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Art Therapy Case Study: Psychological Sequelae of an  
Adolescent's Abortion

Irene Rosenberg Gericke

A Thesis

in

The Department

of Art Education and Art Therapy

Presented in partial fulfillment of the Requirements  
for the Degree of Master of Arts at  
Concordia University  
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A special thanks goes to "Ann."

## ABSTRACT

### Art Therapy Case Study: Psychological Sequelae of an Adolescent's Abortion

Irene Rosenberg Gericke

The motivations for seeking pregnancy and the experience of and reactions to an abortion are central in this examination of an adolescent's art work created in art therapy. The literature on adolescent abortion and post abortion therapy is reviewed. The studies surveyed conclude that any psychological sequelae which occur in an adolescent after an abortion can be traced to emotional problems existing prior to the abortion, ambivalence about having the operation, and the type of procedure experienced. This thesis suggests that of the three proposals the motivation for pregnancy becomes significant when looking at abortion sequelae, as often pregnancy is a maladaptive response to a conflict that the adolescent is experiencing. Once the abortion is over, the girl is left to resolve whatever prompted the pregnancy.

The thesis proposes that this was the situation with "Ann". Her art work revealed that her pregnancy was a response to the fear of separation from the pre-oedipal Mother. Sadness and anger, graphically illustrated, related

to this anticipated loss, fused with the loss of self as Mother, that is, the abortion. The pictures follow Ann's identification from part Mother, part self, and part fetus to her slow disengagement from her Mother. It is only when Mother and self have become separate that Ann can mourn the loss of the pre-oedipal Mother as well as the loss of the fetus.

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## CHAPTER 1: INTRODUCTION

Pregnancy followed by an abortion may be perceived as traumatic in the life of an adolescent. However, as the literature review shows, in most cases the after-effects, varying from relief to sadness and guilt, are apparently short-lived. The operation itself does not seem to alter the girl psychically, which may account for clinicians rarely recommending post-abortion therapy. Any psychological sequelae which occur are usually traced to, first, emotional problems existing prior to the abortion, second, ambivalence about having the operation, and third, the type of procedure experienced. This thesis suggests that the motivation for pregnancy becomes significant, when looking at abortion sequelae, as often pregnancy is a maladaptive response to a conflict which the adolescent is experiencing. As this is usually age syntonetic, the possible reasons for her pregnancy change as she matures. Usually, once the abortion is over, the adolescent is left to resolve whatever it was which prompted the pregnancy. The proposal in this discussion is that in exploring any abortion sequelae one must be sensitized to the pre-conception situation in order to understand the post-abortion emotional response.

In this thesis, a review of the theoretical research on adolescent abortion will be presented. There is also a



review of literature on post-abortion therapy, although there is little written on the subject.

The general consensus seems to be that in exploring the pre-conception situation of most pregnant adolescents, emotional problems are paramount. To continue this debate, the personal history of the adolescent whose art work will be featured will be presented. In particular, the motivation for the adolescent's pregnancy is explored, the meaning and experience of which are examined developmentally. Her art work is then offered and discussed. The pictures selected are limited to the period during which the reasons for, and response to her pregnancy and abortion are expressed.

The conclusion arrived at in this thesis is that the motivation for pregnancy is primarily emotionally charged, with some tempering from the girl's environment. The emphasis on the emotional component is most closely aligned with the theories of those psychodynamically-oriented researchers who suggest that for adolescents, pregnancy may be symptomatic of an emotional conflict linked to a difficulty in resolving one level in their psychological development. This challenges other writers who attribute pediatric illegitimacy to purely social/environmental or physical variables (see Chapter 1, Literature Review).

The value of using art therapy at this stage in the patient's crisis is that it validates the hypothesis related to emotional conflict.

This thesis was written five years after Ann's discharge from the psychiatric hospital, and the focus here is on a small part of her production in art therapy. The aim is to explore motivation: Ann's spontaneous pictorial expression of adolescent re-surfacing and re-working of pre-oedipal, leading into Oedipal conflicts. Her response to the latter may have stimulated her need to become pregnant. Through exploration of the art work, one discovers just how strong Ann's pre-oedipal attachment to her mother was and how the feelings of grief and emptiness which she illustrated were related to the mourning of separation from this Mother and were fused with the loss of her fetus. Ann was not able to conceive of the fetus as a "separate, potential being, intra-psychically distinguishable from the self" (Barglow et al., p. 295). Her weak ego boundaries prevented this delineation and allowed her to exist as parts of Mother, self and/or the fetus. This is graphically illustrated in her pictures. Through these drawings, we can follow her struggles towards separation from Mother and her integration of the sense of loss of both Mother and fetus. She was then freed to pursue a re-emerging oedipus complex, precursors of which had begun to thread their way through her pictures.

The terms 'pre-oedipal' and 'oedipal' used in this thesis refer to classical Freudian stages of psycho-sexual development. As Helene Deutch (1944) has interpreted Freud's theories from a feminine point of view, the inclusion of quotations from her writing is apt in this discussion.

In the pre-oedipal or oral stage, mother and infant form a symbiotic unit with the baby totally dependent on its mother. Growth and passage from this stage necessitates a gradual division within the unit, setting out the goal for the child of experiencing two separate and distinct beings. The child retains its dependence upon the mother. As explained by Deutch (1944), in adolescence the prepuberty phase repeats this

pre-oedipal infantile period, the triangular situation of early puberty repeats the phase that occurs in childhood between the pre-oedipal and oedipal periods. At this time the little girl gradually turns from her almost exclusive attachment to her mother toward her father, wavers between the two, and wants to have them both, until finally she turns toward her father with greater intensity although still not exclusively (p. 32).

Deutch further describes the task of adolescence as not only to master the oedipus complex, but also to continue the work begun in pre-puberty and early puberty, that is, to give adult forms to old, much deeper and much more primitive ties with the mother and to end all bisexual wavering in favour of a definite heterosexual orientation (p. 116).

The relationship with Mother is central to the child's passage through both these stages. As stated, during the pre-oedipal phase Mother is the focus of the infant's world--indeed initially, the baby is unaware of its mother as an entity separate from itself. In the oedipal phase the mother becomes a devalued object, but her influence is no less significant to the child (see Chapter 4, p. 26, for additional comments).

In common with the conclusions discussed in Chapters 2 and 3, the psychological sequelae of Ann's abortion, as explored in the later chapters, are the results of her pre-conception situation--which was the inability to disengage from the mother of infancy.

## CHAPTER 2: LITERATURE REVIEW

As noted previously on page 1, any understanding of the psychological sequelae of abortion must include the motivation for becoming pregnant and the nature of the pre-abortion decision-making process. Accordingly, this review is divided into three sections where these three distinct but interdependent issues are presented.

### 1. Motivations for Adolescent Pregnancy

When considering the motivational aspects of pediatric illegitimacy, Kinch, Wearing, Love and McMahon (1969) wrote: "There is a division between those who consider this a deviant phenomenon, i.e. a psycho-dynamic disturbance, and those who will provide essentially a social explanation for the problem" (p. 27).

For the purpose of this discussion, the quoted statement is incomplete, as the two components are not mutually exclusive. "The socio-economic milieu strongly influences psychological development and emotional attitudes" (GAP [Group for the Advancement of Psychiatry] Report, 1986, p. 5). Kanasin and Handschin (1941) stated that before 1920 the reported factors in unmarried motherhood included: "mental defect, poverty, broken homes, immoral, drunken and

irresponsible parents, inadequate recreative outlets, lack of religious and moral training, ignorance, educational disadvantages, delinquent companions and the actual youth of the girl concerned" (p. 67). By the middle and late 1920's researchers, such as Schumacher (1927) began to seek the causes within the individual herself. Bingham wrote:

We are persuaded that heredity, circumstances of development and of environment and physical and mental conditions, when abnormal should be regarded as contributing rather than as actual cause of sex misconduct. Invariably the fundamental factor is something in the make-up of the girl herself: . . . Excluding rape, her response to any sex situation is, in the last analysis, her own (1923, cited in Kanasin and Handschin, 1941, p. 67) ..

Kanasin and Handschin (1941) emphasize the combination of external plus internal factors which may lead to illegitimacy. In their own study, the hypothesis was that "these pregnancies represent hysterical-dissociative states in which the girls act out their incest fantasies as an expression of the Oedipus situation" (p. 13). Furthermore, early attitudes towards the father, especially an absent

father and a history of promiscuity in the mother's family, are contributory factors.

In the more recent studies, to be examined next, controls and aborters have been included with the pregnant adolescent subjects. These studies concur with the earlier research and merely offer further elaboration and clarification. Vincent (1961), Kinch, Wearing, Love, and McMahon (1969), LaBarre (1971) and Pannor, Massarik and Evans (1971, cited in Lawrence, 1972) noted significance in the relationship of the teen-aged couple, while others, such as Young (1945, cited in Kinch et al., 1969) stressed the girl's promiscuity where the putative father is unidentified. He is of little emotional investment to the girl except as a means of becoming pregnant.

Irrespective of any relationship with the co-respondent male, dynamic factors in the girl's own personality and family relationships were described by Gottschalk, Titchener, Piker and Stewart\* (1964), Konopka (1966), \* Barglow, Bornstein, Exum, Wright and Vistosky (1967), Schaffer and Pine (1972), Hatcher (1973) and Fischer and Scharf (1980). Some of the motivational factors common to these studies were: the conflictual mother-and-daughter relationship where the pregnancy signified an acting-out rebellion, rivalry or revenge against the mother; a search for nurturance which the mother failed to provide and/or the

meaning of the pregnancy as related to the loss of a significant other, often a father.

Fisher and Scharf (1980) found that they could divide the adolescents they investigated, into three groups, allowing for an overlap:

A group of psychologically deprived, perhaps ~~profoundly~~ damaged girls for whom a baby fills a deep narcissistic need related to a faulty self-concept and primitive object ties to Mother; a group of better integrated girls attempting an oedipal resolution through pregnancy; a group for whom pregnancy represents an attempt at maturation, a rite of passage, kin ties, economic skill utilization or a tradition in their social group (p. 396).

The groupings were organized according to the severity of pathology. Schaffer and Pine (1972) and Hatcher (1973) divided their subjects developmentally into three groups--early, middle and late adolescence--and explained pregnancy as a response to a set of dynamics, unique to each level of maturity. These two studies are explored more fully in Chapter 5.

Abernathy, Robbins, Abernathy, Grunebaum and Weiss (1975) further the oedipal theme, describing a home



situation where the adolescent felt alienated from the mother and closer with the father and/or the mother/daughter roles were reversed and the daughter assumed some of the mother's functions as a companion to the husband/father. The mechanisms that translated this family experience into risk of unwanted pregnancy centered around the girl's low self-esteem and anxiety over the incestuous overtones in the relationship with the father.

Other social and psychological variables found to promote receptiveness towards pediatric sexual intercourse and pregnancy are: lack of parental supervision over dating (Gottschalk, Titchener, Piker, and Stewart, 1964, Kinch, Wearing, Love and McMahon, 1969); advanced sexual maturation resulting from earlier menarche and therefore more likelihood to conceive a child following sexual intercourse (Gottschalk et al., 1964, Fischer and Scharf, 1980); the need to refute fears of not being able to conceive, as happened in the case of sisters or friends, or feeling inadequate as a female (LaBarre, 1972, Pines, 1972).

Contraception and sex education have become more available to adolescents and failure to take precautions and avoid pregnancy is not linked with ignorance. Researchers such as Kane and Lachenbruch (1973), Osofsky and Osofsky (1973) and Bedeger (1980) concluded that conception was often the result of the adolescent's need for spontaneity. This was compounded by the stigma attached to acquiring

Birth control pills, intra-uterine devices, or diaphragms, as labelling the girl as one who frequently engages in sexual activities.

## 2. Decision-making

The literature on psychological reactions to abortion underlines the need to consider the pre-abortion decision-making process and the psychological and socio-cultural milieu in which the decision is made. The Group for the Advancement of Psychiatry Report (1969) emphasized the importance of the physician exploring with his patient the basis for her abortion request so as to clarify impulsive, manipulative or self-destructive elements in her decision.

A study by Bracken, Hachamovitch and Grossman (1974) reported that the patient who makes a high-quality decision, that is, one where reactions of partners, parents and her own post-abortion reactions is explored and rehearsed, will be more able to cope with the reality of the post-abortion situation.

With adolescents, the decision to abort is often not reached until the second trimester of pregnancy. Cates (1980) provided reasons for the delay. These include circumstances which the girl can control:

ignorance of the signs of pregnancy until it  
is physically obvious, psychological denial

of pregnancy; ambivalence about the desirability of giving birth to a child; ambivalence about abortion relative to other options such as giving the baby up for adoption; pressure from influential people to have a child; lack of information on the availability of abortion; embarrassment about pregnancy; fear of pain or side-effects after an abortion; lack of money (p. 20).

Other factors outside the control of the adolescent may also lead to delay:

lack of local abortion facilities; administrative requirements causing delay in processing applications; legal requirements for parental notification or approval; physician or hospital resistance to abortion for teenagers; incorrect diagnosis of pregnancy because of a false-negative pregnancy test or a failure to perform a pelvic examination; incorrect estimation of length of gestation by clinicians (p. 20).

According to Brown (1983) an adolescent's development can be enhanced by a well thought-out decision. Eisen,

Zellman, Leibowitz, Chow and Evans (1983) wrote that the adolescent's abortion decision was influenced by her perception of the putative father's opinion; personal knowledge of the other unmarried teenagers who carried to term; self-reported grade average--that is successful students usually chose abortion; and the availability of state financial aid to unmarried mothers facilitating delivery and keeping one's baby.

Despite the fact that adolescents have a more negative opinion of abortion, that older women, teenagers are more likely to use abortion to prevent unplanned births (Cates, 1980).

### 3. Post-abortion Sequelae

According to a report from the Institute of Medicine, National Academy of Sciences (1975),

most studies on the psychological effects of abortion are clouded by significant problems of definition and method. The uneven quality of the research is evidenced by lack of consensus on the mental health consequences of abortion, especially for women with no previous psychiatric disorders prior to the operation (p. 89).

There were methodological problems within the studies, related to poor sampling techniques and lack of attention to interviewer or author bias, failure to distinguish or identify the differential effect of legal, illegal or spontaneous abortion, or first or second trimester procedures, and the scheduling of follow-up interviews too soon after the abortion to measure long-term psychological effects.

An overview of the research which examines the female population including adolescents, presents a varied picture. Kummer (1963) called psychiatric illness as a result of abortion, a myth. Mumford (1963, cited in Simon and Sentura, 1966) suggested that psychological and physical sequelae to an abortion per se, are insignificant. Jansson (1965) found that his patients who were psychiatrically vulnerable risked a deterioration in their condition. Peck and Markus (1966) and Simon, Sentura and Rothman (1967) noted the opposite--that the effect of abortion on a psychiatric patient population was therapeutic as it relieved states of depression and anxiety which had resulted from being pregnant, and healthier females responded with transient, self-limiting mild depression. Abortion resulted in feelings of emotional relief for the women investigated by Osofsky and Osofsky (1972) and Lazarus (1985).

Payne, Kravitz, Notman and Anderson (1976) suggested that females who are the most vulnerable to post-abortion

conflict are those who are single, nulliparous; those with a previous history of serious emotional problems, conflictual relationships with lovers, past negative relationships with Mother; strong ambivalence towards abortion; or negative religious or cultural attitudes about abortion.

As discussed by the Group for the Advancement of Psychiatry (1969) and Cates (1980), psychological responses to abortion are influenced by the type of abortion procedure utilized. Vacuum or curettage methods are associated with more favorable post-abortion reactions than are the labour-like procedures of second trimester abortion (Bracken, Hachamovitch, and Grossman, 1974). Adolescents are more likely to delay their abortions until second trimester procedures are the only possible choice.

There were some studies of the psychological sequelae of abortion within the adolescent population. The findings of Perez-Reyes and Falk (1973) revealed that the girls experienced feelings of guilt, depression and anger, but intensity and duration of response was confined mostly to the immediate post-operative period. The feelings "subsided if parents, caretaking personnel and society show a helping attitude rather than being critical or punitive towards the girl" (p. 126). Lipper, Cvejic, Benjamin and Kinch (1973) concluded that

the majority of girls tested were well adjusted and stable. Those who were more

stable before the abortion remained so, the more disturbed ones continued to be disturbed. The abortion did not significantly change a girl's lifestyle or emotional adjustment. The crisis did test a girl's relationships. The relationship with her family seemed to remain stable whereas that with the putative father did not (p. 855).

The overall consensus seems to be that extreme reactions to abortion are rare. Any psychological sequelae which occur are related to emotional problems existing prior to the abortion, ambivalence about having an abortion, and the type of procedure required (Barglow and Weinstein, 1973; Friedman, Greenspan and Mittleman, 1974; and Cates, 1980). The younger the girl, the more vulnerable she may be to emotional problems following her abortion.

### CHAPTER 3: POST-ABORTION THERAPY

In contrast to the abundance of material written on abortion, there is a dearth of literature on treatment of post-abortion reactions. Few authors suggest any form of post-abortion therapy, aside from birth control counselling.

In an article on providing social work service to abortion patients prior, during and after the procedure, Adelson (1973) recommended ongoing therapy during and after hospitalization for those patients with disorganized ego functioning (p. 820).

Lazarus (1985) recommended the provision of counselling for certain patients who are at risk to develop negative reactions, particularly those who delay their decision to abort, who have a severe post-abortal psychiatric disorder or those with medical or genetic indications for pregnancy termination (p. 141).

Gould (1980) cited depression as a post-abortion phenomenon in a study of women seen in a health service of a university. She discussed the depressive reactions in light of the merging adolescent and adult symptomatology. The article described the decision-making and post-abortion



counselling offered at the center. Gould concluded that there was evidence to suggest "the usefulness of ongoing therapy in the post-abortion period for some" (p. 316).

In the literature on the adolescent population, Rappaport and Potts (1971, cited in Bedger 1980) noted the importance of expressing feelings of ambivalence and loss if the abortion is to be an experience for growth.

Fisher and Scharf (1980) recommended psychotherapy or family therapy for their first group of adolescents (see Chapter 2, p. 9)--those with a history of emotional problems.

Nadelson (1974) wrote that the majority of adolescents in her study coped with the stress of abortion with little difficulty.

No medical or surgical procedure is stress-free and without complications. However, good counselling can effect the development of self-image and views of femininity in significant ways . . . Failure of resolution of an unwanted pregnancy crisis can potentially arrest development progress. The message of pregnancy must be understood and taken seriously if repetition is to be avoided (p. 769).

Post-abortion group therapy was described by Burnell, Dworsky and Harrington (1972). The group, led by a psychiatrist and a gynecologist, was offered to women of all ages--from adolescents to mothers of adolescents, who had just undergone an abortion. The authors felt that the open discussion, question-and-answer format was beneficial. Patients could discuss their guilt feelings and clear up areas of misinformation about sexual function and contraception. If more than the usual one or two sessions were desired, the women could continue with the group or begin individual psychotherapy. Brunel et al. concluded that for some

the experience of unwanted pregnancy, the decision for the abortion and the abortion itself led to an intense emotional crisis that re-activated underlying conflicts about femininity, motherhood, self-esteem, self-control, acceptance and rejection. The group experience helped them to master the crisis and, especially for the adolescents, provided a sense of growth and maturation (p. 222).

Mester (1978) acknowledged the studies which suggest that abortion does not produce psychological damage in most women. However, he felt that it was a traumatic experience

for a few and warned psychotherapists not to be overly influenced by the study result or they might ignore or minimize the importance of an abortion for a specific patient. He described two cases referred to him for "intense anxiety". When within the therapy, Mester linked the anxiety to a relatively recent abortion, the focusing and thorough elaboration of the abortion experience determined the successful outcome of treatment.

Therapy was the focus of an article by Grill (1985). She proposed that

a woman's attitude towards her first pregnancy, her gravitating towards abortion and her complex feelings about giving birth are multi-determined and inevitably related to the development of her early relationship with the pre-oedipal Mother (p. 155).

She discussed the histories and course of therapy of two women who, during adolescence, experienced abortions following unwanted pregnancies. Grill explored

the integral connection between their troubled early relationships with their mothers, their attitudes towards pregnancy and abortion and their adolescent experiences of the unplanned pregnancy (p. 155).

Grill suggested that out-of-wedlock pregnancies are an expression of opposing urges to separate from the mother while longing to remain very close. She states that the most meaningful steps in the treatment "were catalyzed by re-enactment of the mother-daughter relationship in the therapy" (p. 165) and echoing Mester "the interpretation of transference and counter-transference tended to be the crucial element of the work" (p. 165). For both of Grill's patients, movement towards more self-acceptance was paralleled by a more benign stance towards the therapist.

In summary, it would seem that when post-abortion therapy is recommended, the usual goal is that of supportive counselling to correct misinformation about contraception and/or the somatic sequelae of abortion. The few writers who do acknowledge the need for insight-oriented therapy are amongst those who have suggested that the motivation for pregnancy, as viewed from a psychodynamic perspective, influences abortion sequelae. It is this psychoanalytic orientation which will be followed in the subsequent chapters.

#### CHAPTER 4: ANN

We now turn from a general discussion of the adolescent experience of pregnancy and abortion to the description of a particular adolescent, "Ann," who seemed to have exhibited many of the characteristics profiled thus far.

At the beginning of July 1982, when Ann was just turning 15, she was admitted to an adolescent unit within a large psychiatric hospital. She is the third of eight children, at that time ranging in age from 5 to 19, the eldest being the only boy. Early history taken at her admission revealed that following a prolonged labor and forceps-assisted birth, Ann's neonatal and subsequent development was essentially uneventful. She was described by her parents as an infant who was difficult to pacify and a petulantly insistent and stubborn child.

Ann adapted easily to elementary school and was an excellent student. Gregarious and popular, she participated in many extra-curricular activities. At home, however, she would frequently throw a tantrum if she was refused what she wanted. Her screaming, directed at her mother, could last for hours. Ann's mother had a difficult time setting limits, and her father would not intervene and impose discipline.

The circumstances precipitating Ann's hospitalization began in September 1981 with her sudden and unexplained refusal to participate in gymnastic activities followed by an erratic school attendance and ultimate expulsion in November of that year. Although no drugs, law involvement or promiscuity were exhibited, Ann spent much of her time away from home with friends.

A recommended psychiatric assessment resulted in a diagnosis of "Adjustment Reaction of Adolescence" and psycho-therapeutic intervention began on an out-patient basis. Ann returned to school assisted by her mother's willingness to accompany her and the therapist's recommendation to school authorities to relax the mandatory gymnastic involvement--whereupon Ann resumed gym classes as if there had been no interruption. This success was short-lived and Ann developed what appeared to be a typical school avoidance. This avoidance assumed phobic intensity with Ann's self-imposed restriction to her home where she maintained herself in a state of heightened anxiety with depressive features and generally regressive behaviour. Peer relationships were, for the most part, abandoned. Ann withdrew from involvement with her large family--the members of which became inextricably caught up in her provocative fear--but had her mother in attendance, responding to her demands.

Ann's parents have marital difficulties partially caused by their emotionally and financially stressed family. Mother is the self-declared and undisputed authority in the home. In addition to this responsibility, she offers day care to several neighborhood children to supplement the family income. Her own childhood and adolescent years were devoted to the support of her highly phobic mother with whom she continues to maintain an ambivalent relationship. She estimates that a phobic phase in her own life extended from mid-adolescence to the birth of her first or second child. Ann's conception occurred very soon after the stillbirth of a cord-strangled female. This event seriously impinged upon the mother's relationship with Ann, both before and after birth.

Ann's father, as a child was spoiled and overprotected; yet was afraid to speak out in his own home. A hard-working man, he is also introverted and passive. Although involved with his children during their infancy and early childhood, he gradually withdrew from the family, spending most of his time as a recluse in the basement. He received out-patient treatment for phobic and paranoic episodes. Both father and son have epilepsy. There was little information provided on the other children.

The parents had difficulty convincing Ann to agree to in-patient psychiatric treatment. The adolescent unit operates on a Therapeutic Community approach, where therapy

continues 24 hours a day. The strict confrontations, provocative meetings and demanding responsibilities towards self and others added considerably to Ann's daily stress. During the first few days of her stay, Ann confided her fear of being pregnant to one of her female peers. Ann's pregnancy was confirmed medically. Conception occurred at a party which Ann's mother insisted that Ann attend. The boy was someone she had met that night and whom she considered unimportant. Ann decided to have an abortion and her parents supported the decision. She was transferred to another hospital where a second trimester saline abortion was started--as the gestation period was eighteen weeks. This occurred coincidentally on Ann's birthday. After three days with no response to the procedure, Ann underwent a dilation and curettage. Her mother was in attendance throughout her confinement. Then, Ann returned to the psychiatric hospital.

Given Ann's psychiatric history and complex family situation one can speculate that this pregnancy was only part of the picture of a disturbed adolescent. Hence, neither the pregnancy nor abortion sequelae were the focus of her diagnosis or therapeutic intervention.

An added impact must have been experienced when the abortion was commenced on Ann's birthday. Ann's retaining of the fetus despite three days of instillation procedures



may be a somatic expression of her fused identity as part Mother, part self and part fetus.

Further to the discussion of psycho-sexual stages, see Chapter 1, p. 5.

Satisfactory resolution of pre-oedipal problems prepares a child for a normally intense oedipal relationship, normally structured. It prepares him for the normal resolution of the oedipal complex as he enters latency . . . . Most of the difficulties experienced in the oedipal phase . . . are themselves the consequences of unresolved problems belonging to pre-oedipal phases . . . . If the oedipal resolution is defective, a child enters latency without the freedom that he might otherwise have enjoyed. With the onset of puberty there comes a re-activation of pre-oedipal and oedipal urges and conflicts in the young adolescent. At the same time there may be revived experience of separation anxiety (Cameron, 1963, p. 103).

Reviewing Ann's personal history, it would seem that her very active time spent away from the house represented a beginning of a distancing from her mother, and/or a flight

from the oedipal triad within the home, and the beginning of adolescent separation from the love objects. She was not emotionally ready for this separation. Failure to resolve pre-oedipal issues with Mother may activate a vulnerability to regressive fusion, especially under stress. Ann was caught in the early separation-individuation struggle. Movement away from Mother was experienced as murderously aggressive and terrifying; the danger was of experiencing the self as hateful and destroying the Mother and the self in the process of separation. Ann reacted in panic and returned home. Her confinement to the home resulted from a pre-oedipal fear of losing her mother's love and to a lesser degree, the risk of actually experiencing the oedipal situation in fantasy through sexual contact with peers. This represented a defensive operation directed against pre-oedipal and oedipal object ties (Freud, 1958) and a repudiation of instinct (Freud, 1936). Her phobic stance, accepted in her family as a usual response to stress, served to keep Mother close by and involved with Ann--once again, the bad frustrating infant--while isolating Ann from the rest of the family. Her anger at Mother for sending her away to a party incited Ann to finally act upon her impulses. "Regressive processes that are always revived in adolescence and the maturational demand to break off the earlier attachment to the Mother revive the girl's

1969, p. 108). . In sexual acting-out behaviour the boy's role is actually that of the Mother. His embrace is a substitute for the longed-for reunion with her. Impregnation brings with it a continuation of the fantasy: mother-child unity is achieved through the pregnancy (Deutch, 1969, p. 108).

"The underlying fantasy is that she will be able to merge with the mother by becoming one herself" (Hatcher, 1973, p. 70). For Ann, sexual intercourse primarily symbolized closeness with the Mother of infancy. It was also experienced as participation in an oedipal-like constellation.

To reiterate this concept in Hatcher's (1973) words:

Motivation for pregnancy is age-syntonic: the early adolescent is acting out diffuse and/or counter-dependent reactions to her mother as well as testing out new and mysterious bodily functions. The middle adolescent's motivation for pregnancy is oedipal in nature, with an effort to establish a sense of parental independence and femininity by competing with Mother for Father's love and attention (p. 63).

As stated earlier, at that time Ann was at the early adolescent phase with features of the mid-adolescent. As to be expected, her mother would be focal to her pregnancy. Ann's ambivalent feelings for Mother are primary in her pictures.

At this point, it may be worthwhile to go back over the developmental stages of adolescence, positioning Ann within this framework in order to provide a theoretical understanding of her emotional state prior to pregnancy, through to the abortion and post-abortion.

## CHAPTER 5: DEVELOPMENTAL PHASES OF ADOLESCENCE

"Pregnancy followed by therapeutic abortion in adolescent girls heightens, and is experienced in terms of conflict already present in that developmental period" (Schaffer and Pine, 1972, p. 535, and corroborated by Deutch, 1944, 1945; Blos, 1957, 1962; Hatcher 1973, and the Group for the Advancement of Psychiatry, 1986). With this concept in mind, Ann's stage of psychological maturity, as assessed at her psychiatric admission, will be matched to the appropriate description of the developmental phases of adolescence, thereby providing possible theoretical explanations as to the motives and meaning of the pregnancy and abortion.

Hatcher (1973) divided adolescent development into three stages--early, middle and late--and described five main areas of functioning, as related to pregnancy and abortion, within each stage. The five areas were: significant persons, object relationships, self-perception, defensive style, and goals. Ann's developmental level, at the time of her pregnancy and abortion, would have corresponded to Hatcher's early adolescent with the beginnings of some features of the middle adolescent. The following are excerpts from Hatcher which most closely resemble Ann's self presentation:

1) Significant persons--

The early adolescent girl is most related to the same sex friend since her orientation is bisexual and emphasizes a displaced wish for closeness with Mother. . . . Parents are most focal for the middle adolescent girl, particularly since she experiences an oedipal renaissance at this time in her development (p. 61).

Ann acted as an early adolescent when she conceived at a friend's party and later confided to a peer about her pregnancy. As a result of her middle adolescent feelings of rivalry with her mother for her father's love and attention, Ann would be extremely sensitive to her parents' reactions to her pregnancy.

2) Object relationships--

Ann's object relationships overlapped and fluctuated between those of early and mid-adolescence. The early adolescent shows transitory, unfocussed and "as if" relationships. She tries on different stances and relationships, often in a masochistic manner. . .

she will describe her relationships with people in a vague decathected manner . . . her experience of sexuality will be depersonalized and anxiety-laden

. . . The middle adolescent collects objects narcissistically, at the same time she experiences rivalrous, rebellious, arrogant and self-deprecatory feelings in relation to other people (p. 61).

### 3) Self-perception--

In this area, Ann still had some of the "sense of fleeting identification and as yet unstable self-image of the early adolescent" (p. 62). However, there were features of the mid-adolescent's preoccupation with the "increasingly feminine body image . . . She responds to questions in a narcissistic, often grandiose way" (p. 62).

### 4) Defensive style--

Here, Ann more closely resembled an early adolescent "in constant danger of acting-out through poor self-control. Her secret fantasy life and passivity lead her to use denial and isolated affect as her primary defenses" (p. 62). As to be surmised, Ann denied her pregnancy for as long as possible.

### 5) Goals--

Ann, responding as an early adolescent, "is unfocused and generally unable to think beyond tomorrow" (p. 62).

Schaffer and Pine (1972) who, like Hatcher (1973) separated adolescence into three developmental levels, wrote that pregnancy for the adolescent seemed to elicit the conflict between the wish to be mothered, "with passive longings for the Mother of infancy" (p. 514) and the urge to be mothering--of self, infant and others--with a sense of mastery, of making amends and of renewal of self. The way the abortion was handled also continued to reflect being mothered and mothering as a polarity. Schaffer and Pine's research illustrated these two extremes where the abortion was experienced through a renewed infantile relationship to Mother, or the abortion was seen as an organizing experience with an accompanying sense of having taken care of oneself. The study also noted a middle ground where resolutions could be highly influenced by external events.

Ann's history demonstrated how her phobic state prompted concern for her care and welfare in those around her. She desperately needed the constant presence of her mother as well as close ties with the psychiatric ward staff during the entire abortion process from the initial decision through to the four-day ordeal. On the surface, the need to be mothered was prevalent, and she would have been categorized in the most infantile developmental group. However, she may have been able to avail herself of some environmental manipulations--had they been presented. For example, Ann's interactions in the psychiatric unit, before



and immediately after her abortion, were conducted with the aim of promoting autonomy. Ann was able to respond favorably. Therefore, during her abortion, if she had been tended more often by the maternity staff ward staff during the three-day waiting period rather than by her own mother, the experience may have fostered some growth towards autonomy. Unfortunately, the actual situation presented opportunities for regressive re-attachment and this seemed to provide mutual gratification for mother and daughter. Therefore, Schaffer and Pine's (1972) study would place Ann as being an early adolescent--within the infantile group--with a potential for growth into mid-adolescence, similar to her placement in Hatcher's (1973) study.

In follow-up interviews six weeks after the abortion, Hatcher (1973) described the early adolescent as having little access to her feelings about the pregnancy and abortion and continuing to invoke denial. The middle adolescent had a more depressed and guilty affect. While experiencing some relief, the middle girls felt more of a sense of loss than they would have anticipated and still maintained ambivalent and angry feelings towards their parents.

Schaffer and Pine (1972) discussed post-abortion intervention. Their recommendation was that adolescents at Ann's developmental level would need "help" but by the nature

of their problems (denying, seeking closeness to Mother) they are least responsive to outside aid" (p. 535).

It was at this stage in Ann's post-abortion trauma that art therapy sessions were recommended. While on the adolescent unit, Ann kept herself remote from her peers and ward staff. She isolated herself whenever possible and rarely spoke. When alone, or during free time within her daily program, she gravitated quite naturally towards drawing so it was felt that art therapy might strike a responsive chord in her otherwise unresponsive demeanor.

As the hospital staff was supportive towards her during this time when she was considered to be in a vulnerable emotional state, they recommended that the art therapy be non-intrusive and non-confrontative during its initial phase. The pictures presented in the following chapter were created during these early months. This style of art therapy relies on sublimation.

Sublimation in art occurs when the artist replaces the impulse to act out his fantasies with the act of creating equivalents for his fantasies through visual images. The complete act of sublimation . . . consists in the creation of visual images for the purpose of communicating very complex material which

would not be available for communication in any other form (Kramer, 1958, p. 15).

In art therapy sessions Ann's preferred activity, drawing, would be acknowledged and valued as communication. Ann would have the opportunity to use the process of creating art "as a direct expression and catharsis in venting conflictual feelings" (McNiff, 1981, p. 155). The art would provide a mode for her to express herself to another, her therapist. The unconscious imagery, made manifest in the artwork, becomes a concrete vehicle through which Ann could explore and attempt to resolve conflicts.

## CHAPTER 6: RETROSPECTIVE EXPLORATIONS OF THE ARTWORK

Ann was seen in twice-weekly, then in weekly art therapy sessions. As previously stated, since she was thought to be in a fragile state, it was suggested that I remain passively accepting of all she offered and that I encourage her spontaneous expression in pictures or words. I was not to intrude or confront her for the first months of treatment. After a few, almost silent, sessions when Ann communicated mostly through her art, she began to involve me in verbal interchanges. Except for one or two occasions, Ann was always free to choose her own media and subject matter. In the former she preferred markers, coloured pencils or tempera paint. Subject matter was usually a disguised and/or condensed representation of inner conflicts, instinctively produced.

The pictures offered are limited to those which most clearly illustrate the themes central to this thesis. As sometimes happens during the course of any mode of therapy when a significant conflict would emerge, in this case, within the artwork in one session, it would not appear in the art created in subsequent sessions. Ann would retreat to focus on less threatening images. Eventually, Ann's drawings would show the significant conflict resurfacing at the point where it was dropped. This explains the

continuity in the selected pictures. We begin with Ann's first art therapy session and end with the acceptance of the loss of Mother and the fetus. I understand this is an optimal rather than total mourning resolution, as mourning continues as part of the next phase of adolescent development, with the renunciation of the oedipal parents (Freud, 1958; Lampl-de Groot, 1960; Blos, 1961; Laufer, 1966). Feelings about the pregnancy will re-emerge at various times throughout her life. "Whether she carries the baby to term or has an abortion, such a pregnancy can be a tragedy that almost always leaves lasting scars" (Deutch, 1969, p. 101).

The pictures are dated to provide a time-frame.

Figure 1 was my introduction to Ann. It was designed for the front of the folder where her pictures would be stored. The bug, on the left, with the purple stomach, was the first image drawn. This bug is a clue to her emotional state at the time. The antennae suggest heightened sensitivity. As I thought the purple circle to symbolize abuse or a wound and knew she had been pregnant, I surmised that she had had an abortion. This was later verified but not mentioned to Ann. She did not speak of her pregnancy or abortion to me until several months later. The other bug, drawn beside and holding hands with the first bug may reflect Ann's need to be attached to someone--to be part of a dyad. This idea is repeated in the two interlocking

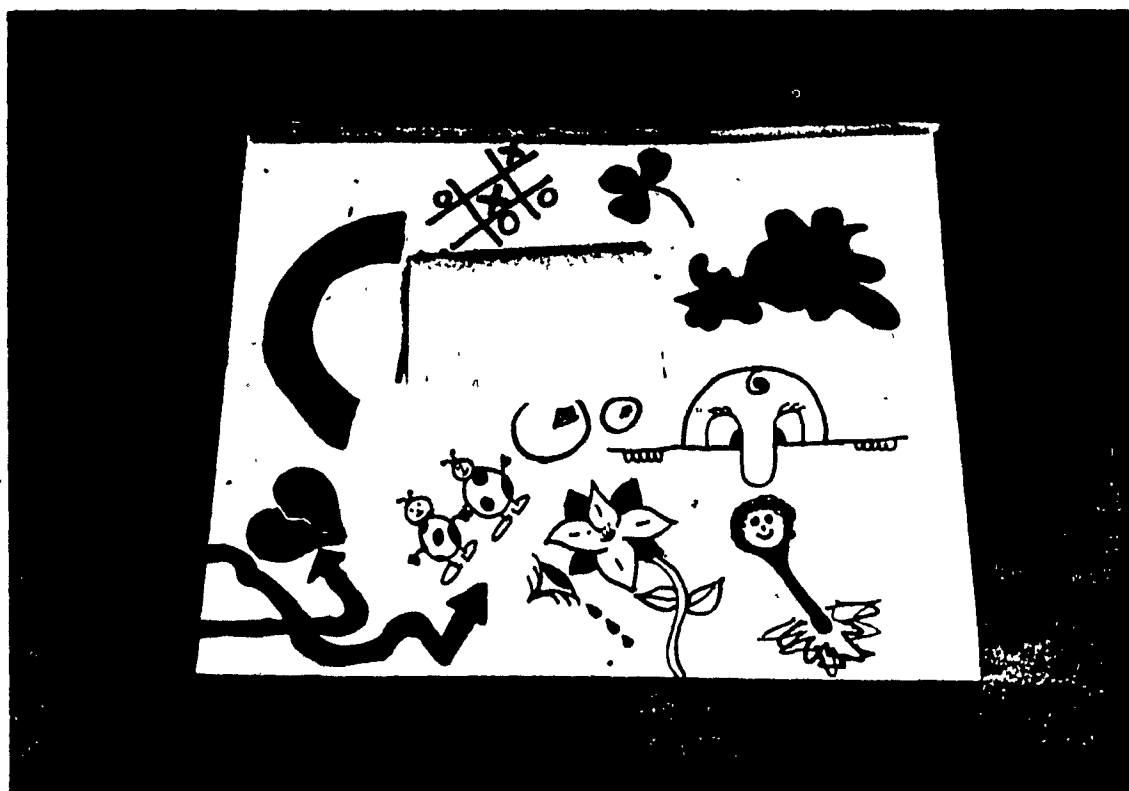


Figure 1

July 15, 1982

puzzle prices. The broken heart and crying eye may directly express sadness and disappointment. The match with its smiling face at one end and burning fire at the other, seemingly watched by this large staring man, and the sensually detailed flower open atop a long, thick stem possibly allude to oedipal fantasies.

Figure 2 is the back of the folder. The bear, the first image drawn, stares out at the viewer, echoing the expression of the staring man in Figure 1. The large reinforced style, in which the eyes are drawn are often

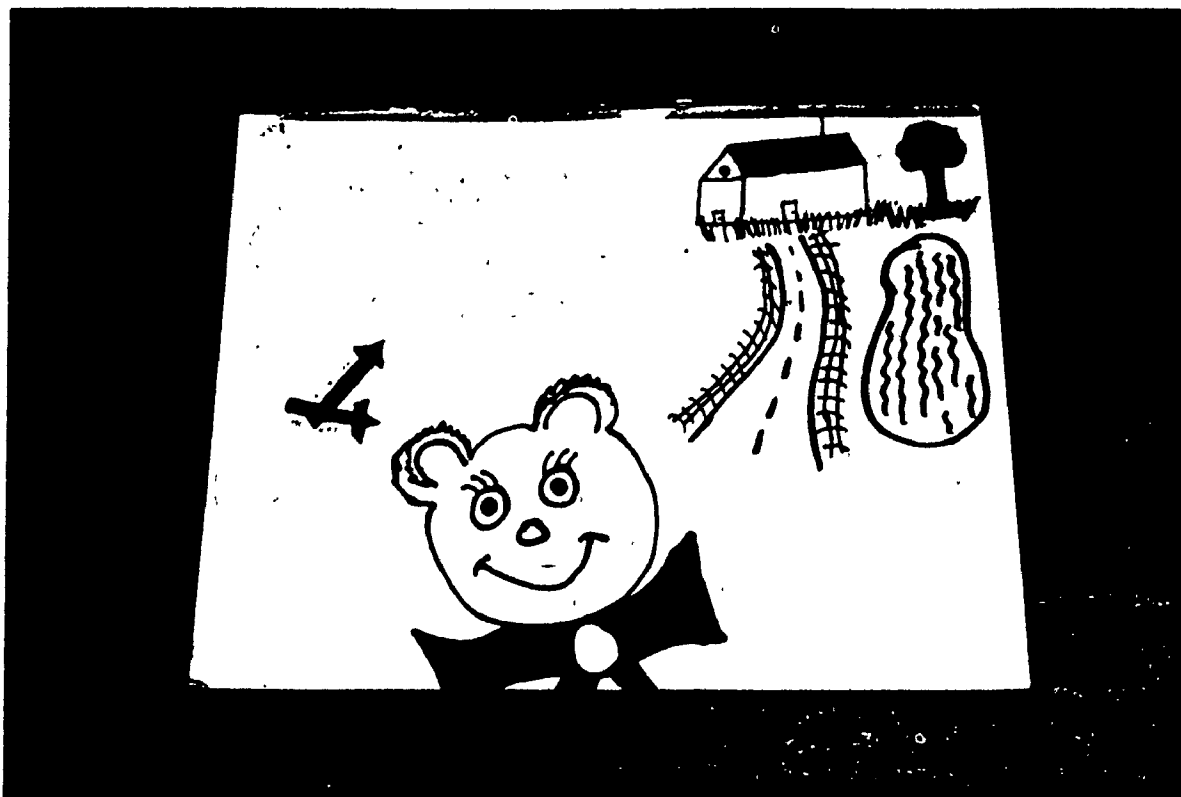


Figure 2

July 20, 1982

interpreted as indicators of anxiety, suspicion, and perhaps paranoid tendencies (Machover, 1958, and Schildkraut et al., 1972, cited in Wenck, 1977). The red bow under its head is suggestive of a body-shape, arms and legs fan out around a seemingly empty stomach. The stomach may be empty because of the absence of a fetus and/or related to a feeling of emotional emptiness and denial of affect of the early adolescent. In the image of the house, the door on the left with the large centered knob, the round window, and the pool add to the flavour of regressed neediness. The fetal-shaped pool may refer to the abortion and/or Ann's own

unconscious wish to be inside the womb. The house, composed of two sections, with two doorways, as access to each section, and the road divided by a dotted line may again refer to the two females merged in a regressed mode (Ann and Mother; Ann and fetus), or relate more to an oedipal issue, the divided house representative of the two significant females, Ann and Mother, in the home.

In both Figures 1 and 2 Ann has drawn two arrows bisecting each other and pointing in different directions. In Figure 2 "this way" is written along side both arrows. My impression is that Anna's response to her reactive anxiety and confusion during this period was regression carried out in the hope that others would respond with the maternal nurturing she craved. This regression was noted by Schaffer & Pine (1972) in Chapter 5, p. 33, in their description of the early adolescent's wish to be mothered.

Figure 3 is delicately painted, using water colours. Ann called it "a bowl of flowers with a lamp beside it." My impression is that the picture is symbolic of a family portrait. Mother may be represented by the large bowl, the colours of which suggest a depression, masking intense anger. This is a valid portrayal of Ann's mother. There are eight flowers growing in the bowl--the eight children, perhaps. The phallic-shaped lamp on the left could be an apt symbol of Ann's father. The lamp, described as being



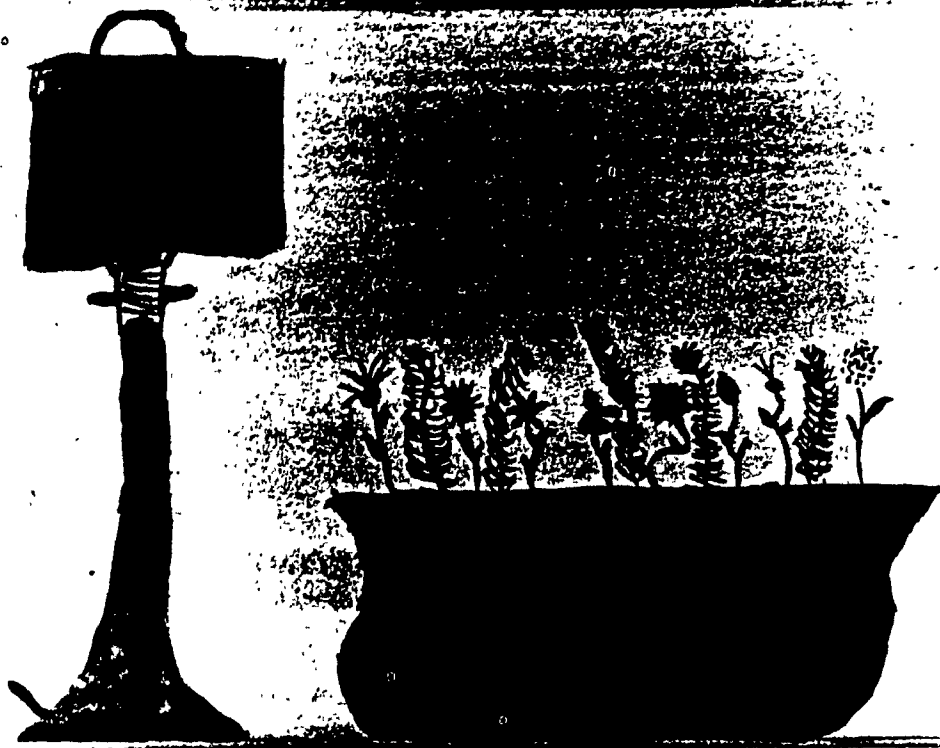


Figure 3

July 27, 1982

"on", sheds no light. Father is not instrumental in the children's growth, and perhaps the flowers would be more sturdy with more light. Mother alone does not provide enough nourishment. Bowl and lamp, Mother and Father, share only a space.

This may be a realistic account of family interactions combined with, as Deutch (1944) described the situation:

Father remains in the background as a powerful or weak figure; normally he does not exert any considerable influence on the

child's psychological development in this period of life (p. 20).

The developmental stage Deutch refers to is pre-puberty.



Figure 4

August 10, 1982

Ann identified the image in Figure 4 as a clown. A finger painting, the colours are dark and rich, the paint thickly applied. There is a regressive quality to the production style as well as content. The clown seems pathetically desperate, centered in a dark, womb-like shape. The arms with large hands are extended, perhaps for contact

and help, on one developmental level, or more maturely displaying guilt. A clown is often suggestive of contempt and hostility toward self and feelings of rejection or inadequacy.

If the little girl has not felt satisfied by her mother at the pre-oedipal stage, not felt that she herself has satisfied her, she can never make up for this basic loss of a primary stable sense of well-being in her body and with her body-image unless she sacrifices her normal drive towards a positive oedipal outcome (Pines, 1980, cited in Pines 1982, p. 312).

Figure 5 was drawn as a response to my asking Ann about her family. This was the first of such an interaction on my part. Ann said she is not included in the picture as she felt she no longer had a place in this family. As I had seen sketches of human figures in a variety of poses, which Ann had drawn while on the adolescent unit, I felt it striking that in Figure 5 all family members have the extended arms seen in the clown in Figure 4. Some hands are more completely formed than others. Mother has very short arms with flipper-like hands. Perhaps this suggests Ann's feeling of insufficient maternal caring reflective of Ann's unmet narcissistic needs (Wenck, 1977).

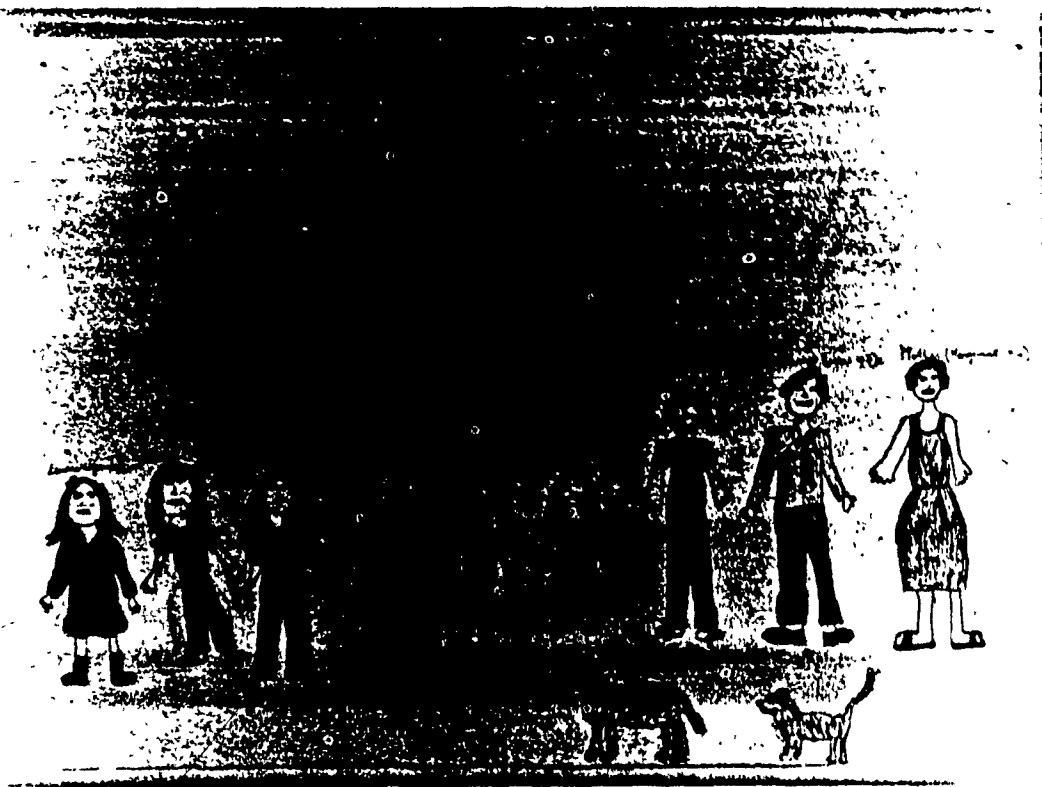


Figure 5

August 12, 1982

All the people are coloured in shades of red or blue except one sister, centered in the row, whom Ann described as unhappy and out of place in the home. Ann likened this girl to herself. The more mature females have open-toed sandals--a suggestion of Ann's awareness of emerging sexuality. Ann identified, with astonishment, the siblings that she had most difficulty getting along with, as having X's for shoelaces. The three, marked by the X's, present an oedipal trio--an older-looking dark-haired sister (Mother), her older brother (looking more mature than the child-like Father) and a younger sister, the one whom Ann saw as being most similar to herself.

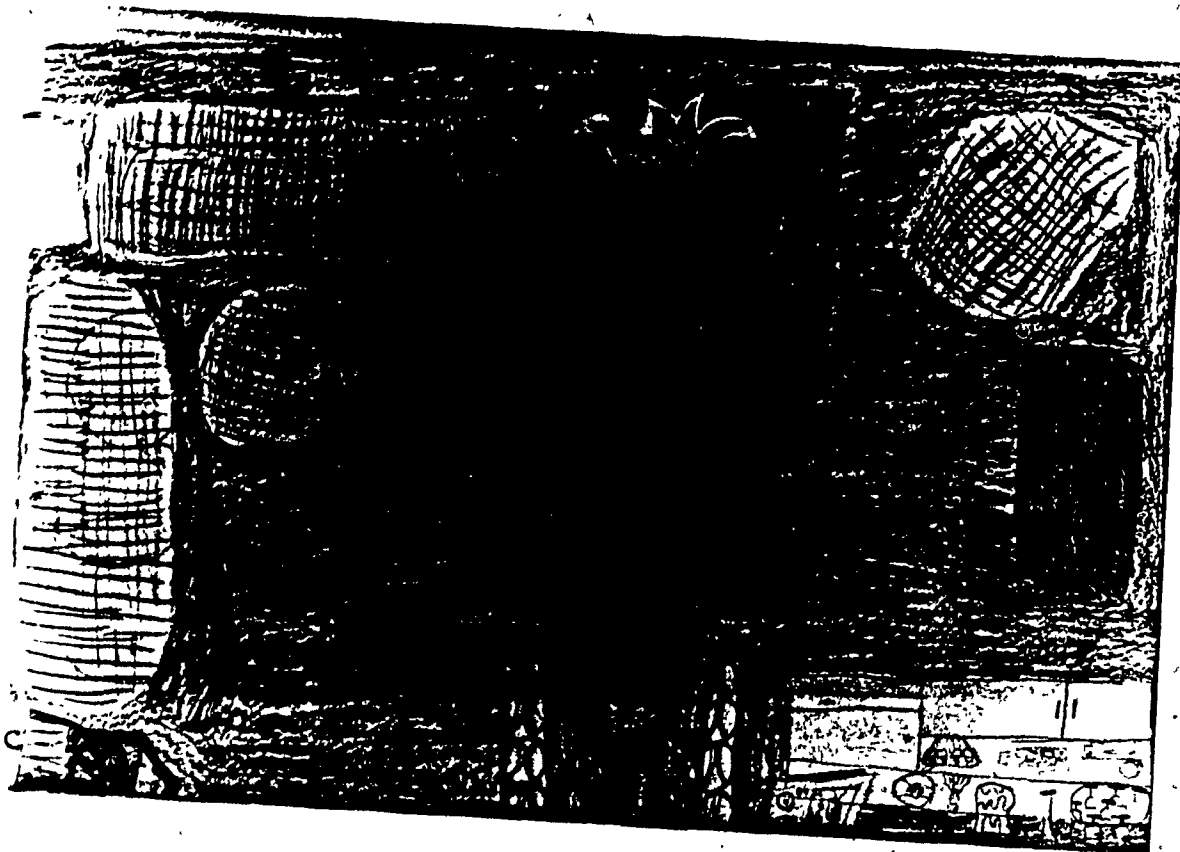


Figure 6

August 17, 1982

Figure 6 depicts the living room in which Ann spent most of her time when in self-seclusion at home. The significant piece of furniture, for Ann, was the piano which she associated with her mother, as "the only person who plays it". This statement may be an oedipal reference. However, the drawing is constructed from a very infantile viewpoint. The perspective with all the furniture drawn as if one is in the middle of the picture and relating to the environment from this central point, or actually being one with the room reminds me of an infant in its crib--the centre of its universe--waiting for Mother to anticipate and/or respond to

its wishes. Such was the actual situation Ann achieved with her mother in this room. Winnicott (1965) described such an occurrence in adolescence as

a repetition of the essential phase of infancy, for the infant is an isolate until he or she has repudiated the not-me and has become set up as a separated-off individual; one that can form relationships with objects that are external to the self and outside the area of omnipotent control (p. 42):

Interesting to note is the small bench nestled protectively beneath the piano--mother and baby, perhaps.

It took Ann quite a while to fill the entire sheet using pencil and crayons. This industry may suggest the room's importance for her and her investment in its portrayal.

Ann made the painted clay bowl, Figure 7, to express her reaction to a visit home, her first visit since her admission. The bowl eloquently underscored Ann's fear that there was no longer a place at home for her. The bowl, a re-working of the elements in Figure 3, is decorated with seven flowers entwined around the outside--suggestive of the seven children encircling their mother. The colour yellow recalls the father's lamplight. Ann is excluded. In reality, Ann's bed had been removed from her room and she had to sleep with one of her sisters. The bowl, empty

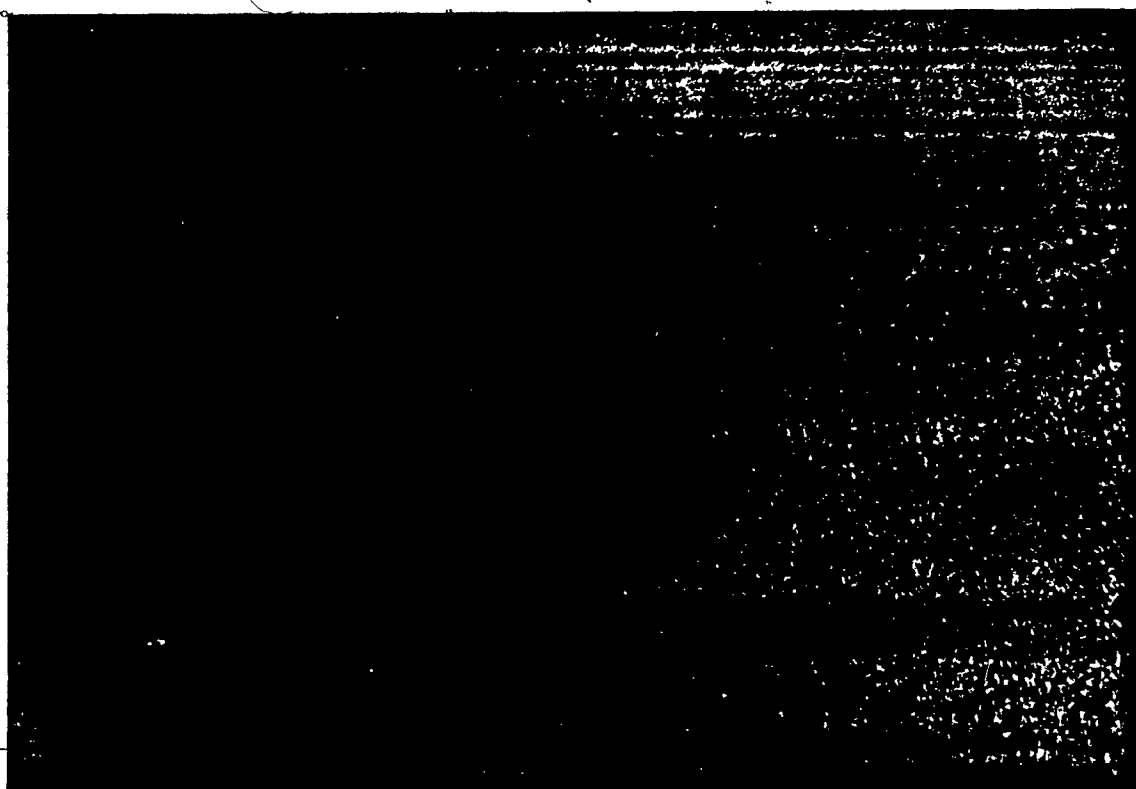


Figure 7

August 31, 1982

inside, is perhaps a manifestation of the emptiness Ann feels inside, as shown in the bear in Figure 2, possibly related to a narcissistic emptiness, and/or her abortion, the bowl symbolic of a feminine container.

Ann said that Figure 8 illustrated a situation which was upsetting her. She confessed that she was reacting quite negatively in response to having to share her primary worker, a person she had, all to herself, up until then, with a boy who was newly admitted. The drawing has the female staff and boy close together on two thirds of the



Figure 8

September 9, 1982

paper, idyllically together under a sun and rainbow. Ann is alone on the third side of the page, unprotected and at the mercy of the elements. Ann's expression is ambivalent, both smiling and frowning. This picture can be seen as an oedipal constellation with Ann as the rejected third party, exhibiting what Hatcher (1973) describes as the rivalrous feelings of mid-adolescence. However, of far more significance, this scenario touches on earlier psychological issues. Ann was reacting strongly to her perception that this boy's very presence interrupted ~~the~~ dyad she had formed with her staff and deprived Ann of a primary love object.



The situation echoes her experience at home, when Ann was unable to handle the beginnings of an attempt at separation from Mother and so re-attached herself more firmly than ever. Ann didn't seem psychically aware or prepared to react to the oedipal provocation with her strivings, for the pre-oedipal Mother still so strong.

Ann's comment about Figure 9 was "the eyes are watching in confusion". The picture suggests a high degree of anxiety. My impression was that Ann's conflicts and emotional responses, which were becoming more conscious,

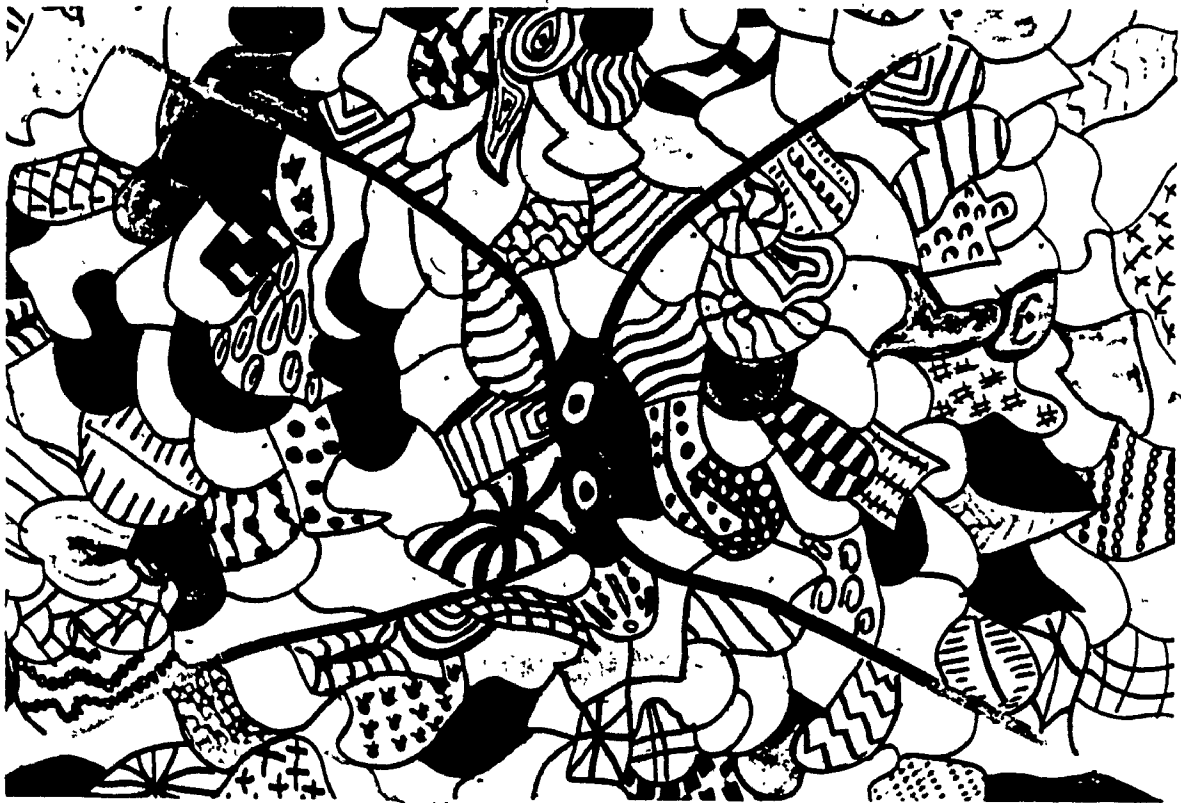


Figure 9

September 19, 1982

were overwhelming her. She felt caught and helpless and at times, became paranoid. (Note the eyes as found in Figures 1 and 2.) The picture may graphically portray an intrapsychic fusion with the fetus, which represents both the self and the Mother. Ann's "fantasies about herself as an intra-uterine fetus in her mother's body were activated by her narcissistic identification with the fetus" (Pines, 1981, cited in Grill, 1985, p. 156).

The picture suggests an outlined vaginal area, with exposed clitoris. The two eyes appear to be staring out in absolute fear. Ann may have drawn the fetus and is possibly identifying with this traumatized baby who is soon to be killed.

Figures 10, 11, and 12 were made in the same session. Ann said little about them and looked very sad. In Figure 10, sand, water, and palm trees convey feelings of enclosure as well as isolation. Drawn from a bird's eye view, the water, surrounded by beach on three sides, becomes bowl-shaped. This container shape filled with turbulent water is suggestive of a womb and harkens back to the bowls in Figures 3 and 7.

Ann described Figure 11 as having a baby theme. She then realized that her abortion took place three months earlier--note the numbers '1', '2', '3' on the block. This was Ann's first reference, to me, about her pregnancy or abortion. In the picture, the transitional objects--bear,

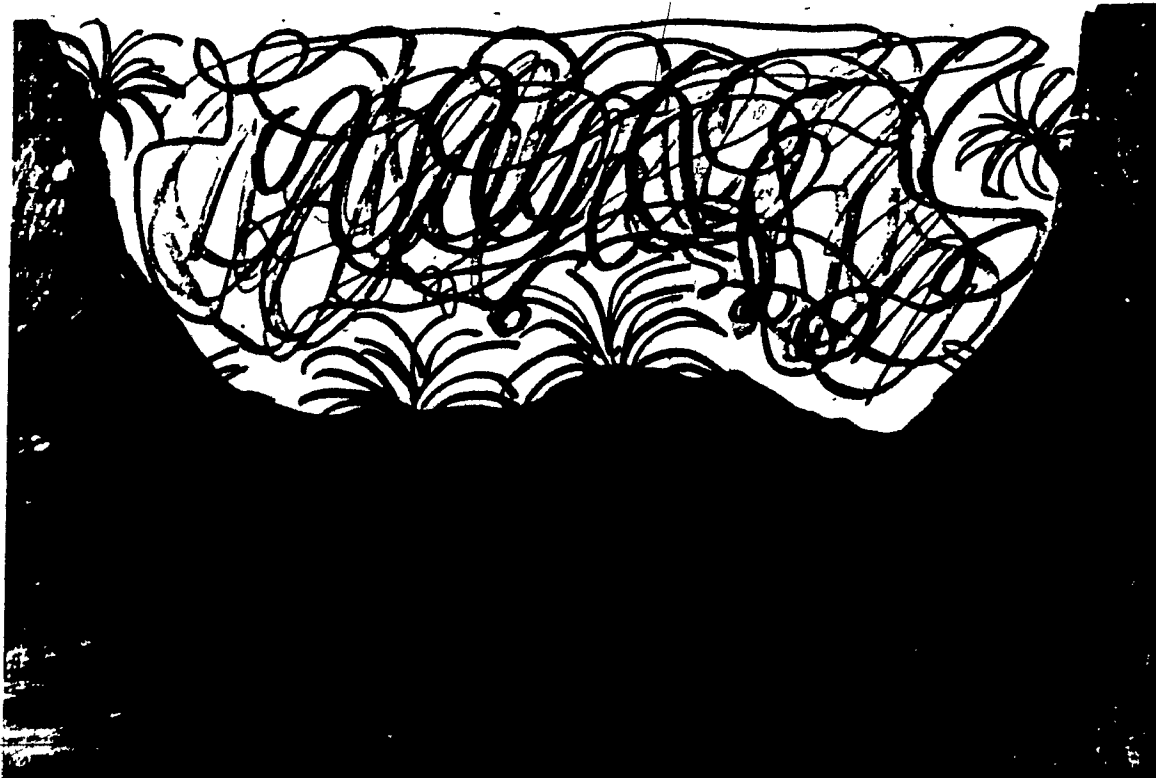


Figure 10

September 24, 1982

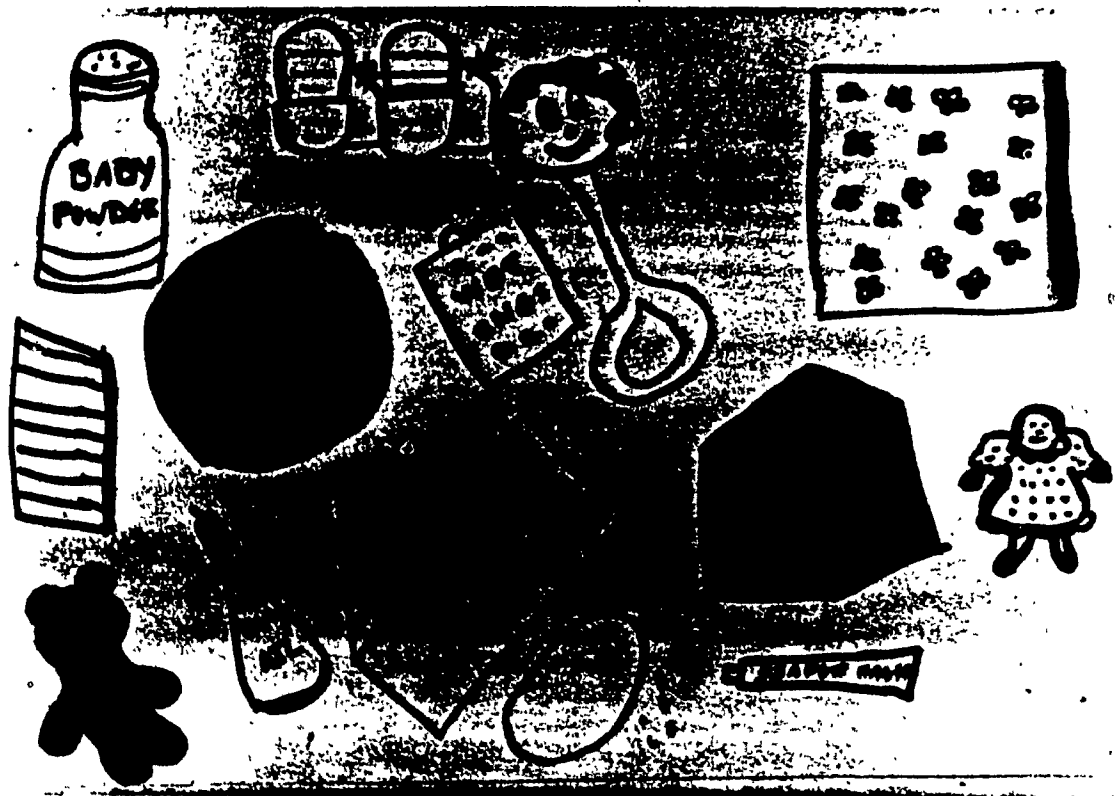


Figure 11

September 24, 1982



Figure 12

September 24, 1982

blanket, block, etc. were drawn first; then the supplies for the care of the baby--soap, powder, lotion, etc.; and lastly, the shoes and dress. Ann then drew a small baby inside the dress. Due to the noose shape of the rattle, the lack of pictured nourishment for the puny baby and the sense of isolation in the previous picture, I began to question whether Ann was expressing more than just sadness appropriate to the mourning of a loss. In Figure 12, "outfits, just for people", I wondered where were the people? The flat manner in which the clothes were drawn in black-and-white and the hanging belts and bows contributed

to my suspicion that Ann was having suicidal thoughts. This would be a natural progression from her identification with the fetus discussed with Figure 9. This is part of a mourning process. The sadness seems to be "for the lost infantile self" (Schaffer and Pine, 1972, p. 534).

Ann's staff were informed of my concern, and precautions were taken. My suspicions were confirmed during the following session when Ann burst into tears and told me: "I'm so afraid that I'll do something terrible to myself!"

These pictures in particular Figures 10 and 12, seem to illustrate the defensive styles of denial and isolation of affect which Hatcher (1973) attributed to early adolescents (Chapter 5, p. 32). There is a pervasive feeling of detachment in these pictures.

Figure 13 appears to overtly explore the issue of separation: Ann drew it to illustrate how she felt about saying good-bye to an adolescent who was leaving the hospital and with whom Ann had become close. Ann said that she copied the saying from a T-shirt. It is a familiar quotation and it is interesting to note how Ann altered the last few words from "--it never was yours" to "--it never was." The meaning in the altered sentence can imply that if something isn't yours, then it doesn't exist. Ann would seem to cope with separation and loss as Klein's infant would--destroying whatever is thought to have abandoned her (Blos, 1961; Segal, 1964).

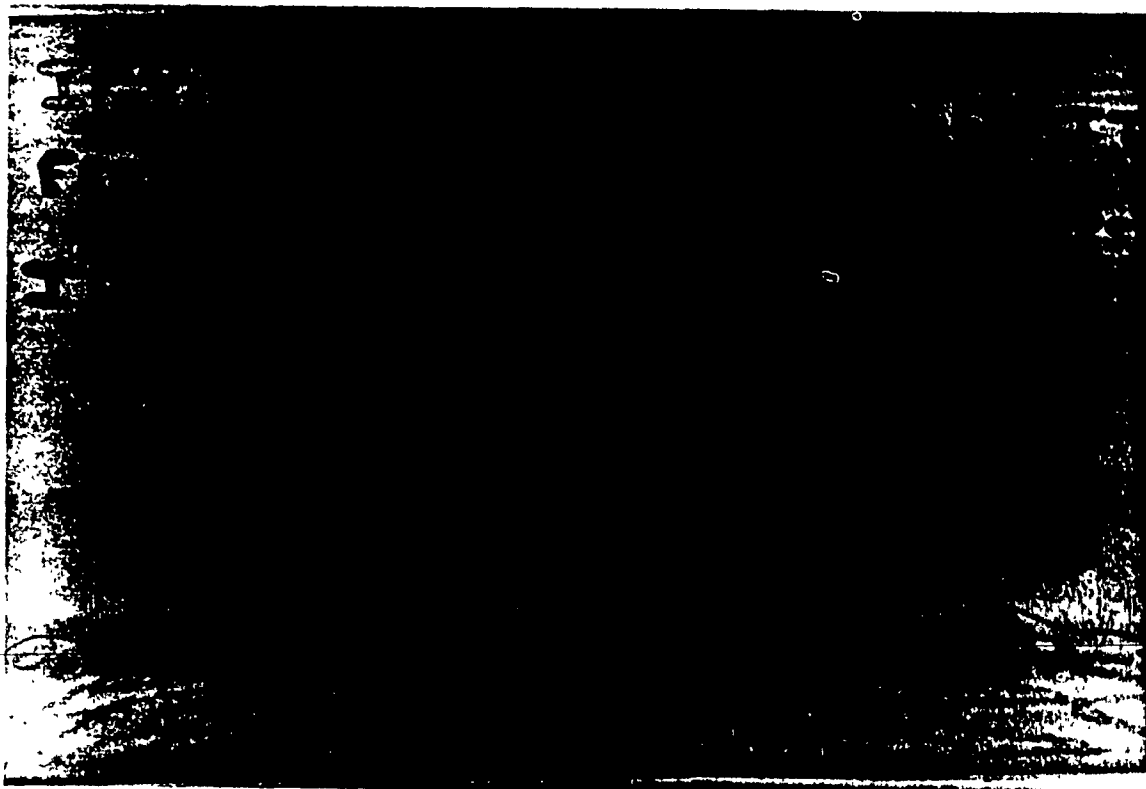


Figure 13

October 15, 1982

The quotation may also suggest that through the process of abortion, Ann could deny that the fetus ever existed.

Figures 14 and 15 were drawn in the same session. Ann described Figure 14 as "a mother yelling". When asked if there was anything more to add to the picture, Ann drew a vase of flowers. Ann said that the vase was for Mother to throw, but that she would never throw it. In this scene, Ann may be reacting with rage and ambivalence towards a mother whom Ann has always experienced as a disappointment and a failure at providing a nurturing environment. The yelling Mother may also be an expression of Ann's own anger which would be an important part of the mourning process (Bowlby, 1961).

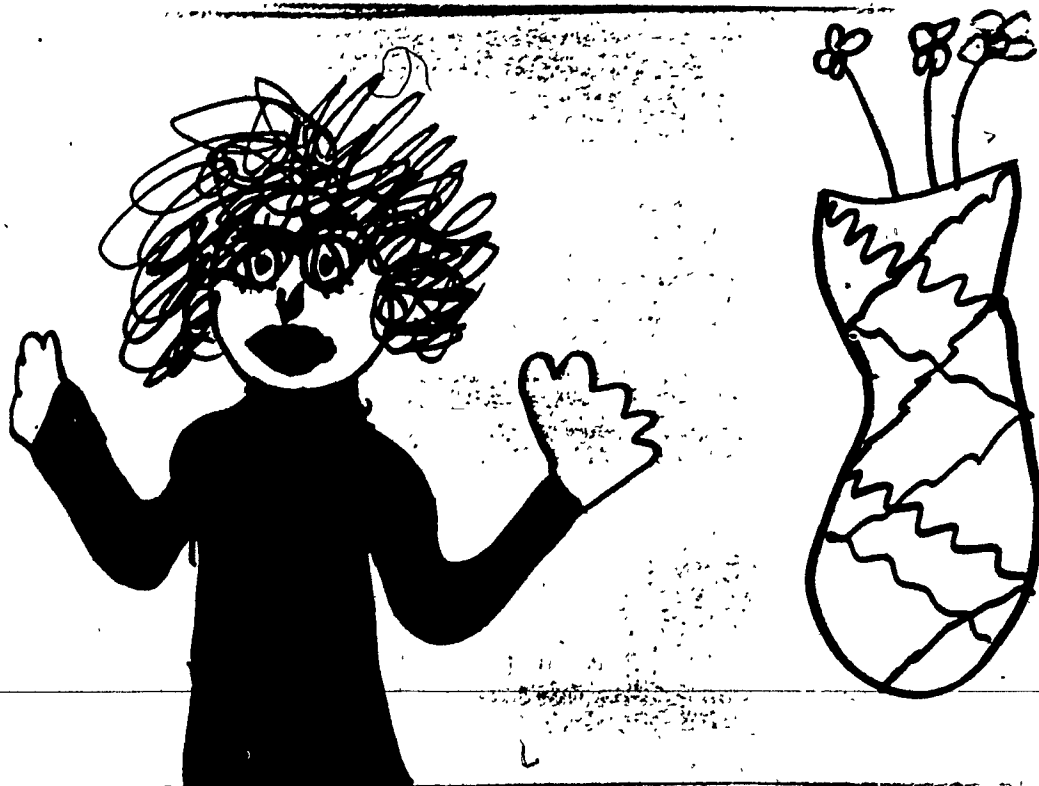


Figure 14

October 22, 1982

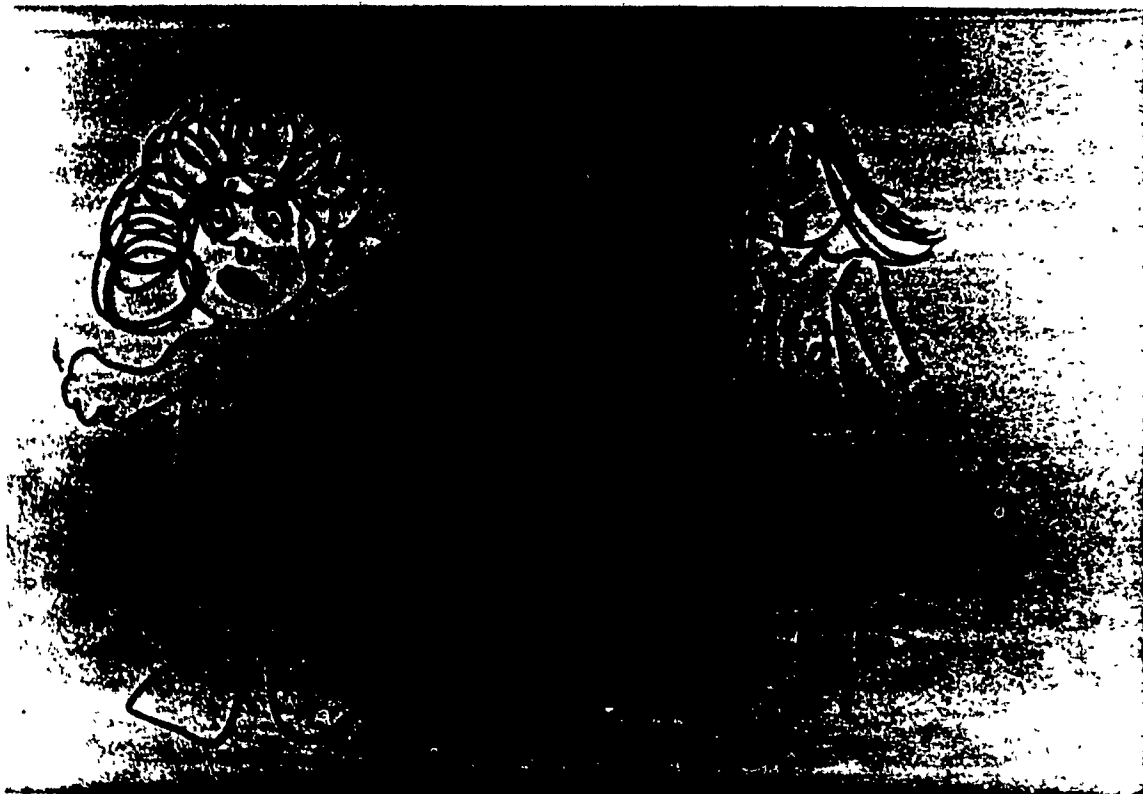


Figure 15

October 22, 1982

Rage towards the pre-oedipal Mother may lead to the urge to destroy the fetus.

Through birth and above all through the birth of her first child, the woman pays a debt to her own mother (some women actually give their first child to their mother). In contrast, abortion may be the killing of the woman's own mother in herself. For some women, it is better to undergo an abortion than to acknowledge a debt towards one's own mother, where this mother is hated (Bydlowski, cited in Grill, 1985, p. 155).

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The vase, with its feminine shape reminds me of the bowl of flowers in Figure 3. This picture seems to explore Ann's hope as well as fear that her mother will never release her. I am reminded of the ambivalent smile/frown on Ann's face in Figure 8 when she feared she was losing her staff.

The disturbed-looking mother figure, "who will not throw the vase" can be likened to Ann, in the maternity ward, waiting for the saline solution to precipitate an abortion. Ann was just not able to let go of that fetus. The three flowers in the vase harken to the oedipal triad.

Figure 15 continues this theme of separation. Mother, as in Figure 14, is on the left. This time, Ann said it was she on the right. The frantic-looking figure called Mother,



more closely resembles a baby. Ann claimed to be sticking out her tongue in defiance of Mother. This picture can be seen to portray two views of Ann, as the agitated, frightened dependent child in the figure on the left, and on the right the defiant adolescent, ready to leave Mother and proceed into the next developmental level. Such is the uneven journey as described in Chapter 5, from early to middle adolescence. The picture marks a tentative beginning of Ann's experience of Mother and daughter as "separate and different and the self as free to develop and to separate out from the maternal object" (Grill 1985, p. 157).

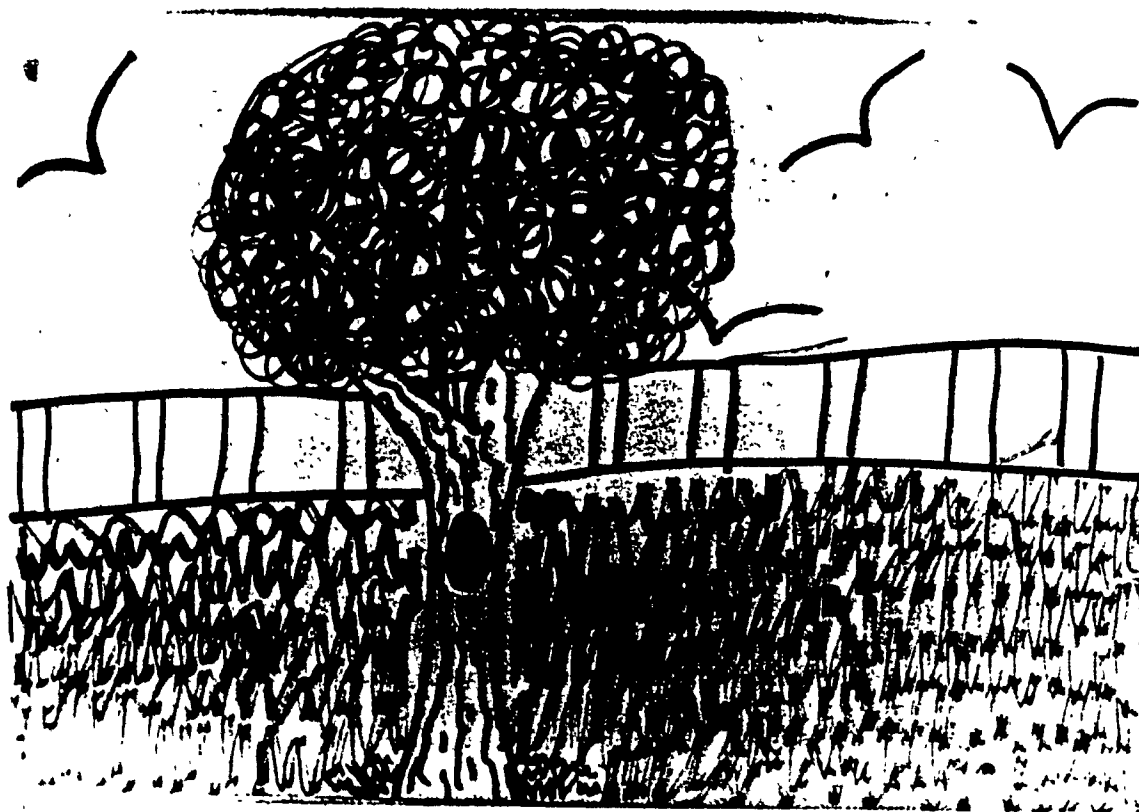


Figure 16

November 9, 1980

Ann drew Figure 16 after reviewing her previous artwork. She acknowledged the tree as symbolic of the growth she felt as integral to her drawings. She then added the red hole in the trunk, associating the red with blood and the position with the heart and stomach. I feel the picture confronts her abortion and still unresolved emotions pertaining to this issue as well as the pain she was then discovering inside of herself as a result of her "growth."

The five birds (in this reproduction, four are clearly visible, the fifth is in the top left corner of the leafy part of the tree) may denote the fifth month anniversary of the abortion. The tree stands tall against the divided upper and low parts of the picture. Ann may be finally bridging affect with action, mind and body and, as suggested by frantic scribbling in the grass and leaves, she is feeling intense anxiety.

Figures 17 and 18 were painted in silence. Ann was absorbed in her work. Land and seascapes, both pictures have a sense of calm about them as well as isolation, emptiness and sadness. They may be indicative of her mourning for the loss of Mother, and self as Mother. The pictures suggest that the objects of mourning have emerged as distinct and separate from each other. I interpret Figure 17 as focussing on the abortion. The moon symbolizes the connection between "the lunar cycle and the



Figure 17

November 12, 1982



Figure 18

November 12, 1982

physiological cycle of women" (Cirlot, 1962, p. 214). Its symbol of femininity and fertility (Cirlot, 1962) shines down on the still waters.

This seascape is different from the beach scene in Figure 10, with its turbulent water. Here the water is peaceful. Perhaps Ann is now more accepting of her own feminine role.

The early adolescent remains too tied to Mother to conceive of herself in that role. While the middle adolescent cannot really see herself as a mother either, she begins to fantasize about motherhood in an ambivalent way (Hatcher, 1973, p. 63).

My impression is that Figure 18 portrays the loss of the pre-oedipal Mother. The barren, angular mountains, at a distance suggest the inaccessibility of the Mother. In these pictures, Ann seems to be more in touch with her sad feelings and more realistically accepting of them. This continues the message in Figure 16. Figures 17 and 18 have a timeless quality about them. "Mourning is overcome after a certain lapse of time" (Freud, 1917, p. 244).

The process of mourning means the individual's effort to accept a fact in the external world (the loss of a cathected object) and to effect corresponding changes

in the inner world (withdrawal of libido from the lost object, identification with the lost object) (Freud, 1960, cited in Laufer, 1966, p. 271).

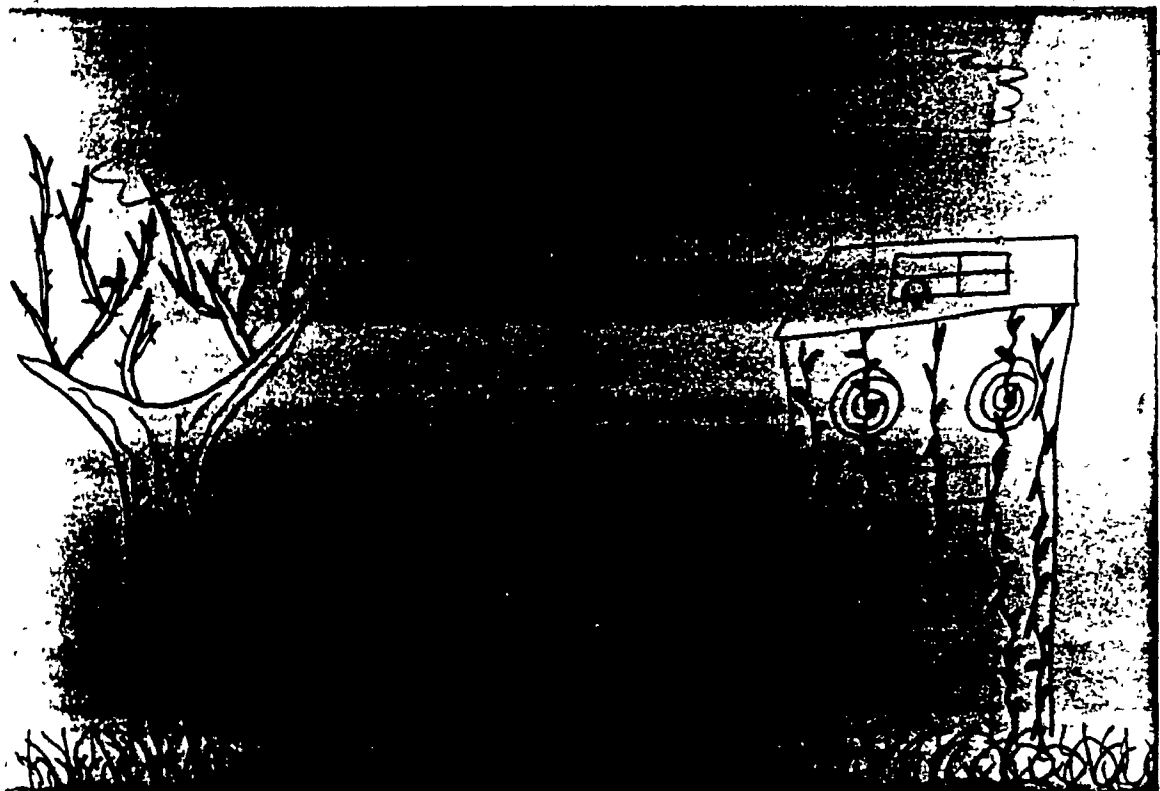


Figure 19

November 19, 1982

Figure 19 makes a shift from a preoccupation with the infantilized adolescent, who underwent an abortion to the oedipal teenager who is beginning to explore those urges more pressing to her psyche.

While drawing, Ann spoke of a sister who was stillborn the year before Ann was born. The sister was choked by the

umbilical cord which was wrapped around her neck. As Ann drew the cat with the piece of wool around its neck, she said that she often thought of this sister. Ann felt that she was a poor substitute for this dead sister. In the picture, as well as in conversation, Ann was able to associate the event of the stillbirth sister to her own pregnancy/abortion, recognizing her wish to replace this lost sister/daughter.

Ann stated that the tree was dead. This depiction of the dead tree with the empty hole suggests a decathecting and acceptance of the above issues. The bright blue bird is ready for flight. A man seen peeking out of an attic window in a house covered with prison-like vines may represent Ann's new emotional investment.

The work of mourning following object loss refers to libidinal detachment from the object and we expect that this process will result in renewed interest in the outside world and an ability to cathect to other objects (Laufer, 1966, p. 289).

This proved to be the case as Ann's pictures for most of the following year, were overt scenarios of oedipal fantasies featuring Ann and family members, or significant others. For the purpose of this thesis, however, the art work ends here.

## CHAPTER 7: CONCLUSION

The purpose of this thesis was to explore the artistic productions created by an adolescent in art therapy sessions held during the months following her abortion. It was hoped that in the examination of the artwork the motivation for this adolescent's seeking pregnancy and the experience of and reaction to the abortion would be revealed.

The research conducted in the area of adolescent abortion concluded that any psychological sequelae which occurred post-abortion could be traced to first, emotional problems existing prior to the abortion, second, to ambivalence about having the abortion, and third, to the type of procedure experienced. The general consensus in these studies was that in exploring the pre-conception situation of most pregnant adolescents, emotional problems were paramount as pregnancy was often a maladaptive response to a conflict which the adolescent was experiencing.

Once the abortion was over, she was left to resolve whatever prompted the pregnancy.

The research also stated that extreme reactions to abortion were rare, and in the majority of adolescents the typical responses of relief or guilt, depression and anger were short-lived, being confined to the immediate post-operative period. Hence any post-abortion therapy

recommended was merely to correct misinformation related to contraception and/or somatic sequelae of the operation. The few researchers who did acknowledge the need for insight-oriented psychotherapy were those whose orientation was psychoanalytic. They also emphasized the influence motivation for pregnancy had on psychological sequelae.

The review of Ann's psychiatric history revealed a disturbed adolescent within a complicated family constellation. Her pregnancy and abortion did not play a major role in her diagnosis or hospital treatment. It was evident her pre-conception situation was part of a long history of emotional difficulties, the basis for which was undefined at the time of her hospital admission.

The research surveyed also claimed that for adolescents, pregnancy and abortion was experienced in terms of conflicts already present in that developmental period. This provided another variable. Ann was placed within the adolescent developmental framework described in the reviewed articles, in accordance with her hospital psychiatric assessment. Possible theoretical explanations as to the motives as well as the meaning of the pregnancy and abortion to Ann could then be deduced. She was found to function emotionally as an early adolescent with the beginnings of an overlap into mid-adolescence. This would mean that as an early adolescent she would be experiencing a resurfacing of pre-oedipal issues. Mid-adolescence stimulates a revival of



oedipal conflicts. Relationship with Mother is central to both these stages. Passage from the first stage requires a decathecting of the pre-oedipal Mother, as resolution of the oedipus complex begins with the devaluing of Mother in favour of Father.

The literature would lead one to believe that an examination of Ann's artwork would provide indications of any emotional conflicts pre-conception; the quality of her relationship with her mother; her experience of abortion; and whether there was mourning for the loss of the fetus. Of major importance to this thesis was the realization that in the search through the artwork the discovery of the motivation for pregnancy, experience of and reaction to the abortion was achieved by following the developmental situations which formed the content of the art. It was these illustrated responses to developmental issues which provided the answers to the original proposals.

The findings in the review of Ann's artwork supported the theory that emotional factors were the major instigators of her pregnancy. As an early adolescent, Ann's motivation for pregnancy, on a pre-oedipal levels, implied a wished-for attachment with Mother. Ann's way of achieving this closeness may have been to become a mother herself. The early pictures suggested a sad Ann longing for maternal nurturance. The images then followed Ann's maturation in her expectations of Mother so that she could begin to

separate from her. This process, as pictured, was fueled by anger.

Ann's experience of the abortion was of not letting go. The pictures suggested that the retaining of the fetus was linked with her own difficulty in separating herself from her mother. Ann was resistant in both situations. Ann then drew what could be viewed as the fetus, just prior to abortion. Ann's identification with this fetus prompted suicidal ideation pictured clearly in her work. This was Ann's first acknowledgement of the abortion, since up to this point her early adolescent defensive use of denial was very intense.

The artwork then proceeded with what may have been the beginning of Ann's experience of Mother and fetus as distinct from herself. This was accomplished by much anger and anxiety. Once separate from Mother and fetus Ann could then acknowledge and integrate their losses through mourning. Ann created a picture to illustrate this process for each significant other. Her last picture suggested her readiness to explore the next stage of adolescent development.

It is the process of disengaging from Mother which denotes the adolescent's passage from the early to middle stages. According to the psychoanalytic literature, in such a situation where mother/daughter dyad was so important the interpretation of transference and often counter-

transference issues would be crucial to therapy. In Ann's case the recommended approach curtailed the overt exploration of these issues. It was thought that she was unable to tolerate active interpretation at that time.

For Ann art was a modality which provided expression without speech. Areas of conflict were projected into Ann's art, through sublimation. As Kramer (1971) emphasized, the integrative and healing properties of the creative process itself does not require verbal reflection. For Ann, the lack of verbal interpretation highlighted the efficacy of the art process, the images produced were cathartic as well as communicative.

The use of interpretation of transference is effective only when the timing is appropriate. Art therapy continued for Ann for 1 1/2 years following the sessions described here. During these sessions the exploration of transference and counter-transference played a major role, both visually and verbally. This approach used at this later time did facilitate Ann's acquisition of insight.

Perhaps Ann's later receptiveness and strength were a result of our initial work in therapy. As clients are able to project their inner conflicts into visual form

it frequently happens that they become verbally articulate. Through the use of graphic and plastic expression those who are originally blocked in speech, often begin to

verbalize in order to explain their art productions (Naumberg, cited in Hammer, 1958, p. 512).

The focus of this thesis might have been very different had transference/counter-transference issues been explored openly using the art. Perhaps future research in the area of psychological sequelae of adolescent abortion will directly address this issue of transference, using visual images to elucidate the client's and therapist's understanding of this experience.

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