

«Precious pregnancy»: The bodily and emotional perceptions of pregnant women through a qualitative study of their drawings

Stefania Graziosi, Rosetta Castellano, Patrizia Violi, Silvia Zibellini

Abstract

In this work a clinical experience using the drawings on the bodily and emotional perceptions during pregnancy is presented. These drawings have been produced by pregnant women attending the Preparation to Birth Courses in a Family Planning Service of Rome. Starting from a screening of over 200 drawings collected during two years, a qualitative comparison has been made among the drawings of those pregnant women not having, to the anamnesis, previous problem pregnancy, and the drawings of those pregnant women whose pregnancy arrived after a series of difficulty (repeated abortions and/or fertility treatments). Our discussion focuses on the importance to gather some indicators of disease about the bodily and emotional perceptions during pregnancy, with the aim to plan specific clinical interventions supporting the transition to parenthood.

Key words: drawing, pregnancy, body experience and emotional experience, grid for analysis

Introduction

In the Italian background, the Family Planning Services have a central role in the screening and intervention on the dimension of parenthood (Tambelli, Odorisio, Mancone, Vismara, 2008). Among the more applied interventions, informative and educational programs such as the Preparation to Birth Courses are very useful, as well as the psychological support interventions in a phase of the cycle of life – the transition to parenthood – in which the pregnant woman before, and the new-mother then, have to cope with a series of complex psychic and bodily transformations (Zeahna, 2009). The prevention, preparation and support on childbirth represents, by now, a consolidated way through which explore and understand the world of parenthood; it also appears fundamental in a prognostic sense, offering the possibility to plan specific interventions in the cases particularly "to risk" (Ammaniti, Tambelli, Odorisio, D'Isidori, Vismara, Mancone, 2002).

Pregnancy can be defined as a crucial event transforming the woman status and role, through a change that implicates an inner redefinition (intrapsychic processes) and an external redefinition (relational processes) of her own self representation. Similarly, it gives the possibility of a reorganization of the family relationships, both the marital relationship and both the bond with the parental figures. In fact, the assumption of new roles and the constitution of new bonds also implicates a transformative process

of the whole environmental constellation (Stern, 1995; Castellano, Zavattini, 2007; Slade, Cohen, Sadler, Miller, 2009).

In literature, the theme of pregnancy and its psychic dynamics has been particularly investigated following the manifold studies, produced from the beginnings of the eighties years, that focused the attention on the role of the preventive factors of the parenting dimension (Belsky, 1984; Bornstein, 1995; Di Vita, Giannone, 2002; Velotti, Castellano, Messina, Zavattini, 2008). These studies have introduced several tools of investigation, such as semi-structured interviews (for a deeper examination, see the IRMAG; Ammaniti, Canderoli, Pola, Tambelli, 1995), the observations of interactions (for a deeper examination, see the prenatal LTP; Carneiro, Corboz-Warnery, Fivaz-Depeursinge, 2006), a lot of self-report measures, and projective methods as the drawings produced during pregnancy.

The aim of this work is to open a reflection on the utility of this last tool, introducing a clinical experience that illustrates the possible ways in which the drawings produced by the pregnant women on their bodily and emotional perceptions during this phase of the vital cycle highly transformative can be used. The background is represented by the Preparation to Birth Courses held in a Family Planning Service, Station of Ciampino street 31, ASL RM-B - IV° District.

In line with the variegates activities in these services, there is a difficulty in the use of the clinical data that are collected. In our experience of years, we have used the drawings in the Preparation to Birth Courses, in order to maintain a richness of information that however in the majority of the cases, was not possible to be further analyzed. So, we have asked what kind of knowledge could be gained from a more systematic analysis of the drawing produced during pregnancy about the bodily and emotional perceptions as tool of observation of the intrapsychic dynamics activated by the projection.

As literature suggests, the drawings produced during pregnancy can offer a lot of useful information, that otherwise are difficult to be explored (Cohen, Hammer, Singer, 1988; Ponteri, 2001; Swan-Foster, Foster, Dorsey, 2003). Therefore they are widely used in the clinical work supporting the parenthood. In the specific context of the Preparation to Birth Courses, the drawing gives the possibility to the future mother to have an access to emotional processes in a primitive form, that are quite free from the rational control, and to see, how from a window, her fears, her fantasies, her most hidden desires (Alliprandi et al., 1989). The drawing can be also considered as a narration and as a form of communication (Tambelli, Zavattini, Mossi, 1995), starting from the assumption according to which in the graphic representation there is not so much a pure creation of unconscious fantasies uninfluenced by the experiences of the real relationships, but as a construction, a representation of the representation, a fluid mechanism of cycles of projections and introjections. The existence of an inner model to which refer when there is a graphic production gives the possibility to consider the drawing as a technique that can investigate the representational world, the rules of the inner models that are manifest in the graphic organization, as in the thought and language (Tambelli et al., 1995).

Moreover, the drawing can be seen as a way to put in evidence the emotional expression, an active process that is central in the better articulation of the experience. In this sense, the symbolic representation made by a pregnant women offers a possibility of a continuity of her experiences, despite all the changes that invest her in this critical period.

1. Precious pregnancy

In our socio-cultural context, more and more frequent are those pregnancies establishing through a long, and at times marked by obstacles, plan. As known, Italy is a Country at the first place in Europe for the advanced age of the first-motherhood (Eurostat, 2006). Pregnancy is, today more than in past, a chosen event, that is planned on the basis of several aspects, such as the satisfaction reached by the couple on the professional and economic sphere (Migliorini, Rania, 2008). Similarly it is known that in line with such socio-cultural changes, fertility problems are increasing, also because there is the choice to have a child in ages in which fertility is in dramatic decline (Davalli, Montagna, 2005; Zurlo 2009).

Two main considerations have moved this work: firstly, the deep interrelation between the bodily and the mental dimension, made more pronounced by the sudden changes produced by the pregnancy (Righetti, Sette, 2000; Fraser, 2006); secondarily, the actual lowering of fertility levels that, as mentioned, have often made pregnancy a strongly desired state with enormous costs on the bodily and the mental dimensions (Tolor, Digrazia, 1977; Sozzi Mancini, 1999; Andreotti et al., 2001; Invitto, 2008). Pregnancy, in fact, is an event rich of transformations that not always proceeds linearly; more and more frequent are today situations of repeated spontaneous miscarriages and/or fertility treatments to reach the parental state (Castellano, 2009). On this topic, literature has primarily explored the role of the emotional perceptions of such parents on the parental functions and on the caregiving of the children (McMahon, Ungerer, Tennant and Saunders, 1997; Gibson, Ungerer, Tennant and Saunders, 2000; Golombok, Owen, Blake, Murray, Jadva, 2009), while the research is scarce on what happens in terms of perceptions and representations in the case of this type of pregnancy.

In a precedent work (Graziosi, Castellano, Violi, Zibellini, 2006) we have discussed the possibility to denominate the tortuous and suffered run for reaching the parenthood, with the term "precious pregnancy", finding useful elements of further reflection on this theme. During the years of our work on these topics, in fact, some relevant differences were evident between many drawings produced by pregnant women whose clinical history pointed out the presence of an actual pregnancy without particular complications, and pregnant women with a history of repeated abortions and/or fertility treatments. The impact of such previous experiences often was not registered through the administration of other tools, that were more useful to give a deep examination of the actual psychological situation; however, these peculiarities appeared in strong prominence in the drawings.

2. The work on the drawings produced during pregnancy

On these bases, during the Preparation to Birth Courses, we have tried to examine if in the drawings produced by the pregnant women on their bodily and emotional perceptions, some specific graphic indicators of a pregnancy that could be "precious", because strongly desired and often suffered, could emerge.

2.1. The drawing "As I see me" and "As I feel me"

Given the wide application of the drawings during pregnancy, there are a lot of "assignments" that are used: there is the request to the woman to draw her own pregnancy, her own family as if her child had already been born, her bodily image, the image of self before the pregnancy, at the ninth month of pregnancy and after the birth, her child's image, et cetera (Spanuolo Lobb, 2005).

In this clinical experience, the assignment used is defined "As I see me" and "As I feel me", finalized to track an elaboration of what the pregnant woman is perceiving about the various aspects of the internal reality that are projected in such drawings. The choice to give a particular attention to the bodily and emotional perceptions finds its reason in the fact that such drawings can make to emerge in the pregnant woman a lot of fundamental aspects that have important prognostic and interventions goals. Among them, we underline the followings two aspects:

The *bodily image*, a concept that refers to the mental state of her own body, or to the representation of as the body appears to herself, with a particular attention to the strong weight that the emotional and relational factors have on those physiological ones (Luttrell, 2003).

The *emotional state* typical of the period that she is living, in which she is near to realize the parental project, accompanied by concomitant anxieties and ambivalent feelings (Anderson, Fleming and Steiner, 1994; Clark, 2001).

In this line, the bodily language in the pregnant woman can be considered as a language of communication and narration on fears, hopes, expectations, desires, needs, conflicts that start to test her inside the new relationship that is established with a physical body that the woman doesn't succeed in modeling as she wants, with an evidence that at times could be frightening, while in other occasions could be a source of gratifications to a personal and a social level (Tambelli et al., 2008).

The tool is usually administered in a group situation during the Course. To the pregnant participants, sat in circle, two white sheets of dimension A4 are delivered and the following assignment is read:

Draw on a sheet "As I see me" and on the other "As I feel me", using whatever type of representation, concrete, symbolic, abstract. You can also use the colors. Before the beginning, the importance of give a free space to the imagination is underlined, without worrying herself about the graphic competences. The possibility to add a written comment to the drawing is also given, but it can't become a substitutive of the drawing. The mean time for the administration is about 20 minutes.

2.2. The scoring guide for the drawings examination

Starting from a screening of over 200 drawings produced in a Family Planning Service of Rome (ASL RMB) during the years 2007-2009, we have formulated some questions about the possibility to see specific peculiarities of the drawings produced by women whose pregnancy was established after previous spontaneous abortions and/or fertility treatments (defined with the term "precious") when compared to the drawings produced by women whose pregnancy, to the anamnesis, was without particular previous problems in the conception (defined with the term "physiological"). Our idea was that pregnancy that is established after a series of "traumatic experiences" that directly involve the woman's body and her emotional sphere can emerge in the graphic production through some indicators of particular valorization of it or, contrarily, of its distortion.

We found useful, in such sense, to use a guide for the examination of the material drawn, that in this context we shortly report. After a long work of structuring of the material and a deep examination of other similar projective tools (Tambelli et al., 1995; Lis, 1998; Bergamo, Antonioli, 2004) we arrived the construction of a qualitative scoring guide, with different "levels of evaluation":

LEVEL 1. The "*Type of figure*" is indicated (if there is a human figure, or not; if not, is specified if the figure is inanimate, animal, vegetable, or mixed, or with human and not human aspects) and the "Number of elements".

LEVEL 2. In this section, seven aspects are considered:

2.1. The "*Disposition of the sheet*", if vertical (to point out, according to the literature, determination and assertiveness), or horizontal (to point out weakness and passivity).

2.2. The "*Disposition of the figure in comparison to the sheet*" (if centers, moved downward, upward, toward right or toward left).

2.3. The "*Dimension of the figure in comparison to the sheet*", (if, to a general examination, a perception of a big, small or average figure is drawn).

2.4. the "*Outlining*", if big or light, sure, trembling or pick up, with cancellations or hatching. It is an element, as we will see, particularly important that expresses in very particular way, with its graphic characteristics, the affectivity of the person. On this theme is a vast literature that distinguishes the outlining in good or bad, considering the eventual presence of delicate and roundish lines, or broken lines, with a very marked outlining, overlapped in messy way as to express anger, pain and fear.

2.5. The "*Position of the figure*", if statics or in movement, if standing, stretched out, or sat. On this element, we gave a smaller importance to the distinction "frontal" and "in profile".

2.6. The "*Color*", in terms of present/absent.

2.7. The surrounding "*Environment*", also in this case in terms of present/absent and in the cases in which it is present, specifying what there is represented.

If there are human sketches, it is important to continue to compile:

LEVEL 3, in which four indexes are considered:

3.1. The "*Expression of the figure*", if happy, sad, angry, tired, neutral or other.

3.2. The "*Limbs*", if present are examined the legs – long, averages, court - and the arms - open, adherent to the trunk, aloft.

3.3. The "*Omissions*", that can concern the head, the mouth, the hair, the eyes, the arms, the hands, the feet, the clothes and that literature has defined as the result of fears or conflicts, symbolic or real, related to the parts of the body omitted.

3.4. The "*Presence of the Belly*", in terms of present/absent and if present, it is important to indicate if it is drawn in frontal or side position.

LEVEL 4. In this section, it is appraised if the "drawing is accompanied by a comment" and, in affirmative cases, if the "written Emotions" are positive, negative or ambivalent, as well as if they are congruent with respect to the drawing or are incongruous.

Finally, there is a space for possible "further Considerations."

2.3. The peculiarities of the drawings of the women with "precious pregnancy"

In this paragraph, a first application of the scoring guide for the examination of the drawings "As I see me" and "As I feel me" is illustrated. Two groups of pregnant women are considered, a first group, constituted by 20 women whose pregnancy was established after repeated abortions and/or fertility treatments (defined with the term "precious pregnancy") and a second group, of 20 women with a pregnancy established without similar problems (defined with the term "physiological pregnancy").

A qualitative examination underlines a series of peculiarity and similarities between the two groups of drawings. Looking at the *type of figure*, in the drawing "As I see me", in both the groups, the women draw 14 human figures on 20, while 3 women with precedents experiences of abortions and/or fertility treatments (or with pregnancy "precious") and only 1 woman without these previous problems (or with pregnancy "physiological") draw a *Mixed Figure*. In the drawing "As I feel me", the human sketches decrease, in similar way in both the groups, and are often replaced from objects, animals, elements of the nature.

On the contrary, looking at the *disposition of the figure*, it is notable that in women's group with precedents experiences of abortions and/or fertility treatments there is a clear prevalence of centered raffigurations in comparison to the sheet, while in the group of women without similar problems there is a greater presence of drawings to the left or to the high part of the sheet. This datum could open a first reflection on the importance assumed by this event for those women who are living a "precious" pregnancy.

An element of particular interest is related to the *dimension of the figure*. In the drawing "As I see me", the women with "precious" pregnancy tend to draw with greater prevalence big/standard figures (in the specific one, 9 draw big figures, 8 draw standard figures, while 3 draw small figures); the group with "physiological" pregnancy, instead, draws more small/standard figures (specifically, the big figures are 4, the middle are 10, the small are 6). From these observations, could be strengthened the idea according to which when pregnancy is established after precedents abortions and/or fertility, there is a sort of more pronounced "valorization/focalization" of it. A further question that can be introduced concerns

the way in which it may be possible to deepen explore if or when such valorization assumes aspects of excessive worries or anxiety or fear about the event. This also contains some important information for the interventions programs that could be implemented on the sphere of the construction of parenthood. In the drawing "As I feel me", it seems present a sort of inversion of tendency in the two groups; the women with "precious pregnancy" feel themselves "small" in the management of the event, while the others felt probably stronger.

Another relevant aspect is evident looking at the "outlining", where it is notable that in the group with "precious" pregnancy there is a more frequent use of the pick up outlining, used by the half of the women (n = 10), while in the group with "physiological" pregnancy it is used only by 2 women. A preliminary hypothesis of this datum could be formulated in these terms: it can be supposed that in women's group with precedent abortions and/or fertility treatments to reach the pregnancy there is a greater demand to trace this event. This would seem confirmed by the use of the line "Light", used by 5 women with "physiological" pregnancy, but only from a woman with "precious" pregnancy.

It is also interesting look at the representation of the "belly" in the two groups. It is always drawn by the women with "precious" pregnancy that reproduce a human figure, and it is also present in the mixed figure reproduced by this group (n = 15); in the women with "physiological" pregnancy, instead, also when a human figure is drawn, in some cases the belly is omitted (12 bellies represented on 14 human figures). This datum could confirm a tendency to the valorization of the pregnancy in the women with pregnancy established him after precedents experiences of abortions and/or fertility treatments; valorization that, nevertheless, introduces elements of ambivalence and suffering, as suggested by the bellies drawn. In fact, while the women of the group with "physiological" pregnancy they almost always to draw frontal human figures with the central belly (only 2 are in profile in profile with belly, while the others 10 are all frontal ones), in the women of the group with "precious" pregnancy there is a greater presence of figures in profile (n = 5), but also of frontal figures with side belly (n = 2), indicative of an "anomaly" in the structuring of the drawing.

Finally, looking at the *comment and emotions*, is possible to observe that in the drawing "As I feel me" while the group with "physiological" pregnancy "almost always expresses positive emotions, in the group with "precious" pregnancy there is a greater presence of ambivalent and negative emotions.

In conclusion, such elements that we have set in prominence seem to bring toward a first examination - to be subsequently verified - on the possible meaning that can have for a woman a pregnancy established after precedent abortions or fertility treatments; it seems that such pregnancy can assume a strong meaning, load of ambivalences, because valorized and therefore "precious" after being finally reached, but also "suffered" and consequently with possible worries, anxieties, fears.

3. Clinical illustrations

The exploratory nature of this work bring us to illustrate some clinical exemplifications, rather than to proceed towards a development of a "quantitative" study. So, in this paragraph we report two examples extrapolated by the several cases of "precious pregnancy" accompanied by the drawings produced. The first exemplification, of Emilia, refers to a pregnancy established after two abortions in the preceding year; the second, of Franca, refers to a pregnancy established after the use of techniques of intrauterine insemination.

3.1. Emilia

Emilia is at the seventh month of a pregnancy that is established after two spontaneous interruptions of pregnancy happened within the precedent year. These abortions happened both at the end of the second month of pregnancy.

The woman is 35 years old, is a nurse, and is married for about three years, after having cohabited for one year.

The actual pregnancy has not evidenced particular difficulties from the physical point of view, without anomalies neither illnesses the woman that could have influenced the natural evolution of the pregnancy. The baby arriving is a female.

Thinking to the previous pregnancies that concluded with spontaneous abortions, the woman reports to feel herself as more fragile. She describes the two spontaneous abortions as the most stressful events of the last year, but she doesn't describe them in details, neither talks about the emotional state that accompanied her in both these situations. It is as if she wanted to talk superficially of these events not to wake up again lived fears. Emilia tells to have noticed the changes in her body that have concerned for first the belly and then the breast; she has tried a feeling of amazement: "*it is strange to see my body change...* ", but also in this case she doesn't talk in a deeper way about what she felt.

When she has felt the first fetal movements, around the sixth month of pregnancy, she describes her sense of happiness that has gone to supplant the worry that had accompanied her until that moment.

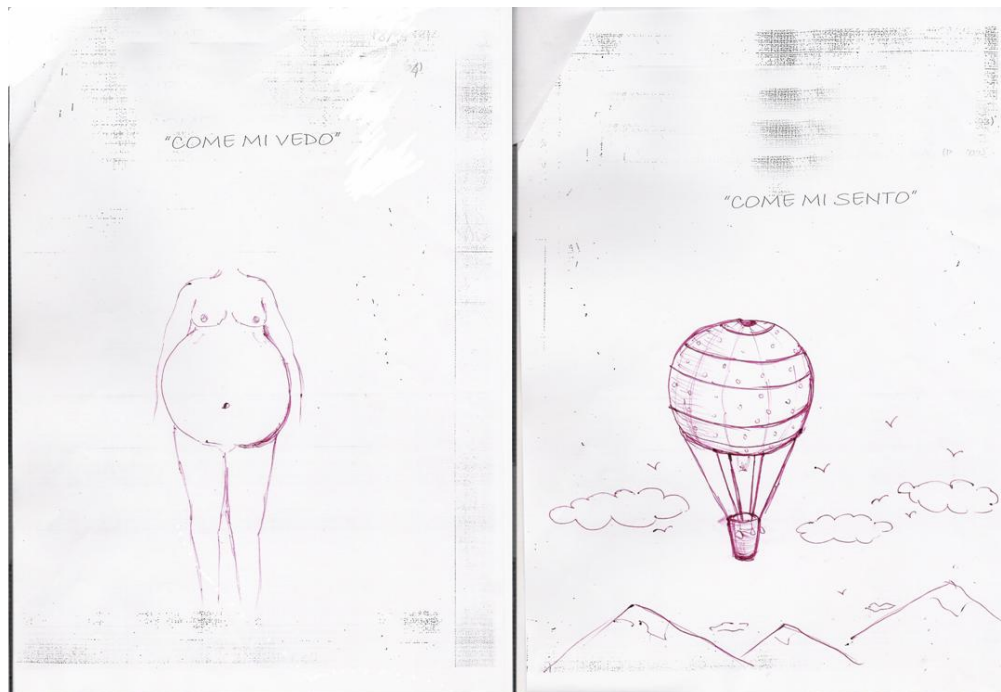
She talks about the positive comments of her husband at her new physical aspect and adds that he would like to put her in a bell of glass to protect her. About the couple relationship during the pregnancy, Emilia doesn't report particular changes, with the exception of some difficulties in the sphere of sexuality.

Emilia was born from a natural birth, and doesn't remember if she has been nursed to be breast, but only that she didn't eat, didn't sleep, cried and was often badly. She doesn't report the presence of particular stressful and painful events during her life, underlining the good relationships with her family.

She reports to have dreamt twice her daughter: in one of the two dreams her child had just been born but she already spoke and was ugly and with a big head. She says not to be capable to imagine the child, neither to "mentalize" her.

This is the drawing produced by Emilia (Fig.1).

Fig. 1. Exemplification of the drawing "As I see me" and "As I feel me".



Specifically, in the drawing "As I see me" a big valorization of the belly emerges, in a female body without the head. This makes to think to a sort of absence of thought, of "mind" on the pregnancy to face the fears to it connected, an absence that assumes a very strong value.

The drawing "As I feel me" is more solar, but it postpones to a being among the clouds, transported from them; as to say that also the emotions, the feelings stay "on the air".

3.2. Franca

Franca is 39 years old and is at the seventh month of pregnancy, after being undergone to some cycles of treatment of intrauterine insemination (IUI). She is cohabiting for eight years with the partner. The couple has immediately sought a pregnancy and after a few years decided to undergo the diagnostic procedures of infertility. These investigations have not brought to a clear diagnosis of sterility none of the partners, so they continued to search for natural ways to realize the desire of parenthood. All of a sudden Franca realized that her age didn't give her further hopes in the time. So, the couple decided to undergo some cycles of assisted reproduction. The third attempt gave the positive result.

Franca says that she immediately made the first control in pregnancy, followed by the Fertility Center. The child arriving is a male. The pregnancy evolved without particular difficulties from the physical point of view, without anomalies neither illnesses in the woman that can have influenced it.

However Franca reports that on the emotional plan she feels very anxious for this pregnancy and to be afraid above all of the moment of the birth.

She has been noticing changes in the body yet during the first month, especially in the breast, that make feel her well; such feeling to wellbeing appears strengthened by the partner, who says she is beautiful and above all very "mum". Around the fifth month she felt the first fetal movements, and it has been a strange feeling for her, of incredulity, she was not sure that was the fetus to move.

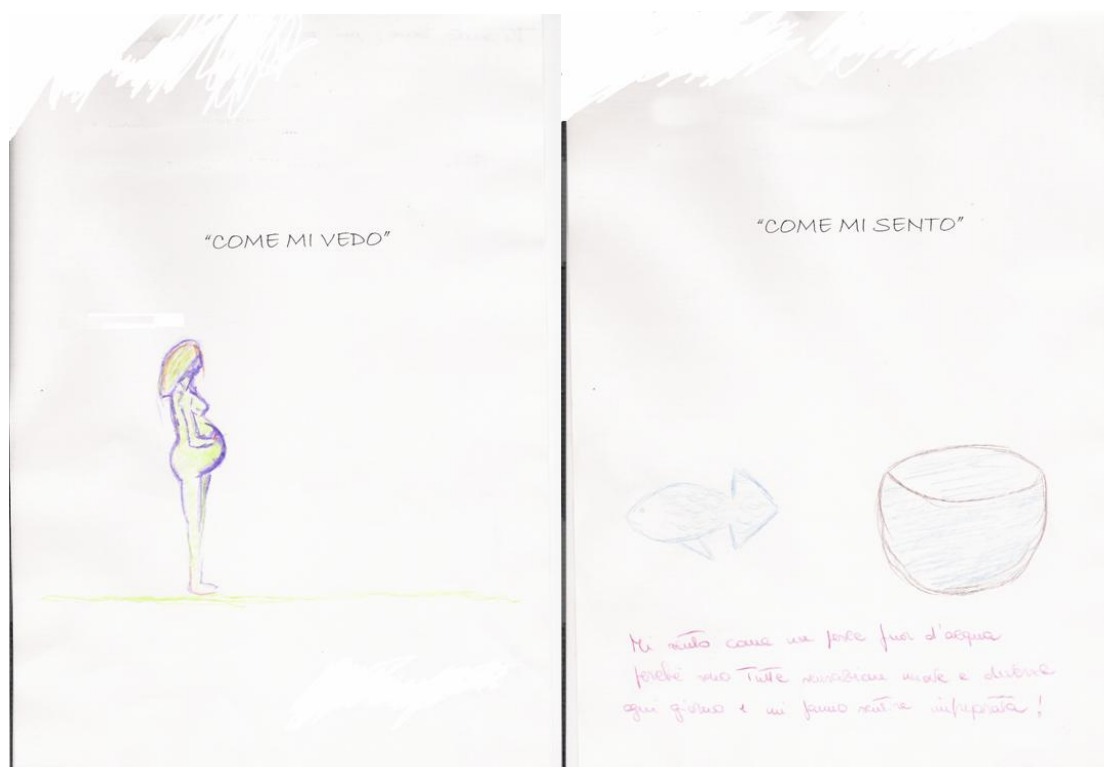
About her own birth and family history, Franca says that she was born after a normal pregnancy and with a natural birth, she was nursed to the breast up to 13 months, and was a quite child, sleeping and eating.

An interesting aspect emerge when she says not to have lived particularly stressful and painful situations in the last year, but all of a sudden, at the end of the interview, she introduces two experiences of abortion. In this moment, for the first time she tells to feel today only a strong sense of guilt for those voluntary interruptions of pregnancy, when she was twenty-year old. She talked about her secret only with her sister, while her parents and the partner have never known anything.

The woman says that has dreamt her child but the image was not clear, however the imagination that the couple have is of a child with fair complexion and blonde hair.

The drawing produced from Franca follows (Fig.2).

Fig.2: Exemplification of drawing "As I see me" and "As I feel me"



Franca sees herself as motionless, immovable, to wait something, without look (and we imagine, without emotions). She underlines a lot the contours, above all of the belly and the hands are upon it as to want to protect her pregnancy; however she feels

a fish out of water, because the new experience and the relative changes "make feel her as unprepared", or perhaps because she feels not to deserve her pregnancy.

4. Discussion e future applicative directions

In this work we have tried to introduce some reflections on the richness of information that can derive from the use of the drawing on the bodily and emotional perceptions in women whose "precious" pregnancy arrived after repeated abortions and/or fertility treatments – situations more and more frequent in our society – compared with those of women with a more "physiological" pregnancy.

To a first examination, this clinical experience puts in evidence as useful could be to make reference to a guide of qualitative assessment of the drawings, giving the possibility both of use again the information furnished by the drawings in the following meetings, both in the prevision of future directions of research on this topic. We have for instance shown the interest concerning the analysis of the dimension of the figure, of the outlining, of the belly and of the expression of emotions among the two groups observed. From this observation, a general consideration made is the following: the drawing of the "As I see me" of the two groups of pregnant women seem to point out that when there is a pregnancy that is established after a series of "traumatism", could follow a representation of her own image characterized by a greater "valorization/focalization". At this point, we could interrogate on the possible meaning to give to such "valorization" of the pregnancy, since the drawings "As I feel me" delineate the presence of greater ambivalent and negative emotions about this pregnancy so for a long time desired. In this work, we have advanced the hypothesis that ambivalence can be connected to the fact that the pregnancy for these women is valorized and therefore "precious" because very desired and finally conquered, but also "suffered", with enormous costs from the physical and emotional dimensions.

An important application lapel of this clinical experience is tied up to the utility of the drawings focused on the bodily and emotional perceptions for the clinical work in the "at risk" situations that can be found during the Preparation to Birth Courses. Firstly, the role that has the clinical work upon the meanings of a pregnancy arrived after "traumatic" experiences for the individual must be underlined. It gives the possibility to the pregnant women to open towards a more accurate understanding of the history and the imaginations that influence the present situation, through the planning of specific individual sessions. It is possible, in such way, to plan a work that could have an input in the communications of "not-verbal" language and that otherwise risk remaining at a "pre-verbal" level. The focus on the drawing on "As I see me" and "As I feel me", together to the following group discussion in the context of the Preparation to Birth Courses, reveals to be an important tool in the clinical work with the pregnant women, giving the possibility to explore an area of difficulty access. Moreover, the possibility to help the women to live the pregnancy and the relationship with her own body in more integrated and deep way is offered (Luttrell, 2003; Swan-Foster, Foster, Dorsey, 2003; Sherr, 2005).

Secondarily, it is important to underline the role of the intervention activated by the drawings on a group level, where in the clinical work with the pregnant women the group dimension constitutes a container that has manifold functions. A first function is tied up to the acquisition of greater awareness of the bodily and emotional perceptions of each individual and in different histories that brought to parenthood. The subsequent group discussion, in which each pregnant woman exposes to the others what she has drawn, facilitates a sharing of experiences that the group succeeds in containing, avoiding that they remain latent or emerge in amplified way in the moments of greater uneasiness. Very often the women, when invited to comment their own productions, have an initial difficulty in translating into words what they really lived, feeling themselves embarrassed or intimidate; the group contains such feelings with the result to arrive to the formulation of deep and rich of emotions considerations. The meanings of the drawings are often co-built, through an implicit pact of sharing of thoughts, worries, emotions.

In the experience of many courses, during this meeting, that usually happens after three preliminary meetings, the first one of presentation, the second one introductory to gynecological aspects and the third one obstetricians, a fundamental change of the "atmosphere of group" go to determine (Black, 2004). It is not centered on the learning of information, but on the sharing of emotional aspects that characterize the experience that the women are living. Such evolution passes throughout the process of attunement that is verified among the individual and group perceptions and that is particularly favored by the observations of the drawings produced by the other participants. The pregnant woman, in fact, feels that the thought of the group is autonomous but *lined up* to her thought, or as many important, she feels that there is in the group the attempt to be lined up to the thought of the individual that is speaking. Using Telfer's (2001) words, a sort of promotion of the to put on in unison with the nucleus of dominant fantasies. The conductor's role, in this work, it is not that to make further interpretations on the drawings, because this could cause a damage to the evolution of the process of group; the interventions of the conductor primarily aim to favor the recognition of the quality and the characteristics of the shared atmosphere, an atmosphere in which, until that moment, the participants are absorbed, with low awareness.

A final consideration on this work is linked to its proposal to be an exploratory study in comparison to a more systematic work of deep examination of the drawings and the guiding scheme of examination on more numerous samples. Similarly, following the considerations of Carlson, Sroufe and Egeland (2004) about the importance to examine the socio-emotional functioning of the individual through a combination of different typologies of tools of investigation, it is suggested the importance to associate this method with other tools that could appraise the representations during pregnancy. We are thinking, for instance, to the recent studies on the abortion conducted with the administration of the Adult Attachment Interview (Main, Goldwyn, Hesse, 2003), that have correlated the irresolution with respect to such traumatic experience with other indicators of risk in the dawning parenthood (Amir et

to the., 1999; Out, Bakermans-Kranenburg, Van IJzendor, 2009). An interesting question consequent to this input could regard if also the drawings produced during pregnancy can be catch a similar Unresolved "state of mind" that hardly with interviews on the maternal representations can emerge.

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Authors

Stefania Graziosi, Psychologist, Psychotherapist. Consultorio Familiare di via della Stazione di Ciampino, 31, ASL RM-B - IV° Distretto.

Rosetta Castellano, Università di Roma “Sapienza”, Dipartimento di Psicologia Dinamica e Clinica 146.

Patrizia Violi, Consultorio Familiare di via della Stazione di Ciampino, 31, ASL RM-B - IV° Distretto.

Silvia Zibellini, Psychologist, Psychotherapist. Consultorio Familiare di via della Stazione di Ciampino, 31, ASL RM-B - IV° Distretto.

Mail for correspondence: rosetta.castellano@uniroma1.it