were stored in the locked document safe at the residence of the researcher. All emails from the participants were deleted. The researcher will keep all data for 3 years, after which it will be deleted, followed by a reformatting of the external hard drives.

### *Data Analysis*

The author is the sole interviewer, art facilitator, and data analyst of this study. The use of Atlas.ti, a desktop and web-based software for Computer-Assisted Qualitative Data Analysis (CAQDAS), is suited to the phenomenological approach of the study, as suggested by Saldana (2020). The CAQDAS completed an exploratory analysis on two data points (interview transcripts and photographs of the participant's artwork), and then highlighted themes and patterns. The CAQDAS software is only available on the researcher's computer, which is password and fingerprint protected.

Data was analyzed objectively, with no preconceived themes or outcomes. The researcher coded the data following thematic analysis based upon frequently used words, phrases, or concepts that revealed themselves. As coding progressed, the researcher organized similar words or phrases into themes. Some data, as expected, would not fit neatly into themes, which provided unique perspectives into each participant's experiences.

The analysis of the artwork occurred both during and after the interviews. After the meeting, the researcher analyzed the expressive elements of the artwork using the framework of

the Expressive Therapies Continuum (ETC). The researcher specifically looked at the participants' use of space, color, content, and symbolism when analyzing their artwork.

### *Methodological Integrity*

This study uses multiple data sources to represent the fundamental lived experiences of the participants. The study's use of CAQDAS is not only efficient, but it also allows the researcher to make connections between multiple data sources, annotations, and group codes thematically throughout the process of data analysis (Silver & Lewins, 2020). Computer software enabled the researcher to highlight patterns in text that may be overlooked if the data was analyzed manually. Additionally, Atlas.ti allowed the researcher to revisit, annotate, and categorize the data manually, which expanded its exploratory function (Silver & Lewins, 2020). Atlas.ti also generated visual maps, so that patterns and connections in the data were made visible, which made it easier for the researcher to check for objectivity.

The methodology of the study was reviewed by three faculty members to ensure ethical analysis and presentation of data. The small sample size of this study limits its generalizability to the wider population. However, duplicate studies of a larger sample size could use the same methodology to determine the validity and transferability of the results.

## CHAPTER IV

**Results****Participant 1: Lisa**

Participant one is referred to as Lisa (pseudonym). Lisa is a 30-year-old Caucasian American woman. She has one child, who was 18 months old at the time of the study. Lisa is married, has an associate degree, and her occupation is homemaking/stay-at-home mother.

***Data Collected***

Lisa's perceptions before motherhood were most impacted by her interactions with others while she was pregnant. She received unsolicited advice and warnings, and felt that the comments were mostly negative, which made her feel anxious (see Figure 1). After having her child, she found that some of her perceptions were accurate, especially being tired and having less time to herself. However, feeling unconditional love for her child and discovering her personal strength was a welcome surprise (see Figure 2).

Figure 1

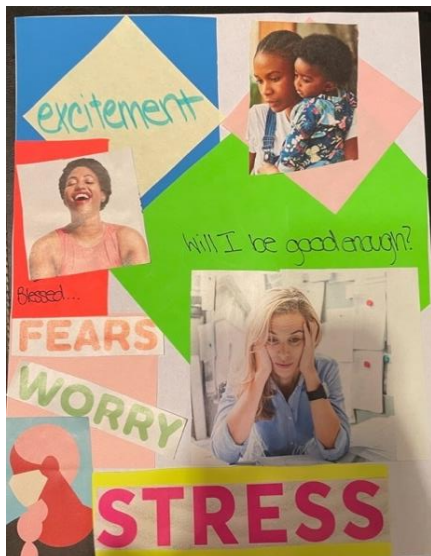
*Lisa's "Before Motherhood" Collage*

Figure 2

*Lisa's "After Motherhood" Collage*

*Lisa's Themes*

Lisa's perceptions and experiences before motherhood were colored by her face-to-face interactions with other people early in her pregnancy. She stated:

“When <spouse> and I told everybody...you would be amazed how many people were just like well, you know, “you'll probably have a miscarriage” or, like, at first, “just don't get too excited.” It was a lot of, like, more negative feelings that we experienced or bad experiences that were told to me.

Lisa was excited about becoming a mother but found that the opinions and feedback from other people caused her anxiety. For example, the words “fears, worry, and stress” take up a larger portion of Lisa's artwork than “excitement and blessed” (see Figure 1). Images representing unpleasant experiences and feelings, such as the woman with her hands on her face and the illustration of a figure wearing a mask, also dominate more of the composition when compared with the images that demonstrate pleasant emotions.

Lisa explained that she included the image of a person with a medical mask because the COVID-19 pandemic also influenced her experiences prior to motherhood, especially during childbirth. She was required to wear a mask for most of her labor in the hospital due to COVID-19 mitigation policies. She said, “I was having a lot of panic. I had a lot of anxiety. I couldn't breathe well and the mask...messed with me more.” She also stated that she expected a calm, happy baby, and lack of sleep and personal freedom. When discussing her experiences after motherhood, she compared her before and after motherhood perceptions without prompting from the researcher.



Lisa explained that after becoming a mother, she realized, “It was nothing like I thought it was...underestimated motherhood.” She also idealized her child’s disposition, and then found that she was not prepared for the frequency of the baby’s crying and contrary behavior. However, some of her experiences were unforeseen, especially the unconditional love that she felt for her child. She also stated that she found a strength and resiliency she never knew she possessed. Motherhood has required her to make time for self-care and developing positive coping skills, both of which she viewed as positive effects of her motherhood experience.

### **Participant 2: Jessica**

Jessica is a pseudonym for participant 2, who is a 42-year-old Caucasian American female with three children, aged 4, 9, and 12 years. She is married, has a master’s degree, and is employed full time as a leader within a large organization.

### ***Data Collected***

Many of Jessica’s images are symbolic representations of her perceptions and experiences, and she explained each image and symbol during the interview. Unfortunately, the participant did not get a photograph of the artwork before discarding it. The researcher did not follow up and ask for the photographs early enough. Jessica’s “before motherhood collage” (see Figure 3) and “after motherhood collage (see Figure 4) are screenshots of Jessica’s artwork from the Zoom meeting. Although the images are a little blurry, the images are identifiable once explained.

The Rolex watch (see Figure 3) symbolized Jessica’s perception that children are expensive. The image of puppies eating from a bag of dog food reminded Jessica of breastfeeding, which she thought would be gross. Jessica described the image of the manatee as a

symbol that motherhood "...would be a beast of burden." There is an unclear image of a boat and two people swimming, which Jessica said represents the "feeling of drowning," and that a person would have to "kill their own identity to assume that other role [mother]." On the back of her collage, Jessica included an image of a woman sleeping because "we always hear, 'you'll never sleep again.'"

She explained that the largest image on the page, a mother kissing the head of a baby, was the most powerful image on her "after motherhood collage" (see Figure 4) because it represents "that strong and just that immediate connection [to the baby]."

She stated that the image of the mother and child hugging was powerful, which may demonstrate how much she values showing her children affection. Jessica selected the words 'Comfort and protection,' for her "after motherhood collage," which symbolized her responsibility as a mother. Jessica said that she identified with the words "tired, caring, happy,

Figure 3

*Jessica's "Before Motherhood" Collage*



Figure 4

*Jessica's "After Motherhood" Collage*



worried, and relieved” when thinking about her motherhood role. The red bow is a symbol representing motherhood as an unexpected gift. The images of the ice cream cone and chicken nuggets are not symbolic, but representative of foods that the kids and/or family members enjoy together. Jessica included the image of a Tylenol package because, “...it [motherhood] can be stressful and give you a headache.” She included the word “pressure” because:

...I think there's a lot of societal pressures that come with motherhood, and I feel like everyone wants to be an armchair quarterback, and you know, wants to be the perfect parent. So, I think that there's undue pressure, maybe even more so today than what...women have experienced in the past, just because of the presence of social media.

### *Jessica's Themes*

Jessica's childhood experiences and observation of her mother and other mothers in her community made a significant impact on how she felt about motherhood. She watched her own mother do everything, including all childcare and housekeeping duties, as well as work outside the home to provide for the family. Jessica did not see her father support her mother in any of her roles, so she viewed raising children as too much responsibility, too expensive, and requiring too much self-sacrifice.

Jessica mentioned the role of TV and social media in shaping both her experiences before and after becoming a mother. As a child growing up in the 80's, TV depicted stereotypical gender roles and the “nuclear family,” with two married parents and two children.

Jessica's change in perspective on motherhood was a result of watching her own friends manage their families with support from others. When she met her husband, she could imagine raising children together in a more supportive relationship than the one she observed from her

parents. Jessica communicated the importance of continuing to pursue her career goals and working after having children. She spoke at length about her worries for her children's future and her role in protecting them from harmful societal influences, particularly regarding technology use.

### **Participant 3: Erin**

Participant 3 is referred to as Erin, who is a 36-year-old Caucasian woman from Canada. She is married and has one child who was 14 months at the time of the interview. She has a bachelor's degree and is employed full-time in the communications field. Erin explained late in the interview that she was motivated to participate in the study to explore her trauma after childbirth.

### ***Data Collected***

Erin had some experience with collage, so she understood the process and did not require any instructions. The images she used in her collage are more symbolic and less obviously related to parenting than in some of the other participants' collages. When Erin explained each image, it was clear that she had thought very carefully about how to represent her feelings visually. She asked if she could add a few written words to her collages during the meeting. When looking at the finished collages, the words help to clarify the meaning of the images nearby.

### ***Erin's Themes***

Erin used a variety of images and written words that, when viewed together, communicated idealized motherhood in her "before motherhood collage" (see Figure 5). She felt as if television, social media, and other mothers had kept the reality of mothering a secret, which

left her feeling angry. All the words in Figure 5 are associated with positive experiences, including “playtime, fun, transformation, new mom friends, strength, empowered, and ‘big love blooms.’” Erin stated that these are unmet expectations. For example, she thought, “it [motherhood] is just magical, like somehow there's like an internal transformation, and like a switch, and then, like, you just are full of love.”

When comparing the before and after motherhood collages, she referenced magic again, stating that she made room for an image of a paper flower in her “after motherhood collage” to communicate that there is no blooming or magical transformation (see Figure 6). Erin used photos of naturally destructive elements, a storm and fire, which symbolize the chaos and upheaval in Erin’s personal life and in the world. Erin gave birth during the COVID-19 pandemic, which influenced many aspects of her pregnancy and early motherhood. Her mother passed away when she was pregnant. Above the image of the empty couch Erin wrote, “where’s the village?” This is in reference to the lack of support due to the loss of her mother and COVID restrictions, which prevented her from meeting friends.

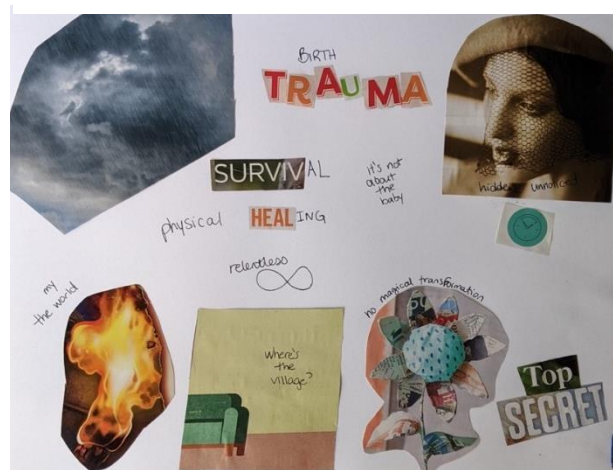
Figure 5

*Erin’s “Before Motherhood” Collage*



Figure 6

*Erin’s “After Motherhood” Collage*



Erin's childbirth was a traumatic experience, requiring physical and psychological healing. The clock is a symbol of the need to live by the baby's feeding and sleep schedule (see Figure 6). The veiled woman is representative of Erin feeling hidden and unnoticed by her support system and society at large. One of Erin's most prevalent themes is related to the words "Top Secret." Erin feels as if society and other mothers keep the true reality of motherhood a secret so as not to upset people, especially pregnant women. She states:

I feel like I've been let in on this big secret that nobody talks about and, like, I'm like guys, why don't we just tell everyone? And then we don't have to like to be like this anymore. But then, even me, if there's like someone who's pregnant and, like, super stoked, I don't want to be like, "Hey? Guess what, it's shitty, you probably won't like it."

Erin's after motherhood experiences were primarily negative, which may have been exacerbated by comparing reality to an idealized preconception of motherhood.

#### **Participant 4: Melissa**

Melissa (pseudonym) is a 40-year-old Caucasian American female with one child, who was 4 years of age at the time of the meeting. Melissa is single and employed in a variety of roles.

#### ***Data Collected***

Melissa had prior experience making collage artworks and she bought magazines to use when making her collages. Melissa was the only participant who chose to rip her paper instead of cutting it with scissors. Ripping paper can release physical energy to relieve anxiety (Hinz, 2020). Melissa did not appear to be anxious, so ripping the paper was likely an aesthetic choice and her preferred approach to the media.

### *Melissa's Themes*

Melissa's perceptions and experiences of motherhood are not as easily summarized as the other participants. Her before motherhood collage (See Figure 7) and after motherhood collage (see Figure 8) used symbols and words that demonstrate mixed emotions about motherhood both before and after having her child. However, one steady theme is the positive impact motherhood has had on her life since having her child. She states that the parenting journey is:

...healing for me...especially growing up in such a disjointed environment and not really understanding that that there was love in homes...here was an enduring love...she [participant's child] made me believe in again, like, in a way that's not just idealistic, but it's real.

In her “after motherhood collage” (see Figure 8) the words “ultra-reparative” communicate how motherhood helped heal her childhood trauma. Melissa references her childhood trauma several

Figure 7

*Melissa's “Before Motherhood” Collage*



Figure 8

*Melissa's “After Motherhood” Collage*



times throughout the interview, which demonstrates that has been a significant influence on her motherhood perceptions and experiences.

Two other significant themes that revealed themselves in the artwork and interview are 1) the impact of societal pressures and internalized expectations on motherhood perceptions and experiences and 2) the lack of support from the child's father. Figure 7 contains images of foreign countries (to represent travel) and an alcoholic beverage (to symbolize fun and adult time). Both of those images represented things that Melissa thought she would do after becoming a mother. However, after motherhood, she realized that it was difficult to travel and spend "adult time" without her child. Images of healthy food represent her plan to raise her child on healthy food only. However, after becoming a mother she found that this was not desirable or realistic.

The words, "we're breaking up," (see Figure 8) are a literal reference to Melissa's breakup with her child's father. The couple's conflict, including his lack of support, and his distance during her pregnancy and early motherhood, had a significant impact on her. She stated that she was struggling with feelings of depression, isolation, and inadequacy during the peripartum period.

### **Participant 5: Laura**

Laura (pseudonym) is a 42-year-old Hispanic American female. She is married and has two children, ages 14 and 1.5 years. Laura has an associate degree and works full time.



### *Data Collected*

Laura had old 'Parents' magazines in her house, which were particularly useful when she had to find images for the collage artworks. She wrote on her collages because she could not find the words that she wanted in the magazines. Laura's "before motherhood collage" (see Figure 9) was more difficult for her to complete because it was hard for her to remember how she felt before having children. Laura covered a larger portion of her paper for her "after motherhood collage," because those experiences were current (see Figure 10).

### *Laura's Themes*

The age difference between Laura's two children (about 13 years) helped to provide a unique perspective on motherhood, especially when she compared her experiences of parenting her first and second child. The large age gap between Laura's children is the result of her

Figure 9

*Laura's "Before Motherhood" Collage*



Figure 10

*Laura's "After Motherhood" Collage*



experience with secondary infertility and pregnancy loss, which contribute to her views of motherhood. She recognizes that she is more sensitive to the feelings of other mothers, especially those struggling with infertility.

After reflecting on her experience with her first child, she realized that the quest for perfection made motherhood difficult and less enjoyable:

I felt the pressure of trying to be the perfect mom, the perfect wife, the perfect housekeeper. You know, I wanted everything to be perfect, perfect, perfect, or at least, you know it just...I felt like I didn't enjoy it as much. And this time around, I feel like, no, I'm not doing that mistake again. It's like, I almost feel like I get a second...chance.

This quest for perfection is symbolized by the words “born perfect, fitness, and wellness” in Figure 9. The quote in Figure 10, “Dear new moms: Don't sweat the small stuff” is a reference to Laura's personal and maternal development, finding peace in the imperfect. Laura commented that she had difficulty remembering the details of her perceptions of motherhood from before her first child but commented that she thought she had views that were selfish.

Laura's after motherhood collage (see Figure 10) combines images and words that represent the importance of self-care. Lack of sleep and feelings of fatigue are represented by the image of a woman leaning her head on a wall, thinking “SOS and Coffee.” The quote, “momsomnia is real” also references fatigue.

Laura's experience of motherhood was more positive than most other participants, both before and after having children. This could be accredited to her disregard for most media influences, and the support that she receives from her husband and extended family. The large age gap between her children may play a significant role in her more positive outlook, as she has

confidence in mothering her youngest child because she has experienced the developmental stages already. Whereas she stated that she is now more nervous about parenting her oldest child because it is “uncharted territory.”

## **Overall themes**

### ***The Impact of Judgement from Others***

The opinions and judgement of other people came up as concerns both before and after motherhood. For example, Laura spoke about early motherhood with her first child:

...with my oldest, I felt like, oh, my God, everything had to be perfect. People came over, I wanted everything clean...it almost felt like if I didn't, it would look like I don't have it together. Like, ‘what kind of parent are you?’

Similarly, Melissa talks about judgement from other people while taking her child out in public:

when <participant's child> was really young and she was a baby, I was, like, afraid...I had a lot of anxiety. I was afraid to, like, go out in public and be a mom because of ‘mom judgment.’ I was afraid I wasn't doing it right and I didn't want to look foolish...I was very insecure about it, and, like, I just, like, lived through this pregnancy where everybody was already telling me what to do, and I just felt like that was gonna continue.

Three out of five participants reported receiving negative comments from others while they were pregnant, which influenced how they felt about their impending role. Jessica stated:

I mean, it was stressful. It was, you know, especially talking to people, and how they would react. It was almost like I didn't want to tell anybody, you know, I was pregnant after hearing a lot. And it wasn't like we, you know, announced it early, or anything like

that. It was that, just like, the first thing that came out of a lot of people's mouths was just negative stuff.

### *Love*

Three out of five participants spoke about the love and connection that they felt for their child(ren). Lisa smiled widely while she explained that there was nothing else like the unconditional love she feels for her child. Melissa explained an image in her collage of people smiling, laughing, and cheering as representative of her victories, including the special, close relationship that she has with her child.

Tears started forming in Jessica's eyes as she spoke about the most powerful image in her collage: a mother kissing the head of a newborn baby. She explained that her connection with her children is, "that good. It's that powerful. It's that strong and just that immediate connection...it's really been a gift, unexpected gift for me."

Erin expected to feel like Jessica. When talking about her 'before motherhood collage,' Erin explained her image of a blooming flower, "suddenly, I am a mom and I love my baby so much. And it's just magical, like somehow there's like an internal transformation, and like a switch, and then like you just are full of love." Although she loves her child and said that he is wonderful, she did not experience the "immediate connection" described by Jessica.

### *Anxiety*

Anxiety was common before and after motherhood. The emotions most frequently associated with the peripartum period were excited, anxious, stressed, and worried. Lisa said that she wondered, "Am I gonna be good enough? Is this the right choice for me?" Laura was

concerned about being prepared for a child, "...there were things that I remember worrying about before, like I never felt like I was ready."

For most participants, anxiety remains after becoming a mother, especially as children grow and become more independent. Laura states, "I guess the anxiety of like... the decisions that she's going to start making for herself, you know, I don't have complete control over. And it's supposed to be that way..." Jessica's anxiety is more prevalent since becoming a mother, some of which relate to lack of control. She states:

I feel like sometimes I worry into the future a lot. Yeah, that's a really long one to answer. I don't know. Yeah, I would say it's mostly worry on a daily basis, like, "What lessons am I missing teaching them? Am I not teaching them the right things? How do you combat the onslaught of social media? How do you combat YouTube?"

### *Working Mothers*

Four out of five participants were working mothers. For Jessica and Laura, having a career prior to motherhood gave them financial stability and more confidence in their ability to provide for their children. Jessica received criticism from a family member when she communicated her intent to return to work after having her child. Melissa found that it was necessary for her to change her job to give her daughter the care she needed.

Erin was not working for the first year of her child's life but had been back to work for about four months at the time of our interview. She stated, "It's like a 180 since I've been back [to work]. So, I went back at a year. Yeah, so it's like...the first year was...not. I did not like that." Erin prefers to work instead of being a stay-at-home mother full time.

*COVID-19 Pandemic*

Three out of five mothers were pregnant or gave birth during the COVID-19 pandemic. To slow the spread of COVID-19, healthcare providers and hospitals took extra precautions such as requiring masks, limiting or restricting visitors in hospitals, and maintaining 6 feet of distance between people. When speaking about her birthing experience, Lisa said, “I was having a lot of panic, I had a lot of anxiety, I couldn't breathe well and the mask. I think I just had a lot in my head, the mask messed with me more.”

The COVID-19 pandemic affected many aspects of Erin's peripartum experience:

I feel like that affected a lot of things in terms of a pregnancy experience, in terms of a birth experience, in terms of after, who can come over, all of that sort of thing, in terms of making friends. There were no mommy groups. Nothing.

Melissa spoke about how the COVID pandemic impacted her life. During the pandemic, she broke up with her child's father and stated:

...after he and I broke up, like, I was like at this like severe bottom. I was like, “I don't know how to like to be a mom.” [Participant's child] was two, but like, I was like, “I still, I don't know how to be a mom and I definitely don't know how to do anything by myself,” because it was also the very start of the pandemic. So...we were isolated. [Participant's child] and I were isolated except for, like, her one babysitter, and it was just...so much.

*Before motherhood***Observed Mothering**

For most participants, their perceptions and expectations of motherhood were formed in childhood, as they watched their own mother and mothers in their community. All five participants discussed their own mothers and/or their upbringing when asked about their perceptions of motherhood before becoming a mother. For example, Lisa stated that only her mother's opinion would have an influence on how she raised her child.

Jessica's mother worked hard to do everything for her family and received very little support from her husband. As a result, Jessica thought that motherhood looked too overwhelming and required too much self-sacrifice. Laura had a similar experience observing her mother and father, deciding that her marriage and parenting experience would be more equal and supportive. Melissa stated that her traumatic childhood has resulted in her conscious choice to parent differently than her mother to stop the cycle of trauma. Erin's mother passed away during her pregnancy, which had a huge impact on her because she expected her mother's support after she gave birth:

So, she didn't come over when he was born and like take care of me. Nobody did that, that I was fully expecting. Right? So that piece was missing. And then, because she died, my whole family is like broken, so none of them are here to help me. So, it's like all the things that I thought would fall into place have just, like, not happened.

Melissa's expectations before motherhood impacted her feelings after motherhood because she felt frustrated when things did not happen as she hoped.

### **Social Media and Other Cultural Influences**

Jessica shared her thoughts about motherhood and social media:

We show the world the face that we want to put on, but I don't think we show everyone the real person. So, it's just...I feel like comparison is the thief of joy and that's really all social media is used for is, "What don't I have? What do I want? What can I get? Why don't I look like that?"

Other influences on the perceptions of motherhood included TV and advertisements. For example, Melissa spoke about how watching TV affected her perceptions of motherhood while she was growing up, "I learned a lot of things, or thought I did, you know, watching it. Like what the experience was supposed to be like? Which is why I also presume, like, I had a lot of these, like, idealizations." She reflected on how those early preconceived idealizations of motherhood affected her as a parent when she stated, "I feel like I was betrayed a little bit by the media representations," and, "I hadn't ever realized how much I expected out of life from pop culture until it I found out that wasn't real."

Erin mentioned the impact of TV on her images of family, "I do sort of see those multi-kid families as the norm and, like that's what you see in TV ads, all this stuff." She went on to explain that due to the physical trauma she experienced during childbirth, she does not want to have another child. However, this goes against the cultural norm of having two children close in age. She states, "...I just feel so disconnected from that, which is the TV experience."



*After Motherhood***Support**

The perceptions and experiences after motherhood varied, depending upon the strength of the participant's support system. Melissa and Erin received less support from family and friends than the other participants in the postpartum period due to COVID-19 and personal loss. Melissa broke up with her child's father during the pandemic and Erin's mother passed away. Therefore, they did not receive the level of support that they expected before having a child. Due to the lack of support and loss, they felt lonely. Lisa included the word "loneliness" in her collage about her experiences after motherhood, however, she did not elaborate on the cause of her feelings of loneliness.

Jessica and Laura both grew up with fathers who did not support their mothers in childcare and house care duties. Jessica did not consider having children until she fell in love with someone that she believed would parent with her. She stated:

Oh, this could really work, or maybe we could do this, maybe it'd be okay. Yeah, I think meeting the right person, like, really opens your heart to different possibilities. Yeah, yeah...kind of having faith in the fact that your reality could be different than the one that you grew up with.

Likewise, Laura said:

He [my dad] has always been around, but I feel like he was never supportive as I wish he could have been. And I think that was one of the big things that, when I got married, was a huge thing for me. It's like, "I need you to support what I want to do...whatever stage of life I'm in, I need you to be supportive and be behind me 100%."

Laura built a life with someone who would allow her to pursue career goals and take care of herself, unlike the lack of support her father gave her mother.

### **Fatigue**

After their children were born, participants described the reality of motherhood as being tiring, exhausting, and overwhelming. Participants mentioned that they expected this, based upon what they heard from other people or on their own observations of other mothers. Lisa stated, “I heard no sleep [before motherhood], but the months of sleeping on the couch...and, yeah, stuff like that? I don't. I didn't. Oh, I was not aware of that.” Likewise, Laura describes an image from her collage representing her after-motherhood experiences, “I have this [image], this mom kind of hitting the wall, because she's lacking sleep, and I'm like, yeah, that was me a few months ago.”

### **Self-care is a Necessity**

Three out of five participants mentioned that since becoming a mother, they think more often about the importance of self-care. Lisa had to find healthy coping strategies so that she could be well and take care of her child. Laura included the phrase, “Sometimes self-care means self-discipline,” in her collage. She creates time in her schedule to be with family and friends, which is one of her forms of self-care. Melissa said, “It's so easy to lose yourself in it [motherhood] because self-care...is always the first thing to go.” Due to the demands of motherhood, these participants knew that they had to prioritize self-care.

### **Summary connecting to research question**

Each participant had different perceptions and experiences of motherhood, all of which were influenced by their support system, culture, and society. These findings reflect the goal of

phenomenological research: to describe each person's unique experiences within the context of their surroundings. The study points to several themes related to participants' perceptions and experiences of motherhood, including the importance of support and self-care, the negative impact of judgement from other people, and the incongruence of media representations compared to the reality of motherhood.

## CHAPTER V

**Discussion****Literature related to results**

The results of this study correspond with those found in other studies about motherhood. In a study about the development of a motherhood identity (Arnold-Baker, 2019), common themes were not feeling like a mother and not feeling different. The same feelings were described by Erin, who expected to feel different after having her child, but instead felt the same, which was upsetting to her.

A study by Chae (2015) found that social media may cause mothers to feel pressure to achieve unrealistic standards of motherhood. Lisa was cognizant of this competition and comparison, saying that she “tries not to get wrapped up in it.” Jessica reflected the same sentiment, saying that social media is primarily used for comparison.

Forbes (2020) found that despite differences in study participants, intensive mothering beliefs are prevalent in the United States. Participants in this study felt the pressure of intensive mothering culture. For example, Melissa stated that she wanted to be the kind of mom that served organic food and did crafts with her child. Jessica worried about how to protect her children and teach them “the right things.” When she was pregnant, Lisa worried about her ability to be a good enough mother.

**Strengths and Limitations of the Study**

The strengths of the study include the amount and depth of data collected from the participants. For example, the transcripts alone totaled 64 pages, which were carefully reviewed

and coded. Each participant created two collages, for a total of 10 artworks. Participants shared their experiences openly, even if they were difficult or traumatic. The themes uncovered in the study reflect other research on motherhood.

The limitations of the study include the small sample size and the lack of diversity in the sample. Most participants were white, married, and employed; therefore, the results are not likely generalizable to other populations. Poverty and racial discrimination were not issues for the participants, both of which impact the health of mothers (Chambers et al., 2020). The cultural influence on the participant who is Hispanic greatly impacted her early observations of motherhood, especially when she compared her upbringing to those of the ‘dominant’ white culture that she encountered in college. Therefore, the inclusion of other cultures and races would greatly improve the study’s generalizability to a wider population.

All the participants of this study were interested in reading the findings of the research, which likely means that they found the topic interesting, were hoping to learn more about motherhood, art, and/or the experiences of others. This may mean that these participants have thought more about motherhood than others, which could skew the results. Obtaining the views of other women, who may not be as interested or aware of influences on their mothering, is important. The contrasting views could reveal characteristics or thought patterns that make some women less impervious to outside influences.

### **Researcher Bias**

The researcher is a working mother of two with her own perceptions and experiences of motherhood. To avoid influencing the participant’s responses, the researcher did not direct the artmaking experience or discuss her personal views of motherhood during the research process.

Participants were only given a supply list and the prompts before beginning their artwork. The participants chose their own print media with which to make the collage, which was purposeful, as any suggestions may have influenced the content of the collages. During artmaking, the researcher remained quiet unless the participant chose to speak. Most participants made some small talk at the beginning of the artmaking process, and then remained quiet for the duration of approximately an hour. Additionally, all participants were asked the same questions on the semi-structured interview list. Any follow-up questions were directly related to the content revealed visually, in the artwork, or verbally during the interviews.

Although the researcher was aware of this bias and took steps to make the research process and analysis more objective, the possibility remains that personal views of motherhood could impact the study. Additionally, as an art therapy graduate student, the researcher values artmaking and selected artmaking to stimulate cognition (Hinz, 2020).

It is possible that the use of magazines and other print media in the participant's artwork could have impacted their views on societal influences. In a study by Grabe et al. (2008), exposure to images of thin models in magazines made them feel more self-conscious about their bodies. Although the focus of this study was different, exposure to images of idealized motherhood may have had the same impact on the participants' view of their ability to meet those unrealistic standards.

### **Contributions to the Field**

This study contributes to research on motherhood, perinatal experiences, and society's impact on women and mothers. The use of collage as a research tool may contribute to research in future art therapy studies. This study may provide information that promotes more realistic

expectations of mothers, as well as empathy for mothers who are struggling to take on the new role.

### **Recommendations for Future Research**

Future research on motherhood should prioritize the recruitment of a diverse sample, including people from different geographical areas, people of different races, ethnicities, income levels, ages, and marital status. A larger number of participants with different backgrounds makes the results of the study more generalizable to the public.

Furthermore, the recruitment of participants was difficult, which is likely due to the population. Mothers of young children do not often have free time because they are busy caring for their children and/or working. Therefore, I recommend that future studies provide some monetary compensation to participants. Many potential participants contacted the researcher but declined to participate when they realized that they would not be compensated. Some participants cited the duration of the study as problematic. For example, one person on social media commented, ‘who would want to give you two hours of their time for free?’ Mothers of young children had to arrange childcare to attend the research meeting, which could have an associated cost. Making the study more efficient and defraying the cost associated with childcare by compensating participants may make it more accessible to different populations.

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## Appendix A

**Art Interventions**

*The participants will have one hour to complete two artworks using collage materials.*

Materials: Participants will be required to secure all materials before the Zoom meeting.

Materials include 2 pieces of sturdy paper, 9 x 12 inches. Magazines, magazine clippings, found objects, patterned paper, glue sticks, and liquid glue. Pre-selected/ cut images that include diverse populations and pictures and words related to childbirth and childcare. Participants may look at thrift stores for old books, magazines, wrapping paper, and any other material that interests them and is easily accessible for use in their collage.

Procedure:

1. The researcher will review consent form and explain that the participant may withdraw from the study at any time, without consequence.
2. The researcher will explain that the prompt for the first artwork will be, “make a collage using images (and words, if you wish) about your perceptions of motherhood before becoming a mother.”
3. The researcher will demonstrate how to use collage materials: select images, cut around images, arrange on paper, glue images last in case you want to change the arrangement.
4. Participant will work on the collage independently. The researcher will guide use of materials if necessary.
5. Each artwork should take approximately 30 minutes. If the participant finishes early, that is fine. Participants should be given a time update 10 minutes before it is time to stop working on the first prompt.

6. The researcher will ask the participant to stop working on first collage after 30 minutes, and then ask them to get another piece of 9 x 12-inch paper for second collage base.
7. The researcher will state the directive for the second artwork: “make a collage using images (and words, if you wish) about your experiences after becoming a mother.”
8. Participants should be given a time update 10 minutes before it is time to stop working on the second prompt.
9. The researcher will ask the participant to stop working and put materials aside.
10. Participants should keep artwork in front of them to reference during interview.

## Appendix B

**Interview Questions**

1. Describe your perception of motherhood before you had children.
2. How did your family and friends affect your perceptions of motherhood?
3. How do you think your community or society affected your perceptions of motherhood?
4. How did television, magazines, advertisements, or social media affect your perceptions of motherhood?
5. Describe your experiences of motherhood, after having children.
6. How do you feel about the daily responsibilities of motherhood?
7. How do your family and friends affect your experiences as a mother?
8. How do television, magazines, advertisements, or social media affect the decisions you make as a mother?
9. Would you please share and discuss your collage artwork?
10. Does your artwork communicate your perceptions and experiences of motherhood?