



Miscarriage and New Pregnancy

— Application of the Art Therapy Protocol “Check, Change What You Need to Change and/or Keep What You Want” in Working with Trauma

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Abstract

The article describes the process of art therapy work with trauma using the protocol “Check, Change What You Need To Change and/or Keep What You Want” (Hass-Cohen, Findlay, Carr and Vanderlan, 2014) based on modern neurobiological concepts. Therapy was conducted once a week for four months in an online format with twenty-seven-year-old Maya. During the seventh session, the topic of fear related to Maya’s current pregnancy due to her earlier experience of miscarriage was brought up. In agreement with the client, the regulation of fear conditioned by the traumatic experience and the establishment of a sense of internal control were set as therapeutic goals. After the implemented protocol, based on self-observation of behavior and evaluation of internal conditions, the client expresses satisfaction with the therapeutic goal achieved. Through the art therapeutic process with Maya, three steps of recovery can be clearly distinguished, which J. L. Herman describes in her book “Trauma and Recovery:” establishing security, remembering while grieving, and inclusion in regular life (Herman, 1996). Various art techniques were used in the therapy.

Key words: art therapy, trauma, pregnancy, abortion, fear

1. Introduction

Miscarriage is the most common negative pregnancy outcome - on average, 17% of clinically recognized pregnancies end in spontaneous fetal loss (Sundermann, Hartmann, Jones, Torstenson, Velez Edwards, 2017). Because of societal views on abortion, pregnancy loss is a “silent” or “invisible” loss, so bereaved women and their partners may feel isolated and silenced, without space or support to express their grief. Compared to women who have not experienced a miscarriage, women who had that experience are more likely to develop psychological difficulties such as high levels of stress, anxiety, symptoms of depression and sadness. There is a high probability that the psychological stress will be transferred to the next pregnancy (Ockhuijsen, van den Hoogen, Boivin, Macklon, de Boer, 2014). High levels of stress, sadness, anxiety and depressive symptoms can affect the health of the fetus or newborn in terms of premature delivery, low birth weight or a baby too small for gestational age (Gong, Hao, Tao, Zhang, Wang, & Xu 2013). Some studies show that women who report psychological distress are more likely to be fearful and/or overprotective of their children, and this can result in long-term consequences for the child’s cognitive functioning and an increase in negative behavior (Goodman, Rouse, Connell, Broth, Hall, & Heyward 2011; Appelbaum, Batten, Belsky, 1999).

According to the research, which included 453 pregnant women with previous experience of miscarriage and 2041 pregnant women without such experience, there is no connection between the history of miscarriage and the experience of childbirth in terms of fear of an unfavorable outcome during childbirth. It turned out that the number of women with a history of spontaneous abortion who reported fear towards an unfavorable birth outcome for themselves or their infants was negligibly higher than women without a history of miscarriage (Bicking Kinsey, Baptiste - Roberts, Zhu, & Kjerulff, 2013) The authors nevertheless point out that additional research on this topic would be useful, including an indepth examination of the fear of an unfavorable outcome during childbirth. They also suggest that nurses and midwives consider using therapeutic communication techniques to help women with a history of miscarriage receive strong emotional support and reassurance during labor.

Many studies point out the importance of close relationships and environmental support for emotional stability of women with the experience of miscarriage. In a review of the literature on grieving, Markin and Zilcha Mano (2018) found that turning to loved ones during grief and loss is a universal human response. “From an attachment perspective, when a close person is not available to mirror

and regulate a strong affective experience, then feelings and experiences are denied or distorted. Thus, the grieving process is thwarted without close relationships in which we can co-regulate and give meaning to our experience". (Markin & Zilcha-Mano, 2018).

If the support of the environment was missing, and the woman has no emotional capacity to cope with the loss on her own, psychotherapy can help her express the feelings that arise as a reaction to the loss of pregnancy. "This requires from the therapist and the patient the awareness of defying the taboo status of perinatal grief, thereby validating the loss as real while openly expressing feelings of grief and loss" (Markin & Zilcha-Mano, 2018).

During the period of grieving after a miscarriage or stillbirth, complex emotional responses are often difficult to verbalize, leaving bereaved women isolated and confused (Speert, 1992). The lack of "adequate" words for this condition opens up space for expressing it through art therapy.

1.1. Art therapy after miscarriage

This article provides an account of the work with a client who had the experience of miscarriage and is a contribution to the thesis on art therapy as "a modality that is well adapted to the needs of bereaved women" (Speert, 1992). Speert states that "the creative process can increase self-esteem and revive a personal sense of pur-

pose. Expressing yourself through the arts can symbolically rekindle the "spark" and give a woman the opportunity to see herself again as a person with the ability to create. While the woman works on the grieving process, the creative process simultaneously restores the "inner girl."

In her book "Grief Unseen: Healing Pregnancy Loss Through the Arts" (2006), art therapist Laura Seftel deals with grieving processes after pregnancy loss. She also states that one of the advantages of creative therapies is enabling the client to actively engage and express emotions. "When, recovering from trauma, we use only words, we distance ourselves from the experience - we are observers - while expressive therapies engage the body, supporting an "embodied attitude"" (Seftel, 2006). The same author states in her book that most research primarily focuses on emotional trauma, but points out that "...pregnancy loss can be a bloody, physically traumatic experience," citing as an example the statement of one of her clients: "My miscarriage was a long time ago, but I still feel fear and pain in my body. I feel like I'm going to bleed to death, knowing that my hopes and dreams are dead. I feel so helpless and alone in the bathroom all night" (Seftel, 2006).

Trauma-focused art therapy opens the possibility of symbolic materialization of pain outside the body (on paper, in clay, etc.), facing it and seeing it from the present moment as well as placing it in the past, where it happened.

2. Methods

Maya originally comes from one of the countries of the former USSR. Five years ago, she moved to a Western European country, to her husband's place of origin, where she is employed in a nongovernmental organization run by her husband. The association where she works is part of the Erasmus program, which gave her the opportunity to attend individual online art therapy sessions, and that's how we met. The art therapy protocol "Check, Change What You Need to Change and/or Keep What You Want" (Hass - Cohen, Findlay, Carr, & Vanderlan, 2014) was used to process the traumatic experience, which opened during the seventh session. The work with client is laid out in three chapters according to the three steps of trauma recovery (Herman, 1996).

2.1. Establishing Safety - Therapeutic Alliance

"The first task of recovery is to establish the safety of the survivor. This task has priority over all others because all therapeutic work fails if a non-dangerous environment was not provided in an appropriate way... In acutely traumatized people, this initial stage can last from several days to several weeks, and in persons who have survived chronic abuse and for months or years" (Herman, 1996). Maya expresses herself artistically with ease, connects artistic processes with thoughts, emotions and bodily sensations and verbalizes them openly and elo-

quently. She always arrives to therapy on time, and announces the potential inability of arriving on time. Her dedication to therapeutic work significantly contributes to the establishing of quality therapeutic alliance. During the first session, Maya shares the experience of taking care of her mother, who suffered from cancer for two years - the mother passed away in 2020. During the period of caring for her mother, Maya returned to her hometown to be at her disposal. Maya's mother divorced when Maya was two years old. Her father died eleven years ago and Maya could not rely on living relatives in her place of origin.

She describes her condition during those two years with the sentence: "I was like a robot". Since the beginning of the therapy, Maya does not distinguish the reason why she needs therapy, we work on topics that spontaneously open up, with an emphasis on the expression of emotions through art. Maya shows gratitude and verbalizes how she feels like she's "letting something out" as she she explores emotions through art, following the statement with a long exhale. She retells how after her mother's death, upon returning to the country where she lives, she could not get out of bed because she felt mentally weak. She sought medical help, after which she was diagnosed with PTSD.

In the third session, she mentions how her "inability to get out of bed" returned three days before, and how she became "very depressed" after watching the news

about the beginning of the war in Ukraine, where her close friends live. She points out that she can't do anything if her emotions are not stable, while joking about herself: "...and it's so depressing to take antidepressants." She describes herself as a responsible person who likes to feel in control. Maya often mentions her partner who is understanding and supportive and willing to do anything to make her happy.

Maya mentions her current pregnancy in the first session in a comment on the work that was created through a non-directive approach inspired by a mandala sticker Maya had on her desk. In the work she calls "Mandala of Love," she names the upper part of the drawing "positive" and the lower part "negative." The upper left is a representation of the relationship with her mother, and the upper right depicts a big hand holding a small hand; she mentions that she is pregnant and that it is "one more challenge" for her (fig. 1).

In the next six sessions, she mentioned pregnancy seldom and only casually, but she was given space to open topics according to her needs, offered art assignments and psychoeducation that would ensure a layered and in-depth approach to the topic. At the seventh session, Maya, who was six months pregnant at the time, shares how she posted photos of her belly on social media and received a lot of comments.

Although the comments were not unpleasant, she states that she could not deal

with some of them, so she deleted them. In the deleted comments, acquaintances, in addition to congratulations, also expressed wishes for everything to go well during the birth. Maya declares that such comments are disturbing to her and that, reading them, she recognizes the feeling of fear. She notices how she tries not to think about the day when she will have to give birth and how it seems to her that it has something to do with the miscarriage she experienced four years ago, just after moving to a new environment. After sharing her experience of a miscarriage, Maya agrees that the therapeutic goal should be the regulation of fear conditioned by the traumatic experience and the establishment of a sense of internal control.

2.2. Remembering and Mourning

The second stage of recovery is characterized by timelessness, which is the source of fear. Reconstructing the trauma requires immersion in the past experience of frozen time; descending into mourning is equal to the feeling of surrendering to tears that have no end...

The patient can sometimes spontaneously switch to non-verbal methods of communication, for example drawing or painting. Since traumatic memories are essentially characterized by this "iconicity," picturesqueness, the creation of images can prove to be the most effective approach to "indelible images" (Herman, 1996). Storytelling that does not include traumatic images and physical sensations is



Figure 1

barren and incomplete (Herman 1996 as cited by McCann – Pearlman, 1990).

2.2.1. Autobiographical Line of Trauma

The first instruction, to “draw an autobiographical timeline of the traumatic experience,” allows the client to begin to place the traumatic events in the past, thereby creating a distinction from what is happening here and now (Hass - Cohen, Findlay, Carr, & Vanderlan, 2014). Maya created five visual representations in combined technique (fig. 2 to 6).

Maya draws a self-portrait surrounded by drops of blood (Figure 2) and recalls how she got her period that lasted for more

than a week, and it confused and scared her. Although in pain, she continued going to work. She shared her condition only with a friend who, due to her own experience of miscarriage, advised her to go to an emergency medical clinic. Maya decides to wait for a regular gynecological examination in private practice.

In the Figure 3, Maya depicts her partner and herself in a blue-yellow cloud that she calls “painful confusion”. She states that they have a lot of work and are trying to work, but there is a pregnancy test on the table between them. He calls it a “big blue thing” and interprets that it is big because it “brings big news.” She explains that they are both looking forward to the pregnancy and are confused by the bleeding.



Figure 2 “Red tears”

Maya goes on telling how the gynecologist sent her for an urgent medical examination due to the suspicion of an ectopic pregnancy. In Figure 4, she shows the state of the pain, which she says makes it difficult to distinguish whether it is emotional or physical. She describes how she felt a lot of guilt because of a series of decisions she made (moving to another country and leaving her mother, who subsequently became seriously ill) and thought that God was punishing her with the state she was in. Maya points out that she experienced the loss of the baby as a great trauma. She describes the impossibility of communicating with

the hospital staff due to not knowing the language and their failure to recognize her emotional state as circumstances that contribute to the traumatic experience. She mentions the support of her partner's family and friends as a positive experience: *I felt support from my partner's family, they came to visit me... and from my friends, they brought me the nail polish I wanted. I remember that I recovered quickly, the doctors said that it was not an ectopic pregnancy.*

After leaving the hospital, Maya goes on a business trip to her homeland... She has pain again, bleeds on the plane and ends up in the hospital again, where they



Figure 3 “This confusion was very painful”

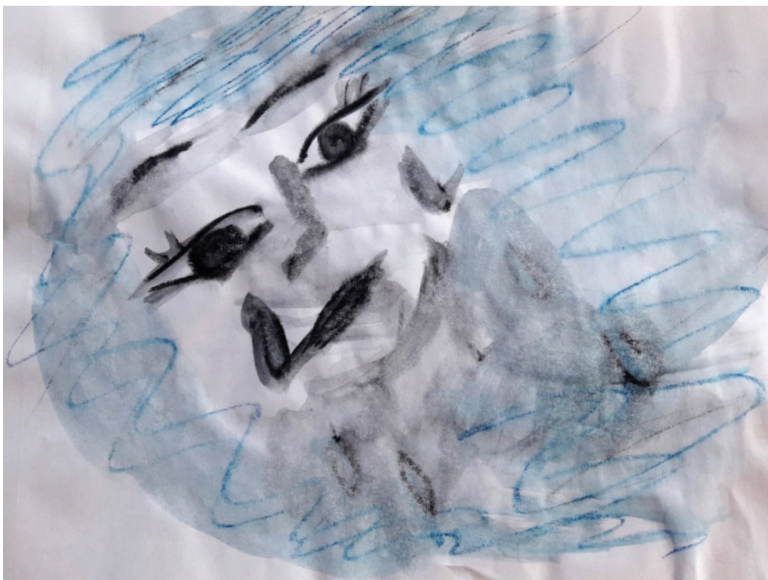


Figure 4 “I cried a lot... I felt guilty, as if God was punishing me for my decisions.”

explain to her that the earlier recovery was not complete. In picture 5, she shows herself between her mother (right) and uncle (left) after leaving the hospital and going to the village.

At home, Maya receives injections with antibiotics and vitamins for a week. She states that she was afraid of the injection (Figure 6.)

2.2.2. The Picture of Trauma

The next instruction for the artwork was: “If you were to paint or draw what happened or some aspect of the event that you feel you can portray, what would it look like?” After she finished her artwork, Maya was instructed to give the drawing a title and write an accompanying written narrative. Narrative helps integrate



Figure 5 “Mom already knew now that I lost my baby.”

emotional and cognitive processing and reduces cognitive distortions (Hass-Cohen, Findlay, Carr, & Vanderlan, 2014).

Maya names the presentation of the trauma (Figure 7) as “Unknown yet - miscar-

riage” and in the upper right corner she writes associations: unknown, no support from people in the hospital (language barrier), no explanation, loneliness, waiting. She explains the drawing with

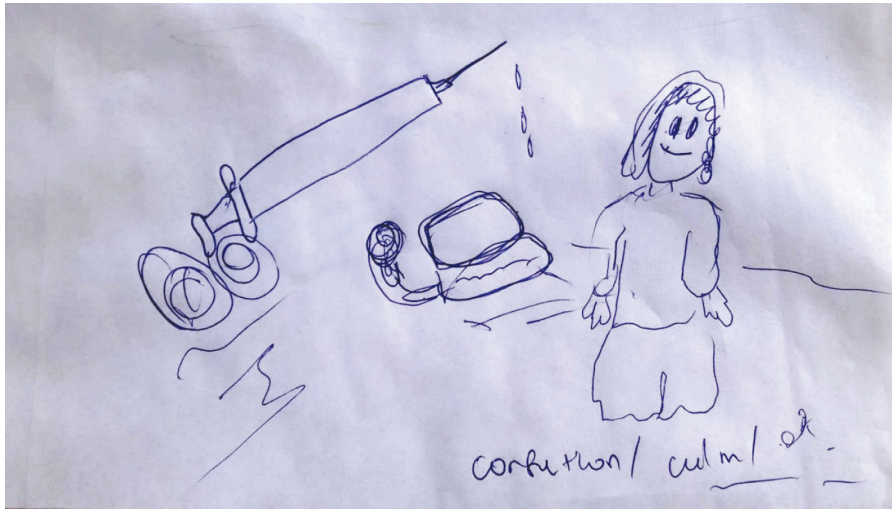


Figure 6 “I was afraid of injections.”

the words: I felt fear. They suspected an ectopic pregnancy; I checked on the internet about it. My boyfriend used to come for lunch and feed me. We were both scared. I didn't say anything to my mom - I told her that I went hiking. My

boyfriend is smiling in the drawing, but I know that he feels even worse than I.

She writes the accompanying narrative in her native language, explaining it by easier description of the state and emotions (Appendix 1). In the narrative,



Figure 7 “Unknown yet - spontaneous miscarriage”

she strongly expresses the need and right to show her pain, both her own and that of all women who go through a similar experience.

2.3. Reintegration into everyday life

The most reliable signs of the resolution of the trauma are the client's renewed ability to find pleasure in life and to involve herself in relationships with people. She shows more interest in the present and the future than before, she is ready to approach the world with admiration and awe, and not fear (Herman, 1996).

2.3.1. Changing the Picture of Trauma by Means of Art Intervention

The following instruction for artistic intervention was: "Check if any aspect of this work could be changed or kept." What would you change, what would you keep, and what would the work look like then?" Maya was told that in the artistic sense she is free to cut, tear, remove, paste, outline, paint over, copy... The process of creating and describing a new work of art helps the client to enhance internal sense of control and emotional awareness while simultaneously reducing arousal and/or dissociative response (Hass-Cohen, Findlay, Carr, & Vanderlan, 2014).



Figure 8 "Arrival from hospital"

In figure 8 Maya additionally highlights the sun and the sea in the upper left corner and states that this is the environment that really helps her. She draws herself and her partner dancing and turns the bed into a green garden. She describes how difficult it was to achieve this through the artistic process because the bed was always visible under a layer of green paint. When asked how she feels

about the fact that the bed is still visible, she answers: The bed is still there, but I'm standing. I recognize that it no longer bothers me. I put a picture of myself with a belly on my Facebook profile. More than eight hundred people contacted me; I enjoy answering them and I no longer mind the comments of those who wish me a happy birth giving.



Figure 9 “I feel that everything is fine and that it will stay that way.”

I am pleasantly surprised by that. I realized that I hadn't previously publicly shared that I was pregnant for fear of repeating the experience I had with my first pregnancy. I feel really safe now.

2.3.2. Display of personal strength and optimistic future

The final two instructions, “presentation of personal strength” and “presentation of an optimistic future” are given with

the aim of empowering the client and strengthening her resilience (Hass-Cohen, Findlay, Carr, & Vanderlan, 2014).

Maya draws four works with a graphite pencil, arranges them in a series in the form of a comic strip, and notes the story next to each drawing (Figure 9).

Drawing on the upper left (Fig. 9):

After I got a positive test, I was afraid that the same thing would happen again. After art therapy sessions and work on



Figure 10 “Today I finished work, and the baby came.”

myself, I realized that this news is really wonderful and that I should enjoy every moment without fear.

Drawing on the upper right (Fig. 9):

This made us a family. We were just lovers before, but now we see each other as $1+1=3$. I feel safer after this picture, I feel that everything is fine and will remain so, I believe in us.

Drawing on the lower left (Fig. 9):

Being pregnant now means that I am strong and protective of my new life. After the sessions, I realized how much power I have, not only to help myself, but also to help others who need it, by speaking, sharing knowledge and having a positive attitude.

Drawing on the lower right (Fig. 9):

The last picture is really my positive future, I am full of hope that our little boy will arrive on time, safe and sound, so this is a happy ending and a wonderful new beginning!

Maya points out that, although she prepared the colors which she wanted to paint with, she choose to keep the form of the drawings (Fig. 9), which completes the art therapy process of working on trauma according to “Check, Change What You Need To Change and/or Keep What You Want” protocol within the therapeutic relationship. The actual completion of the process of working through the trauma happened two months later when Maya on her own initiative reached for the old work (Fig. 9) and added color to the

drawings (Fig. 10). On the same day, just after that, she gave birth to a healthy boy through natural childbirth. The therapist receives a photograph of a young mother with a new-born child and of the finished artwork.

3. Online therapy format

Online therapy refers to any professional therapeutic interaction that uses the Internet to connect qualified mental health professionals and their clients (Rochlen, Zack, & Speyer, 2004). A qualified art therapist is authorized to help and protect the client in therapy, and with that he should understand the possible risks and benefits of working in any medium, intervention or practice he uses during therapy (Springham, 2008).

Online sessions in the case of client Maya were held via the Zoom platform and included uncertainties and included uncertainties that do not come to the fore in live work due to the possibility of the therapist’s control.

In the online format, the limitation to “what is on the screen” reduces the possibility of simultaneous monitoring of the art process and non-verbal behavior, regarding the client’s facial expressions, gestures and body movements. As the artistic expression and review of the work can cause strong physical reactions in the client, the processing of the trauma-

tic experience is a special challenge for the online therapy format. The decision to enter the process was made after the establishment of a quality therapeutic alliance during a series of previous sessions and with communication and consent of both parties. However, the key is the therapist's assessment that, when exposed to pain and vulnerability, the client has a sufficiently stable psychological predisposition for anchoring, regardless of the therapist's physical absence.

One of the challenges of an online art therapy is the availability, choice and quality of art supplies and materials. The therapist should be ready to improvise and adapt to what the client currently has or has managed to acquire. Awareness and communication about the space in which the client works, financial possibilities as well as the availability of materials is an important element in online art therapy work.

The advantage of the online format was shown in e-mail correspondence. After the art therapy sessions (which were conducted in such a way that they involved the client in emotional processes and previous experiences but were closed with an emphasis on the "here and now"), the client wrote e-mails as a reflection on the artwork and lived experience. Since she was not limited by the duration of the session, she could take as much time for the notes as she needed and write them in the way that suited her best. The contemplative process of writing about one's problems or conflicts can

be therapeutic in itself for some clients (Murphy & Mitchell, 1998).

4. Discussion

Maya's first pregnancy ended in a miscarriage. Having not healed the physically and emotionally painful experience described in the article, Maya goes to her hometown in another country for several months to take care of her mother, who is suffering from cancer. So, each time she separates for a longer period from her partner, whom she considers a great support. After her mother dies, she returns to the country where she lives with her partner, where she faces psychological difficulties. The protocol used in work with Maya (Hass-Cohen, Findlay, Carr & Vanderlan, 2014) relies on contemporary neuroscientific research, among which the polyvagal theory stands out (Porges, 2011). The polyvagal theory helps to understand Maya's reaction of "not being able to get out of bed" after prolonged exposure to stress as well as the diagnosis of PTSD after seeking medical attention.

Polyvagal functioning is characterized by social avoidance and reacting by "freezing". For people with PTSD, the common freezing reaction can become conditioned over time and associated with specific traumatic triggers that are then avoided (Maya had a repeat episode of "freezing" in bed after hearing the news

about the start of the war in Ukraine, which she resolved by avoiding the news). This immobilization is conditioned by the polyvagal complex, which consists of the branching of the vagal nerve, which innervates the body's visceral functions. The dorsal (lower) branch of the polyvagal complex signals this stress response via a pathway that extends from the brainstem through the heart, liver, and to the gut. In contrast, a hug, smile, or similar social interactions initiate a calming response, reflecting activity in the ventral (upper) branch of the vagal nerve or ventral vagal complex (VVC) (Porges, 2011).

Art therapy, in addition to the client and the therapist, includes artistic work in the therapeutic process, which helps the client to express states and emotions, and facilitates the therapist's communication with the client. The client opens up more easily and spontaneously by talking about her work than directly about herself, and this often happens through metaphors and symbols (e.g. Maya draws a pregnancy test as big as the table on which she and her partner are trying to work, i.e. she physically and symbolically shapes the size of the news about the pregnancy as well as concerns about it shown as blue-yellow cloud).

Drawing a timeline helps Maya reconstruct the course of events and place the traumatic experience into the past. Also, by focusing on the time sequence of events, she has the opportunity to recall details that were supportive in unfavor-

able circumstances, but they were overshadowed by central traumatic experience (she recalls the support of her partner's family as well as friends who brought her the nail polishes she wanted to the hospital). Such recollections soften the negative experience and increase optimism. Writing down and verbalizing the memories represented in art are a necessary component in art therapy work on trauma. While images connect us with bodily sensations and emotions that are part of the past, and for traumatized people they hinder quality present life, words trigger cognitive mechanisms that help deconstruct and restructure traumatic creations. Spontaneous cognitive restructuring is visible if we compare Maya's written narrative with the image of the trauma (Figure 7), in which she strongly testifies to her experience and advocates the right to express pain, with the earlier text (Figure 4), in which she is full of guilt and worry that God is punishing her for wrong life decisions. Correspondence by e-mails in which Maya expresses her experiences through text proved to be a positive side of the online format. A challenge of the online art therapy format can be the availability and choice of art supplies, although this was not a problem in this case. Maya had basic art supplies for different techniques that she used as she chose for each individual segment of the process. In the context of artistry and the choice of technique, it is interesting to note that the characters in the depictions

of the past are not clearly defined, and the outlines are often multiple. Watercolor is frequently used, a medium that helps express emotions. To depict personal strengths and an optimistic future, Maya chooses a drawing technique that helps keep the focus on the cognitive. With a solid and continuous contour line, the characters are clearly defined, and she expresses her pride that she never once used an eraser, even though she prepared it. This statement indicates an unwavering attitude regarding personal strength and an optimistic future. After two months, Maya on her own initiative reaches for the drawings she made in pencil and adds color to them. As in her earlier works, she uses colored pencils and watercolors, but this time the colors do not spill or flood parts of the drawing. By using color that she keeps within the outer line of the drawing, Maya connects emotionally with the depicted personal strengths and optimistic future but maintains a sense of control and avoids emotional overwhelm.

5. Conclusion

The case study of client Maya (27) shows an accomplished art therapy process according to the protocol “Check, Change What You Need to Change and/or Keep What You Want” into three stages of recovery according to J. L. Heraman. The study is an example of the effectiveness of art therapy in working with a woman dealing with the consequences of a spontaneous abortion. The protocol is applied and described through individual sessions, but it is applicable and adaptable to working with groups. Many women report that they feel lonely, isolated, and empty, and that art helps them to fill an inner void. In the group modality, in addition to expressing themselves through art, they would have the opportunity to share experiences with the group and receive the support of those who went through similar experiences.

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Appendix 1;

Written commentary next to an image created on theme of traumatic experience (Fig. 7.) Quotation of Maya's note:

Miscarriage

In the beggining you are ignorant about the reasons you bleed, and then you realize that it's not normal and there is no more of the silent distress. Finally you go to the hospital where they tell you "Great! You don't have anaemia!" As if everything else that has happened has no value... your first child died – but since you didn't get to imagine not of its name, not of its future – all is well and

you have to be thankful you survived. They'll tell you it's normal, not only for you, but for many others. You're not the first and not the last... This right there will deny you the right to voice your pain out loud.. but this pain cannot be generallized because that pain hurts for the first time. It will not be normal – you'll feel like a fish with the water in her mouth – water you cannot swallow, but because of which you cannot talk. The truth is that body doesn't hurt, it's the soul – and they are treating the body with medicine that are powerless in front of this fact. Pills don't stop the trauma. There is no other way but to be patient, move silently, you're not crazy to let your cry out when there are so many other cases. Normal...Well, everybody suffers differently and everyone experiences it in their own way, perception and feeling of pain are individual anyway. If this was normal, we would all have the same tendency to pain, cope with it in the same way, and get better. Nothing. Only silence, women burry this kind of pain, but where? Where do you want to find the place? In your body, in your heart, in your thoughts, somewhere else? You cannot find it, usually you will stay quiet and continue to live unusualy. You will accept it as normal until you don't realize how big is the trauma that you stayed with! It's not important if you wanted the child or not, years after maybe you will be thankful that it happened.. in accordance with life. But still, it's not appropriate to have emotional pain that doesn't go anywhere and inspite of all screams somewhere inside untill you don't heal it. So, dare and say that this is not just another usual case, even though there were many before you. Dare to say that it wasn't normal at all, but that you endured all the same. Dare to say that you are increadibly strong and don't wait generalized assesment of others!

Appendix 2:

International Trauma Questionnaire (ITQ)

Maya completed the International Trauma Questionnaire twice. The first time, she entered information related to the condition before joining the therapy, and the second time she entered information about the condition after the therapy. She was instructed to recall the traumatic experience and to answer the questions relating the answers to that experience.

Results of the International Trauma Questionnaire ITQ

Test results for the period before the start of therapy are indicated by darker fields

Test results for the post-therapy period are indicated by lighter fields

	<i>Not at all</i>	<i>A little bit</i>	<i>Mode- rately</i>	<i>Quite a bit</i>	<i>Extre- mely</i>
<i>P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?</i>	0	1	2	3	4
<i>P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?</i>	0	1	2	3	4
<i>P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?</i>	0	1	2	3	4
<i>P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?</i>	0	1	2	3	4
<i>P5. Being “super-alert,” watchful, or on guard?</i>	0	1	2	3	4
<i>P6. Jeste li se osjećali nervozno i planete li lako?</i>	0	1	2	3	4

In the past month have the above problems:

	<i>Not at all</i>	<i>A little bit</i>	<i>Mode- rately</i>	<i>Quite a bit</i>	<i>Extre- mely</i>
<i>P7. Affected your relationships or social life?</i>	0	1	2	3	4
<i>P8. Affected your work or ability to work?</i>	0	1	2	3	4
<i>P9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?</i>	0	1	2	3	4

Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you.

	<i>Not at all</i>	<i>A little bit</i>	<i>Mode- rarely</i>	<i>Quite a bit</i>	<i>Extremely</i>
C1. When I am upset, it takes me a long time to calm down.	0	1	2	3	4
C2. I feel numb or emotionally shut down.	0	1	2	3	4
C3. I feel like a failure.	0	1	2	3	4
C4. I feel worthless.	0	1	2	3	4
C5. I feel distant or cut off from people.	0	1	2	3	4
C6. I find it hard to stay emotionally close to people.	0	1	2	3	4

In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:

	<i>Not at all</i>	<i>A little bit</i>	<i>Mode- rarely</i>	<i>Quite a bit</i>	<i>Extremely</i>
C7. Created concern or distress about your relationships or social life?	0	1	2	3	4
C8. Affected your work or ability to work?	0	1	2	3	4
C9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

ITQ test results. By evaluating the results of the ITQ test for the period before therapy, it was established that the client met the criteria for complex post-traumatic stress disorder (PTSD). The criteria for PTSD can only be met if the criteria for post-traumatic stress disorder (PTSD) and self-regulation disorder (SD) are met at the same time.

By evaluating the results of the ITQ test for the period after therapy, it was established that the client no longer meets the criteria for any of the previously mentioned disorders.