Women’s experiences of writing therapy around their former pregnancy sickness in terms of its uses and sufficiency: A qualitative study

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Abstract

Background: The extant literature makes a number of claims around the beneficial effects of writing therapy. This is the first study to evaluate those effects in the field of pregnancy sickness. Aims: To analyse women’s experiences of writing therapy around their former pregnancy sickness in terms of its uses and sufficiency. Method: Ten women with an age range of 32-48 years participated in this research study. All were hospitalised at least once with severe pregnancy sickness symptoms in the form of Hyperemesis Gravidarum, lasting from 6 weeks to their entire pregnancy, with most recent pregnancies ranging from 1 to 9 years ago. Participants were invited to write reflectively about their former pregnancy sickness, at home, for approximately fifteen minutes on four separate occasions in the course of two weeks and then take part in a qualitative, semi-structured telephone interview of approximately one hour to talk about how they experienced this writing process. Findings: Thematic analysis revealed a number of themes around the beneficial effects and uses of writing therapy; perceived benefits and limitations of expressive writing in comparison to talking; and women’s relational need to be heard and supported. Discussion: This study is consistent with previous findings around the beneficial effects of writing therapy and it helps fill a gap in the research literature around women’s first person experiences of this in a new population. It also contributes new knowledge to the field of pregnancy sickness around the importance of emotional expression and emotional care. Pregnancy sickness can be an emotional as well as a physical lived experience. Emotional recovery can be an ongoing process continuing after dissipation of physical symptoms into the post-partum period and beyond. The findings have important implications for health care professional practice.

Key Words: Pregnancy sickness; writing therapy; emotional; recovery.

Nicholson, MD (2015) University of Edinburgh MSc Dissertation; subjected to review and approval by the University of Edinburgh Counselling and Psychotherapy Ethics Review Committee.
Introduction

The first study to evaluate the beneficial effects of writing therapy in the field of pregnancy sickness was conducted at the University of Edinburgh in 2015. Ten women with an age range of 32-48 years participated in this study and were recruited as Volunteer Supporters via the charity Pregnancy Sickness Support. All were hospitalised at least once with severe pregnancy sickness symptoms in the form of Hyperemesis Gravidarum (HG), lasting from 6 weeks to their entire pregnancy, with most recent pregnancies ranging from 1 to 9 years ago. Participants were invited to write reflectively about their former pregnancy sickness at home, for approximately 15 minutes on 4 separate occasions in the course of 2 weeks and then take part in a qualitative, semi-structured telephone interview of approximately one hour to talk about how they experienced this writing process in terms of its uses and sufficiency. This research study was subjected to review and approval by the University of Edinburgh Counselling and Psychotherapy Ethics Review Committee.

Ten recorded telephone interviews were transcribed. Initial codes were generated and sorted across the data set into broader themes and sub themes. All themes were reviewed and categorised into sections. The data was analysed in terms of significance in relation to existing theories and implications for health care practice. Thematic analysis revealed a number of themes around the beneficial effects and uses of writing therapy; perceived benefits and limitations of expressive writing in comparison to talking; and women’s relational need to be heard and supported.

To date, most research in the field of pregnancy sickness has been quantitative, focusing on pharmaceutical approaches to physical care rather than its emotional impacts. It has paid little attention to the individual women behind the statistics and their lived experiences. There is a lack of HG research acknowledging the value of emotional expression or emotional care and also around women’s emotional recovery following an HG pregnancy.

The present study analyses women’s perceptions and experiences of the uses of writing therapy as a form of post pregnancy self-care. In seeking to address identified gaps in the extant HG literature, it focuses on women’s voices, their views and preferences around care needs, their emotional expression and their recovery from the experience of pregnancy sickness. This research questions whether the benefits outlined in the extant literature on writing therapy resonate with women’s experiences of expressive writing about the traumatic and stressful event of HG.

Qualitative research values women’s context-dependent, richly descriptive, first person experiences, meaningful accounts, knowledge and views. Whilst it does not claim predictive or universal truths it is nonetheless able to contribute something new to our understanding of pregnancy sickness that may have been otherwise overlooked. The voices of women who have survived pregnancy sickness are on the whole absent in theoretical debates in research journals around HG care and treatment. The present study positions such women as experts, able to contribute their own body of knowledge in order that we may learn something around how support services might be improved.
What the process of expressive writing can do for women who have survived HG

This paper for the Pregnancy Sickness Support Biennial Conference (2016, Bristol) focuses only on perceived benefits of expressive writing in the context of HG recovery. Please see Appendix for a more comprehensive Summary of Findings.

- **An opportunity to express the unspoken**

  Participants wrote about feelings and thoughts not previously shared with anyone: “There’s so much that we’re not allowed to say, we’re not allowed to feel when we’re pregnant”; “The writing gave me a lot of closure on a situation never talked about beyond physical symptoms at the time.”

- **Voicing the anger**

  Over half of the participants described their writing voice as angry, in particular towards health care professionals or family members who they feel could have provided them with better care at the time of their HG experience: “Writing is quite a good outlet for my anger”; “Writing gives you back the voice you didn’t have while you were pregnant to say what you wanted to say at the time.”

- **Validating the HG experience as real**

  There was a sense of participants using the writing process to realise and validate their feelings around their HG experience: “I don’t think until you see the emotions on the page you can put a name to them or they become real”; “Writing orders it so it’s not just a mess of emotions in your head, it’s a real thing that happened.”

- **Externalising/venting the lived experience of HG**

  Participants described how writing “kind of cleared my head a bit and settled my thoughts, otherwise things just keep going round and round in my head”; “It let me let things out that I’d buried.”

- **Forming a story about the HG experience**

  Participants were able to form a story about their experience in the course of their writing: “It’s gone from start to end, I formed a journey over four writings”; “I’ve been filling in gaps and almost gaining ownership of my story as well.”
• **Processing the experience of HG**

Writing allowed participants to make sense of and process their experience: “Writing is a really good way to get in touch with what you’ve been through and understand the magnitude of it”; “There was actually relief in the writing because it was a debrief and there’d never been a debrief and maybe there ought to be.”

• **Increased sense of agency and control**

Some participants referred to a sense of reclaiming control in their writing: “I felt like an observer at times during my pregnancy like things were happening to me and I wasn’t in control of it. I felt like I was taking that control back in the writing”; “When you’re that ill, you feel totally out of control of your own body. When you write it down it kind of makes you feel a bit more in control.”

• **Increased emotional proximity to others**

Expressive writing left participants feeling more affectionate towards or appreciative of their loved ones: “That’s what I realised when I was writing. Because I was just so in my own little bubble of awfulness, and he did try, he did try” (about partner); “It made me feel like it wasn’t their fault that they didn’t understand” (about friends).

• **Healing**

Expressive writing promoted healing in some participants: “After writing I always feel a physical release like my shoulders sagging and just letting feelings go”; “It’s a bit of therapy, processing it into an order so it’s not just muddled in your head.”

• **Increased self-awareness**

Express writing allowed participants to conduct their own self-research, as a method of self-discovery around their experiencing of HG and what it meant to them: “Writing made me a bit more aware of my emotional side. I surprised myself with what I had to say”; “Acknowledging the feelings that I had tried to ignore.”

• **A space for self**

Expressive writing provided participants with a space for themselves to write for themselves: “A nice way of having me time”; “Finding your own kind of theme to the writing and what’s right for you.”
• **Increased empathy for other women with HG**
Participants expressed a sense of the writing process impacting positively on their work as PSS Volunteer Supporters: “Revisiting how I felt and what happened has helped me to support those ladies a bit better”; “It’s just reminded me of how awful it is, of what is helpful and what isn’t helpful”; “It’s given me more of a feel for what the women I’m supporting are going through right now. Because it’s been a while, so it’s easy to forget.”

• **Expressive writing as a new resource**
Participants expressed an openness to carrying on writing expressively for themselves after taking part in this research study as if they had discovered a new self-help resource: “There will still be certain triggers even now, years later, which will affect my mood. I would consider writing it down now”; “I had very traumatic labours so I might write about that as well.”

• **A space to reflect on the experience of inadequate emotional support**
Participants reflected on the quality of care they had experienced around their HG and in 9 out of 10 cases described this as inadequate: “I had very little support and I don’t know how I coped. It was a living nightmare”; “I don’t really feel like I was ever heard. And I really felt like people didn’t get it”; “I just felt totally isolated”; “I know that more could have been done for me”; “It’s quite an unseen illness. People don’t want to see it.”

• **A space to reflect on the notion of HG recovery as an ongoing process**
Participants in this study reported writing about being left with: nausea still being triggered by certain smells/sounds; vomiting phobia; dental problems; guilt; irritability; difficulty being around other women’s ‘normal’ pregnancies; a sense of loss; post-natal depression; unresolved anger; and flashbacks.

They made a number of references to recovery from HG being an ongoing process and the lasting impact of the lived experience of it on their sense of self: “It still affects me in my daily life”; “It changed me as a person”; “There’s still more there to think about and go through”; “Years later, I still have very vivid memories.”

Clearly HG is not something women instantly recover from and forget about the minute their symptoms cease or their babies are born. All the participants in this study seemed to recognise the scope for further healing, recovery or processing around their HG experience.
Concluding thoughts

The present study is not without its limitations. Whilst the inclusion criteria for participation was the prior experience of any degree of pregnancy sickness, only women who had survived the most severe forms of HG elected to take part. All participants were self-selected, had taken anti-emetic medication and had been hospitalised at the time of their HG. All were currently working for a pregnancy sickness agency and in this role had undertaken specialist training around aspects of the topic under investigation. Whilst the use of such ‘extreme’ or ‘deviant’ samples may provide rich data, it should be acknowledged that a more diverse sample may have yielded different results.

Nevertheless this study is consistent with previous findings around the beneficial effects of writing therapy and it helps fill a gap in the research literature around women’s first person experiences of this in a new population. It also contributes new knowledge to the field of HG around notions of emotional expression, emotional recovery and emotional care.

This paper for the PSS Conference (Bristol, 2016) has focused on the potential uses and beneficial effects of writing expressively around one’s experiencing of HG, post pregnancy. There was also a clear concurrent recognition of the value of emotional support and women having their thoughts and feelings around their HG experience witnessed by empathic others post pregnancy, particularly when this did not occur at the time of their suffering. Please see Appendix for a more detailed Summary of Findings.

This research was conducted by a qualified and practising Psychotherapist with two personal lived experiences of HG. The author welcomes comments or enquiries from interested parties requiring further details of the study.

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Appendix

Summary of findings

- This research study identifies a number of uses and beneficial effects of writing expressively around one’s experiencing of HG, post-pregnancy.
- Writing therapy can provide a safe, gentle space for women to externalise that which has remained unspoken; express unresolved anger; reclaim their voice; acknowledge the trauma; release thoughts and feelings; make sense of and construct a narrative around the experience; regain a sense of control; reconnect with others; promote healing; increase self-awareness, increase empathy; allow time for self; develop a new resource for coping.
- Expressive writing can also be difficult in terms of initial low mood, getting started, finding the time and energy, and the challenges of reconnecting with difficult feelings and experiences.
- Independent writing therapy around one’s former HG can be beneficial and sufficient in terms of emotional expression without it being witnessed by a researcher or health care professional.
- There was however a clear concurrent recognition of the value of emotional support and women having their thoughts and feelings around their HG experience witnessed by empathic others post pregnancy, particularly when this did not occur at the time of their suffering.
- In comparison with talking, writing offered participants many advantages including increased depth, detail, focus, breadth, safety, control, analytical thinking, flexibility around pace and timing and a record of achievement. It provided freedom from dealing with the reactions and responses of others and freedom from embarrassment, withholding, judgment, burdening, explaining and the risk of feeling misunderstood.
- At the same time the limitations of writing were perceived as the absence of conversation, validation, acknowledgment, other viewpoints, shared experience, being heard and being believed.
- Pregnancy sickness can be an emotional as well as a physical lived experience.
- Emotional recovery from HG is an ongoing process continuing after dissipation of physical symptoms into the post-partum period and beyond.
- Women who feel inadequately emotionally supported, unheard and isolated whilst living with HG value opportunities to express this post-pregnancy.
- Emotional expression and emotional care in the context of pregnancy sickness are under-researched.