SWAN: Self-healing and Wellbeing interventions through Existential Advocacy and Narrative inquiry. A pilot case study to promote maternal mental health in East London

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Abstract

Birth trauma has been reported as global health concerns with devastating effects on maternal mental well-being. Mothers, especially from ethnic minorities in London face healthcare disparities, resulting in increased delayed goals of care and associated distress. This study aimed to understand the nature of birth trauma and identify associated psycho-social factors, existential and spiritual care needs contributing to postpartum maternal mental health in East London. The purpose this research was also to evaluate the effectiveness of SOPHIE- Self-exploration through Ontological, Phenomenological, and Humanistic, Ideological, and Existential expressions, a reflective framework fostering resilience and self-healing through existential advocacy, using art and narrative inquiry to promote maternal wellbeing. A pilot case study using pre and post-one group intervention (n=5) design was conducted. Quantitative data was collected using the Edinburgh Postnatal Depression Scale (EPDS), Generalized Anxiety Disorders (GAD-7), and The Brief Resiliency Scale (BRS), at pre and post-intervention. Descriptive analysis including frequency and means were used to analyze depression, anxiety and resilience. Qualitative data findings were gathered using artwork, and a focus group study. SOPHIE as a reflective framework with art workshops facilitated a deeper exploration on several existential and spiritual care aspects. Art-based activities allowed participants to acknowledge their self-care needs and articulate meaning-making and creative expressions. The study revealed disparities in access to healthcare services and social support, and a need to inform policies and programs.

Keywords: maternal mental health, post-partum depression, art, existential care, spirituality

Introduction

The postpartum period has been identified as a vulnerable time for mothers as they navigate physical recovery, emotional adjustments, and the demands of caring for a newborn (Harrison et al., 2024). Postpartum depression (PPD), may include anxiety, crying spells, feeling isolated, altered eating and sleep patterns in mothers. It can start any time after giving birth and last for several years (Wang et al., 2021). Failing to understand the experiences and challenges of postnatal mothers can increase the risk to maternal mental health issues including the postpartum depression (Harrison et al, 2023; Wang et al., 2021). Globally, prevalence of postpartum depression and anxiety stands at 17.22% (and 15% and has deleterious effects on maternal well-being and infants and children outcomes (Wang et al; 2021, Slomian et al.;2019). In the past few years, maternal mental health has gained more attention, with increased awareness of conditions like postnatal depression, affecting one in seven mothers across the world (Mughal, Azhar, and Siddiqui, 2022). Only, 7% of women with maternal mental health symptoms get referred for specialist support in the UK (Royal College of Obstetricians and Gynaecologists, 2017), a situation which has sadly been exacerbated by COVID-19 due to the disruption of maternity services during this period (Harrison, et al, 2024). Adequate support during this time can have long-lasting effects on maternal mental health, infant development, and family dynamics (Husain et al., 2023).

With this broad picture in mind, the SWAN- Self-healing and Wellbeing interventions through Existential Advocacy and Narrative inquiry research study extended an invitation to new mothers in the wider East London area to take part in an interactive workshop on the experience of giving birth and the early days of motherhood. Part of the project, as the paper will demonstrate below, was firmly grounded on statistical data reflecting the intricacies of the postnatal condition. The

qualitative component, on the other hand, emerged from our desire to give women a framework and a language, words and images, to share, narrate and represent their experience in a safe and welcoming environment; an experience of joy often accompanied by feelings of sadness and shrouded in confusion, shame and linguistic or cultural miscommunication. The SWAN research intervention lies not at the junction of 'illnesses and 'health' but in the realm of care. Care is a psycho-social process, being mindful of the inter-relation between the inner and the outer world but irreducible to either the bio-chemical implications of giving birth or socio-economic realties of any group or individual.

The SWAN pilot study took place in East London, a diverse and vibrant borough with a unique demographic profile, including a significant proportion of residents from ethnically diverse backgrounds and varying socioeconomic status. Women from racially minoritised groups often face greater socioeconomic challenges, psychosocial issues, and cultural barriers, which can lead to disparities in access to healthcare, social support, and resources (Husain et al., 2021). Women from racially minoritised groups and lower socio-economic groups may experience disparities in access to healthcare, social support networks and resources. Existing health care services may contribute towards major healthcare disparities among people from ethnic minorities (Sharpe et al., 2022). Especially in community care settings, patients and families suffer lack of illness management, pain and symptom management and other supportive care needs resulting in increased delayed goals of care, increased caregiving burden, and distress (Harrison, et al; 2023, 2024). In Newham, women from minoritised groups experience a higher prevalence of psychological trauma, moral injury and stress-related disorders (Newham mental wellbeing impact assessment, 2000). Hence, it is

vital to understand and address the psychosocial needs of the vulnerable population with relevant preventative interventions and innovative care approaches.

Vickers and Bolton (2024) argue that illness and health relate directly to the concept of care, and in reverse, the lack of it, abandonment; to feel uncared for, invisible, not understood and un-acknowledged by those around us may give rise to an isolation "*that has been shown to be bad for human health over the long term*" (p:32). To be heard, seen and, above all, *recognised* in a relation manner is healing.

In *Relating Narratives,* the feminist philosopher Adriana Cavarero discusses the importance of witnessing the other's story and, in turn, having one's story witnessed. Cavarero argues that our autobiographical memory "always recounts a story that is incomplete from the beginning" (2000: 39), subject to revisions and change. To narrate one's story is to give unity and often, researcher might add, a much-needed foray into understanding oneself and interpretation. Thus, sharing birthing experiences opens up a unique space. Becoming a mother mobilises the psyche in subtle ways, as it resonates with mother-child affective investments, desires, identifications, and one's own conscious and unconscious inscriptions of being cared, or not. Sharing these experiences in the group creates a resonant locus which accommodates various psychic elements, showing us how we can be together as individuals, 'conjointly but differently' (Ettinger, 2000:195). Hence, this is where the SWAN intervention lies: in the middle of things as far as the lived experience of each one goes, but in the 'early days' of motherhood, where experiences of sadness have not yet turned into more permanent representations of disaffection and abandonment.

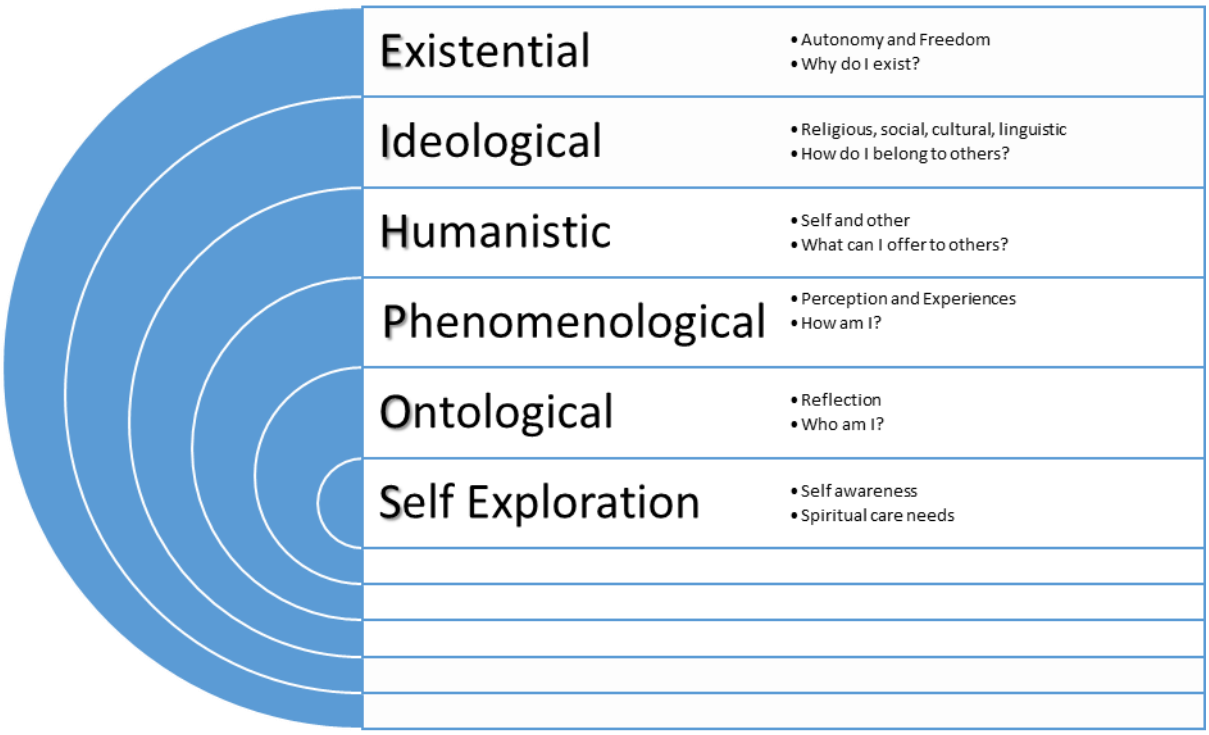
The SWAN intervention offered both a philosophical and an artistic component and, in that sense, seeks to provide, in the brief duration of the coming together of the group, a more long-term frame of reference for wellness. The philosophical component

draws on SOPHIE, a model of Self-exploration through Ontological, Phenomenological, and Humanistic, Ideological, and Existential expressions, introduced in detail below. What begins in the group with SOPHIE was an exploration of 'the self' with personal sense of wisdom and healing, resonating with fundamental questions such as: who am I, what am I, what I can relationally offer and expect, and so on to inspire self-reflection and creativity (Ali et al., 2025). The artistic intervention, on the other hand, ties word to image, for a group of women for whom English was not the first language and word might not yet be available to do justice to the complexity of affect and experience. A brief overview on the SOPHIE (Ali, 2017) tool is presented below.

SOPHIE (Self-exploration through Ontological, Phenomenological, and Humanistic, Ideological, and Existential expressions) as practice methodology:

The SOPHIE framework (Ali, 2017) is a tool for self-reflection and self-exploration. SOPHIE creates opportunities for individuals to explore spiritual and existential aspects of themselves and can thereby promote self-compassion, self-efficacy and subjective well-being. SOPHIE (Ali, 2017) was developed to propose a pedagogical shift in existing health professionals to integrate spiritual and existential care aspects in care giving practices.

Figure 1: SOPHIE (Self-exploration through Ontological, Phenomenological, and Humanistic, Ideological, and Existential expressions) (Ali, 2017)



The SOPHIE intervention tool uses a reflexive approach to wellness that focuses on self-awareness and self-compassion. The tool allows individuals to recognise their inner self-care needs in a holistic manner and promotes psychological, existential, and spiritual wellbeing (Ali et al., 2025). Experiencing trauma refers to undergoing an extremely distressing event that surpasses one's ability to cope, adversely affecting one's physical, emotional, and psychological state. In this way, trauma can be seen as a deep wound that causes emotional, psychological, physiological harm and moral injury. The healing process from trauma involves restoring a sense of safety, stability, and overall well-being after the traumatic incident (Chen et al., (2021). Thus, the correlation between trauma and recovery is based on addressing and recuperating from the consequences inflicted by traumatic events through psychosocial, existential and spiritual care (Ali et al., 2025). This connection unfolds through a multifaceted and individualized journey since each person's path towards healing differs significantly, and there is no predetermined period for complete recovery. Following a traumatic

event, some individuals may experience positive psychological changes and personal growth, which is known as post-traumatic growth (Plante, 2018). In turn, spirituality can have a positive impact on an individual's well-being, particularly in their recovery from trauma through meaning making and sense of purpose in life through self-reflection (Vella et al., 2019; Ali et al; 2025).

The SOPHIE (Ali, 2017) tool has been found effective in trauma recovery and healing among healthcare students in two educational settings in the United Kingdom (2019-2020) and on Palliative care nurses in WINGS (Wellness Interventions for Nurses' growth and selfcare) study, US (2021-23) (Ali et al; 2025). Following this, the tool needs to be further tested empirically and among different populations. Hence the present study, exploring its effectiveness in fostering post-traumatic growth, resilience and subjective wellbeing among mothers in East London.

SOPHIE has been applied as a practice methodology during several teaching and mentoring sessions, during and post COVID-pandemic 2020-2024 (Ali et al., 2025). Reflexive activities such as art, poetry, blog writing, practicing gratitude and mindfulness, were used to explore individuals' spiritual and existential care needs using the SOPHIE framework (Ali, 2017). Participants were facilitated to explore moral values, existential quest and meaning making process to address their trauma and self-care needs through self-reflection and creative expressions using art as an agency in previous studies in several diverse contexts (Ali et al., 2025).

The SOPHIE (Ali, 2017) tool as reflexive methodology has strongly recognised the power of authenticity, self-awareness, intentionality, creativity and empowerment, as core domains of mental wellbeing and post-traumatic growth (Ali et al., 2025).

Aim and objectives:

The SWAN study aimed to explore the psychosocial, existential and spiritual care needs of postpartum mothers in East London. To signify the importance, scope and impact of the SWAN research as a pilot study; key aims and objectives are presented below in relation to the Sustainable Development Goals (SDGs):

(1) To understand the nature of trauma, resilience, and subjective wellbeing among postpartum-mothers from diverse ethnic minority communities in East London (SDG -3 Good Health and Wellbeing; SDG-5: Gender Equality).
(2) To identify associated factors contributing to postpartum depression, anxiety, resilience, and subjective well-being in the target population (SDG- 10: Reduced inequalities; SDG-11: Sustainable cities and Communities).
(3) To test the effectiveness of SOPHIE in preventing postpartum depression and anxiety through self-reflection and existential advocacy. (SDG- 3: Good Health and Wellbeing).

Recruitment and sampling:

Participants were recruited through approaching NHS and community groups via e-mail, flyers, social media and in-person visits. These groups included local General Physician clinics, and Mental health services, community groups, faith-based groups, playgroups in local libraries and local midwifery teams. Interested participants were screened for eligibility using the following criteria

Inclusion:

- Mothers with young children aged 0-3 years old
- Living in East London (limited funds for the pilot study)

- Who have not given multiple births or stillbirths in the last 3 years (to screen mothers without any prior known loss/stressful conditions or known mental health diagnosis)
- Who has never been diagnosed with a mental health condition (to screen mothers without any diagnosed mental health condition and to widen access to mental health promotion).

Exclusion:

- Participants were excluded if they were Living outside of East London, currently using NHS mental health services, or had a history of twin/multiple births or stillbirths in the last year.

Sample size:

The total number of participants registered for this pilot testing project and participated in the preintervention survey at week 1 was 11 post-partum women. However, only 5 participants completed the full study intervention and finished the post intervention survey.

Ethics and confidentiality:

Participants were provided with a consent form detailing the study's objectives and procedures. The study was approved by the XXX ethics panel in May 2024. Questionnaires were completed anonymously, and unique identifying numbers were used to compare pre- and post-intervention results. All focus group transcripts were de-identified upon transcription. Confidentiality was a key issue in this project, as the study pertained to highly sensitive subject matter and on a small, marginalised community. The researcher stayed alert to signs of emotional distress in participants and ensured that

there were support systems in place. Participants were signposted to mental health support services and local helplines if needed.

Risk assessment:

Separate risk assessments were performed for childcare activities as mothers were accompanied by their children. No data was taken from children. Child care and safety issues were in compliance with the General Data Protection Regulation (GDPR) the University's lawful basis for the processing of personal data collected, used and retained for research purposes.

***Emotional Distress**:*

To ensure the participant's well-being, the researcher stayed alert for signs of distress and have support systems ready to provide assistance or connect them with mental health experts if necessary. Support services and local help lines contact information was provided.

Research design and Methodology

A pilot pre-post intervention case study was conducted for 4-weeks to evaluate the strengths and limitations of the SWAN study (Yin, 2014). A pilot case-study is distinctively useful in evaluating and exploring the nature of underlying issues with reference to an identified phenomenon (Yin 2009, 2014; Robson & McCartan 2016). In the current context, the case study approach was appropriate to explore the underlying factors related to postpartum issues affecting maternal mental health and wellbeing.

Pre and post- intervention survey was taken to gather data on participants demography, birth experiences and mental wellbeing. Details on the pre- post-surveys, intervention

phase, focus group interviews and data collection process is presented below.

Pre and Post- intervention Survey:

Participants completed an anonymous online survey questionnaire composed of 3 scales- The Brief Resiliency Scale (BRS) (Smith et al; 2008), Edinburgh Postnatal Depression Scale (EPD) (Cox et al; 1987), and Generalized Anxiety Disorder Screener (GAD-7) (Spitzer et al: 2006) was distributed to all participants at week 1 via QR code (pre-intervention) and again at week 4 (post-intervention) after the focus group discussion.

Pre-intervention survey sent out to all registered participants (n=17) at the beginning of the study. Post- intervention survey was done by participants who were regular in attending face-to-face workshops (n=5). A temporary secured and encrypted logbook was created for each participant as they had received £10 gift voucher for each week (n=4).

Intervention Phase:

The intervention phase was comprised of four weeks duration. These interventions were inclusive of several narrative inquiry and reflective activities offered in-person only. Artwork using pencil, pen, painting colours, papers, along with weekly reflective log entries, and personal stories during the intervention phase, were used as qualitative data sets only. Participants had choices to engage in narrative activities such as if they wanted to write their blogs in the form of narratives, poems or art. Weekly reminders were sent out to all participants. All artwork/paper based-hard copies/ with artwork were stored in secured cupboard in PI office. Soft copies of Videos/audios/

photos/ drawings/reflective dairies were kept secured on secured and private Teams channel.

A detailed account on SWAN- Self-healing and Wellbeing interventions through Existential Advocacy and Narrative inquiry weekly workshops are presented below:

SWAN- Self-healing and Wellbeing interventions through Existential Advocacy and Narrative inquiry intervention:

The SWAN- Self-healing and Wellbeing interventions through Existential Advocacy and Narrative inquiry intervention was delivered over four weekly workshops in May 2024, grounded on the SOPHIE framework (Ali, 2017). SWAN workshops were 3- hours long extensively designed to engage participants in self-reflective activities using art-based activities. Childcare and refreshments were provided, and participants were given £10 gift vouchers for each workshop attended.

All face-to-face arts-based sessions were conducted at the XXX campus. Childcare arrangements were provided by qualified practitioners at XXX with all Health and Saftey arrangements in a nearby room to the workshop venue.

An overview on each weekly activity is presented below:

Week 1- Pre-Intervention Survey

Research information including confidentiality and data protection process was shared with participants. A pre-intervention survey was carried out. Participants were given QR code to access an online questionnaire.

Week 2- SWAN intervention

Accessing self: who am I? (Self-exploration and Ontological aspects, S-O of **SO**PHIE). Participants engaged in a mindfulness activity using pebbles to ground themselves. After two minutes, participants were encouraged to share their experiences, reflecting on their state of mind. This activity was intended to support self-presence and reflection on what it means to be available to themselves in a given moment. They then completed a college entitled 'Who am I?' where they selected and arranged images and words to reflect their personal journeys and aspects of their identity that may have been overshadowed by the demands of caring for a newborn.

Week 3 – SWAN intervention

Engaging with self: how am I? (Phenomenological-Humanistic-Ideological *aspects,* P-H-I of SO**PHI**E). Participants used a range of objects to tell the story of their birth experiencing. This activity was aimed at supporting them to externalise and articulate complex emotions and memories and fostering a sense of validation and community. They then created 'inside and outside masks' to express how their inner emotions might contrast with the façade they portray to the outside world. This was intended to support emotional regulation and self-awareness, by providing a space for mothers to explore their internal struggles and societal expectations.

Week 4 – SWAN intervention, focus group and post-intervention survey

Embracing self (Existential aspect- E of SOPHIE). Participants created mandalas accompanied by soothing music. The repetitive patterns and symmetry of mandalas combined with the music were intended to promote relaxation. Participants also

participated in a mindfulness exercise using flowers and leaves to explore what self-compassion, empowerment, freedom, hope and peace meant to participants. A post-intervention survey was administered, and participants also engaged in a focus group discussion about their experiences of the programme.

Focus group: Following the art and narrative inquiry workshops for four weeks, a focus group discussion was conducted. Participants were encouraged to share their reflections on several themes such as: birth trauma, resilience, identity construction as a mother from an ethnic minority. Participants were also encouraged to reflect on their narrative inquiry experience using storytelling, creative expression based on art workshops, and on existential/spiritual care aspects using the SOPHIE framework as a reflective tool for all guided activities.

Post-intervention Survey: Research information including confidentiality and data protection process was re-shared with participants. A post-intervention survey was carried out. Participants were given QR code to access an online questionnaire.

Data management

Quantitative data:

All the surveys were populated in Python and managed in SPSS and Excel sheets. to maintain confidentiality, participants were assigned a unique individual codes to fill out the study surveys. A temporary secured and encrypted logbook was created for each participant.

Qualitative data:

Qualitative data was recorded using TEAMs and audio recorder for transcription. All recordings were saved on Teams and On Drive- private channels. All hard data on papers using reflective activities were collected using secured folders in PIs office under locked keys for 5 years, for future studies and developing relevant research outputs such as infographic, short, animated videos etc.

Workshop images, screen shots of drawings, artwork from the hardcopies were digitalised using Web-design software, accessible at the University (with the PI). A pseudonymised logbook was maintained to establish participant's engagement throughout 4 weeks, withdrawal window, and once that window had lapsed, the logbook was deleted, alongside any other data which may be linked back to the participant.

Findings

Characteristics of Study Participants:

Participants' ages ranged from 21 to 40 years, with the majority being Muslim (91%). Thirty-six % (36.3%) of the participants did not report any self-care activities at home and Similarly 36% were employed full-time. Interestingly, another 36% were unemployed. (Table-1). At baseline (week 1), Generalized anxiety disorder (GAD-7) was reported by 1 to 3 participants (18-36%), ranging from sometimes to often indicating a probable anxiety disorder. Additionally, 5 out of 11(55%) participants showed signs of depression (EPDS). Six out of 11 (54.5%) participants exhibited low resilience.

Table 1: Demographic characteristics of study Participants (pre-intervention *n*= 11; post-intervention *n*=5)

Demographic Characteristic	Pre-Intervention (n=11)		Post-Intervention (n = 5)	
	n	**%**	**n**	**%**
First-Time Mothers				
• No	4	36%	3	60%
• Yes	7	64%	2	40%
Age				
• 21-30 years	5	45%	2	40%
• 31-40 years	5	45%	3	60%
• 41-50 years	1	9%	0	0%
Marital Status				
• Married	9	82%	4	80%
• Single	1	9%	1	20%
Employment status				
• Employed fulltime	4	36%	1	20%
• Employed part time	2	18%	1	20%
• Unemployed	4	36%	1	20%
• Other	1	9%	1	20%
Race				

• British Asian	3	27%	1	20%
• European	1	9%	1	20%
• Black African	1	9%	1	20%
• Other	6	55%	2	40%
Religion				
• Muslim	10	91%	4	80%
• Christian	1	9%	1	20%

Quantitative Study Measures:

Due to the small study size (regular participants n=5), this pilot study employed preliminary descriptive statistics to identify changes in participants' outcomes rather than other parametric measures. The study examined 3 major outcomes—namely resilience, depression, and anxiety levels—after completing the SWAN workshop. By comparing pre-survey data to post-survey data, differences in these three outcome measures were observed, setting the stage for more detailed analysis upon completion of the project's data analysis phase.

Resilience using The Brief Resiliency Scale (BRS):

Four (80%) participants reported normal resilience while one (20%) participant reported low resilience. BRS scores improved in all n=5 participants. All n=5participants reported low resilience at the start of the intervention. One participant continued to have low resilience despite an improvement in scores. The other four participants moved from low resilience to normal resilience. It is noteworthy that the mean difference (mean = -4.2, $P < .02$) in resilience was significant among study participants before (mean = 14.2) and after (mean=18.40) the intervention.

Depression using Edinburgh Postnatal Depression Scale (EPDS):

Five 5 out 11 participants completed the post-test phase. In the post-intervention phase, 1 (20%) participant had n EPDS score of 12 or greater indicating a possible depression diagnosis while (80%) reported an EPDS score less than 12. EPDS scores decreased in all 5 participants. 4 of 5 participants had possible signs of depression at the start of the intervention. This reduced to 1 out of 5 post-interventions.

Anxiety using Generalized Anxiety Disorders (GAD-7):

Two (40%) participants reported moderate to severe anxiety whereas 3 (6%) participants had mild anxiety. GAD-7 scores decreased in 4 out of 5 participants. 2 participants had GAD-7 scores indicating a probable anxiety disorder at the start of the intervention. Both these participants' GAD-7 scores reduced below the threshold for probable anxiety disorder at the end of the intervention. One participant's GAD-7 scores increased from below to above the threshold for probable anxiety disorder between the start and end of the intervention, but their EPDS and BRS scores improved.

A comparative analysis of the quantitative values based on the pre, and post intervention survey is presented below:

Table 2: ***Comparison of Pilot Outcome Measure Values Before and After the Intervention.***

Outcome measures	Pre-intervention (n =11)	Post-intervention (n =5)
	N (%)	N (%)
Depression [EPDS] (mean)	11.64	7.6
• No depression risk	4 (36.4)	3 (60)

• Possible depression	7 (63.6)	2 (40)
Anxiety [GAD-7] (mean)	6.82	6
• No anxiety	6 (54.5)	3 (60)
• Probable anxiety	5 (45.5)	2 (40)
Resilience [BRS] (mean)	1.45	1.60
• Low resilience	6 (54.5)	2 (40)
• Normal resilience	5 (45.5)	3 (60)

Narrative Analysis:

During the arts-based activities and the in the focus group in the final session, women explored several dimensions of loss and grief arising from childbirth. These included loss of their bodily autonomy, loss of career, loss of a sense of self, shame and guilt, loneliness and lack of self-care. Some women expressed that they had seen changes to their sleep and diet patterns, some related to the practicalities of motherhood but others perhaps due to low subjective wellbeing. This study explored two main themes: 1) the psycho-social factors contributing to post-natal depression, anxiety, and feelings of loss and grief among mothers from diverse ethnicities and cultural backgrounds in East London. The subthemes identified include shame and judgment, loneliness, and loss of bodily autonomy and sense of self. Additionally, the second theme examined the acceptability of the intervention, focusing on how 'SOPHIE' as a self-reflexive tool can help participants express and reflect on their traumatic experiences, identify existential and spiritual care needs, and develop an authentic and empowered self through acceptance, kindness and self-healing.

Figure 2: Participants sharing birthing experience

Several psycho-social aspects including family structure, ethnicity, religious obligations, age, altered body image, role and new expectations were identified as key factors impacting participants' mental, emotional, existential and spiritual sense of SELF and Being Well. Qualitative themes are presented below:

- ***An Altered Self- image with Shame and rejection:***

Shame, rejection and judgement – by self and others – was expressed by several mothers across the arts-based activities and the focus group.

> *"I was thinking if I shared what was going on inside me, people would laugh, or they would say, oh, what kind of lady she is, she is crying all the time".*
>
> *(Participant 1)*

"I felt I was not good enough for others, not a good wife and good mother".

(Participant 4)

This was also expressed in relation to their experiences of giving birth. Women described being subjected to the expectations and judgmental attitudes of others, leading to a sense of stigma and shame.

In another activity, women were invited to make two masks each: one related to their authentic self, and one related to the self they presented to the world. These marks made visible the ways in which the women masked their pain, fears and loneliness to the world, exacerbating the shame that they felt about having these feelings. They also made visible how much shame was attached to perceptions of body image, including changes to skin, hair and weight following pregnancy and birth.

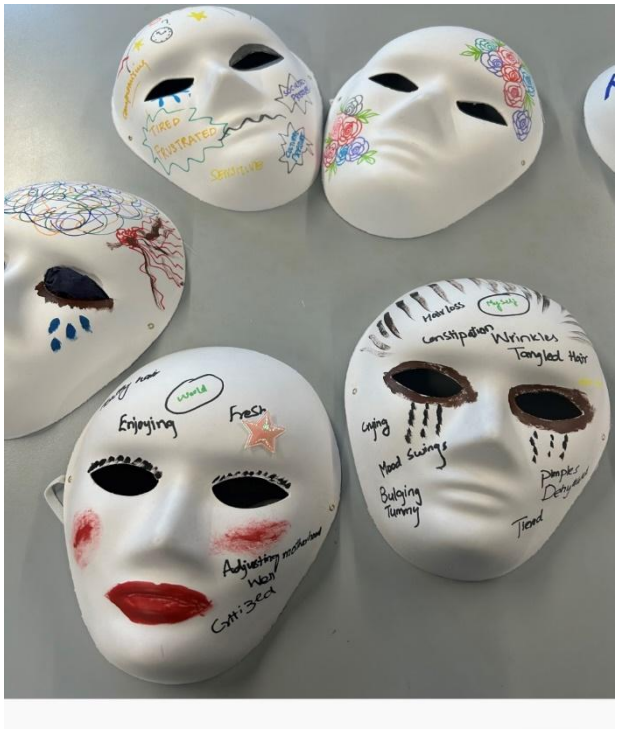


Figure 3: Self-reflection on I vs Me

- ***An Isolated Self- Pain of Loneliness:***

Some participants expressed that they feel *heard,* as they shared their true feelings in the workshops, they *"started to feel less alone than they had previously"*.

(participant 1). This suggests that loneliness was a key indicator of their existential care need- *to be heard, to be seen and to belong.*

Loneliness was also a key factor in some women's negative experiences of childbirth.

"I was all alone… Felt lonely, no one around to care or understand me". (Participant 3)

Not being fully heard or understood was a key aspect of these women's sense of loneliness and existential cry- came with the altered sense of Self and feeling all alone in giving birth and becoming a mother.

- ***The Lost Self- A Cry of Powerlessness:***

Women described finding it difficult to express who they were outside of their role as 'mother.'

"I struggled to say who am I, other than being a mother, who is the person behind that, or how that person comes out." (Participant 5)

For some women, being a 'mother' came with the pressure to always be in that role. Taking time for themselves, or even considering themselves as a self-outside of the role of mother was evidence that they weren't good enough mothers.

Women particularly experienced loss of bodily autonomy in childbirth.

"I was struggling but could not decide for myself… others know what is best for me. My body was not mine… I don't have any control on my body, my life…"(Participant 3)

"So many hands inside me… my body was not mine". (Participant 2)

Some women experienced medical gaslighting during childbirth. One woman was told "*you are not cooperating… you are not ready,"* when she was in serious pain and was doing her best.

In the final workshop, the focus shifted towards participants reflecting on their own resilience, resources and capacity for self-expansion. They were invited to create affirmations in the form of mandalas and paintings. These mandalas show what the women experience as supportive or affirming. Many are the reverse of the sources of trauma and loss that they had described, namely: acceptance, love and shared experience, and a sense of self and autonomy.

"I can be whatever I want to be, I can do whatever I want to do. If I put my mind to it, if I believe I can do it, then I will do it". (Participant 2)

"I am not the only one that is going through this thing". (Participant 1).

"…what gives us encouragement, we have to focus on those things and hopefully we will be shining stars again". (Participant 3).

- ***A Journey Within -An Empowered Self:***

The SOPHIE tool with reflective intervention allowed participants to be more aware of their evolved identity as a mother and existential care aspects such as to be heard, to be seen, to belong and to be loved. One participant shared:

"It gives me input and time to reflect on questions that I stopped asking myself since becoming a mother. It helped me reconnect with myself to think of the person I am today and who I still want to be or I can still be". (Participant 2).

This response emphasises the value of SOPHIE as a tool for reflection and reconnecting with the *self* behind several social and gender roles. It also emphasises self-reflection and self-empowerment – she can think of the person that she wants to be

as a source of possibility, rather than as a "*body of shame"(Participant 5), "being judged for being a good mother or a good wife"(Participant 1).*

As one mother shared that, "*I can allow myself to hear my voice and pain now"* and encouraged other participants to:

"Be vocal and express your feelings to others e.g to your partner or siblings. Tell them what hurts you most for example some time my husband said to me what you did when my son cries, now he says what happen to him instead of what you did to him". (Participant 4).

Such response demonstrated that the respondent was able to draw on her re-discovered sense of empowerment and confidence to share her feelings with her loved ones. As a result, her husband now meets her with curiosity rather than judgement. Instead of asking '*What did you do to him?*' when her son is upset, he now *asks 'what happened'?* While the former question assumes that she did something wrong or to hurt her son, the latter is non-judgemental.

Figure 4: Participants applying SOPHIE for meaning making using Art and Narrative activities

Discussion:

Our study demonstrated the scope of applying 'SOPHIE' as tool to develop self-awareness and reflexivity among participants to identify their psycho-social, existential and spiritual care needs affecting their mental health in recovering from birth trauma and healing as a whole person. Art has been increasingly recognized as a powerful therapeutic tool for postnatal mothers, offering them creative ways to navigate the emotional and psychological challenges that come with new motherhood. Four carefully designed workshops provided structured yet expressive opportunities for mothers to process their experiences and reconnect with themselves. The *Collage on Identity: Who Am I* workshop invited mothers to explore their multifaceted identities beyond motherhood, encouraging introspection and the visual articulation of their evolving sense of self. In *Birthing Narratives Using an Object*, participants used symbolic objects to share and reflect on their childbirth experiences, helping them validate emotions, celebrate resilience, and address lingering trauma. The *Inside Outside Masks for Emotions* workshop allowed mothers to express the contrast between their internal emotional states and the external personas they present, supporting emotional regulation and self-awareness. Lastly, *Mandala Painting with Music* offered a meditative space where mothers could unwind and find calm through mindful creation, using rhythm and symmetry to reconnect with their inner selves. Together, these workshops fostered emotional healing, self-expression, and community, providing essential support during a vulnerable and transformative life stage.

The relation between creativity, artistic practices and therapeutic processes is well established (Bollas, 2014; Knafo, 2012; Fiumara, 2013). Creativity is not the prerogative of artists. In the more general sense of the term, it is the ability to integrate

and link, bringing together and tolerating disparate ideas and warring identities (Sagan, 2019). Creativity is initially acquired in childhood through imaginative play. For the adult, the invitation to express oneself using imaginative processes promotes the capacity for symbolisation and synthesis (Hanly, 2015), both important for the formation and functioning of the ego (Klein, 1930). Symbolism and symbolisation have somewhat different meanings in psychotherapy and philosophy (Petocz, 1999). The SWAN intervention could be considered therapeutic, the kind of symbolism researchers sought to encourage aligns more with what could be called 'existential' symbols, which convey the 'intuitive, transcendent, ineffable […] belong to a "higher" reality, and act as vehicles for the expression of the spiritual and "progressive" aspects of human beings' (Petocz, 1999:17). A good example of this is the 'swan' acronym and symbol of the current intervention, the bird that can walk on dry land, swim in water and fly in the air. The SWAN study has recognised that the participants, quickly took to the symbolisation and experimenting with both individual and existential symbols eagerly.

A distinct aspect of the SWAN intervention was the sharing of experiences. Parker (cited in Townsend, 2015, p. 125) argues that creativity is not internal reality only. When we write or paint, sew or garden we enter a relationship with existing contemporary practices, 'with our own creative history, with materials, with colleagues and of course with imaginary audiences and internal figures. (Parker, cited in Townsend, 2015, p. 126). An artist is aware of the reception of their work and may have to address inhibition or feelings of inadequacy in the process. Likewise, in sharing artwork and common experience in a group might provide a context for destructiveness and aggression towards the embattled ego, often emerging as sadness, now given over to the welcoming and tempering gaze of the other who shares my experience. This, we

argue, is best conveyed by Ettinger's (2000) term 'matrixial encounter', a coming together of distinct and separate human beings, meeting in the other's words and images that chime with our own and each other's experience.

Artist usually describes the experience of living in or inhabiting their artwork as 'frame' or 'framing', creating a sense of rules, boundaries and procedures. These limits do not restrict the artist but, on the contrary, provide an enabling structure that gives a sense of freedom (Towneshed, 2015). The space researchers had created with SWAN was like framing-matrixial. It came as no surprise that such a space resonated with the mother-child relationship in which the former provides mirroring and attunement vital to the latter, also enjoying the reciprocal return of their offer. In the SWAN intervention a double framing was provided; on the one hand, the presence of the others with similar experiences; on the other, a conceptual framing schema of concentric circles of 'holding' and opening a way to the I beyond reproach and sadness.

Art as an agency enabled practitioners to create a safe, therapeutic, and transformative space for the participants. It was essential to initiate a conversation of openness and trust based on authenticity and congruency. Hence, relational and reflective practices were the core components of those compassionate therapeutic encounters grounded in the SOPHIE framework (Wattis et al, 2021a). Such relational and reflexive practice allowed participants to acknowledge their personal fears, anxieties, and role ambiguities affecting their self-image and sense of empowerment as mothers and being women from diverse ethnic and religious minorities.

Good relationship-building skills have better outcomes, regardless of modality (Norcross et al, 2019). It stands to reason that the same is true of group interventions, in that the relationships between participants, as well as between participants and

facilitators, play a key role in healing. Participants certainly experienced peer relationship as healing, within the context of the intervention.

As in other therapeutic relationships, participants reported that feeling understood, without judgement, was key to healing. Post-traumatic growth is supported by safe and non-judgmental relationships (Amberson, 2021).

Would this have been the case, regardless of the nature of the intervention? Or do the specifics of the intervention also matter? The arts-based nature of the activity may have allowed for forms of self-expression and self-reflection that would not have emerged from discussion alone. Using art as a self-reflection, participants were able to share their painful feelings and emotions to find healing (Ali and Lalani, 2020). The activities also allowed self-reflexivity, a sub-conscious process where an individual questions their own attitudes, thought processes, values, assumptions, prejudices and habitual actions, to strive to understand their own complex roles in relation to others (Park, 2010). The art activities provided a safe space for participants to explore and express their emotions and allowed introspection i.e. gaining insights into their own thoughts and feelings.

Engaging in arts informs deeper understanding of self, encourages social connections and personal growth (Ryff and Singer, 2008). Literature is evident that art activities can enhance self-expressions, creativity and connections and promotes emotional well-being, social skills development, and building healthy relationships. Engaging in art also promotes personal growth, self-esteem, and creates a stronger sense of identity. Previous studies have shown the therapeutic effects of art on reducing stress and promoting relaxation. Art activities can serve as a form of relaxation and self-care, providing an outlet for emotional release, and promoting a sense of calm and well-being (Seitz and Angel, 2015; Shepherd, 2021).

Given the small sample size of this pilot testing project, some participants' EPDS scores indicated susceptibility to depression, and nearly half reported high anxiety levels. These findings are promising as fewer women developed depressive symptoms and anxiety in postintervention phase and resilience showed a increase. These findings are consistent with a previous study suggest that art-based intervention significantly reduced anxiety and depression symptoms in postnatal women (Qian et al., 2023). The difference in resilience level is also consistent with Fenwick et al. (2011) study which showed that counselling was beneficial in developing resilience by understanding the source of emotional distress, facilitating a return to equilibrium and moving forward in a positive way (Fenwick et al., 2011).

The art activities and the structure of the SOPHIE framework allowed participants to express trauma and access healing, within the context of feeling that they were understood and cared for. The effect of art therapy on psychological status and wellbeing could be explained in the Body- mind model which indicates that art therapy stimulates body mind processes, aiding in the activation, reorganization, growth, and reintegration thereby promote positive mental health (Czamanski-Cohen et al., 2016).

Using narratives allowed participants to explore their birth experiences and their identities as mothers (O'Toole, 2018). Narrative is an approach that allows individuals understand and describe their experiences, shaping their lives and relationships. individuals who experience traumatic events often have a negative view of themselves, feeling powerless or unworthy, which limits their ability to develop and accept positive alternative narratives about their lives (Draper, Marcellino and Ogbonnaya, 2022). Allowing research participants to share their stories through narrative inquiry enables them to create knowledge together and gain a deeper understanding of their experiences (O'Toole, 2018). Thus, combining the SOPHIE framework with art and narrative

inquiry participants were encouraged to explore their experiences, express their emotions, and reconstruct their narratives, fostering emotional well-being, personal growth, and resilience. These processes help them reinterpret their experiences, reclaim their power, and foster a sense of agency.

Applying SOPHIE as a self-reflexive tool helped participants to clarify some of these core beliefs and find meaning in their experiences (Wattis et al., 2021 b). Meaning making happens in these pauses and moments of reflection, and these are essential to developing an expanded self. Another core spiritual resource that participants developed was a sense of hope and optimism. One participant shared the poetic expressions that:

This affirmation reflects a belief in the fundamental goodness and potential for joy even in very difficult circumstances. Affirmations like this, which reflect participants' beliefs about the universe, can become sources of resilience to return to when the clouds threaten to overwhelm them.

Participants were very keen to have further sessions, especially on an ongoing basis. They suggested a follow-up session to check in and perhaps more informal gatherings to get together as a group. They were also keen to see more sessions for mothers using arts, dance, poetry and drama to explore feelings and make meaning for themselves.

Hence it is imperative that pre-natal and perinatal support, whether in the healthcare system or by communities, should take compassionate, non-judgmental approaches to supporting women through what may be a traumatic time or may trigger past trauma, especially for women with trauma histories or from minoritised communities.

In this study's workshops, skilled facilitators created a safe, non-judgmental space where participants could openly share their emotions. Previously, participants

reported feeling judged by their providers, which made them uncomfortable expressing their anxiety and fears, further intensifying their traumatic experiences. This atmosphere of acceptance, built through shared experiences and trusting relationships, was key to the intervention's success (Wattis et al., 2021b). Participants also noted that expressing their trauma and connecting with others who had similar experiences made them feel valued, reducing feelings of isolation and judgment, which are crucial for emotional healing and restoring well-being (Chen et al., 2021). These supportive connections also strengthen resilience, which is the ability to adapt and thrive despite adversity (Masten, 2015, cited in Rogers et al., 2022).

Additionally, the study also highlighted aspects of transformation. Following a traumatic event, individuals can experience positive psychological changes and personal growth, known as post-traumatic growth. Despite the common belief that trauma only leads to negative outcomes, the participants' experiences demonstrated that adversity could lead to a renewed sense of purpose, greater resilience, and positive transformation (Tedeschi et al., 2018). By finding meaning in their suffering, they discovered their inner resources and potential, leading to personal growth and positive change.

The insights from the pilot study are important because they provide a deeper understanding of the real-world impact of using 'SOPHIE' as a self-reflexive tool to explore and approach existential care aspects. Participants' reflections highlight the practical benefits and challenges of the intervention, offering valuable perspectives that go beyond theoretical assumptions. Such learning and realisations are vital to understand the need of designing future research projects navigating around understanding and addressing ontological, spiritual and existential care needs of an individual that are often neglected or overlooked during the perinatal care.

Limitations

Recruitment was challenging, likely due to the short timeframe available before the first workshop. The attrition rate was also high, with 35% of participants dropping out between registration and the pre-intervention survey (administered during the first workshop), and 54% between the first and fourth workshops (pre- and post-intervention surveys). The small sample size limited our ability to perform inferential statistics, so caution is advised when generalizing the study results. These quantitative findings should only be applied after conducting a replicative study with a larger sample size to thoroughly examine the intervention's effects.

Additionally, participants came from various ethnic minorities and religious backgrounds, each with unique values and beliefs regarding sharing birthing experiences and sensitivities around body image, breastfeeding, and self-worth with researchers and peers. The heterogeneity of sample characteristics must be considered when applying inferential statistics in future studies with larger sample sizes.

It is important to note that there was hesitancy to explore deeper emotional issues or measure post-traumatic growth, as such changes develop over a longer period. The limited time and duration of the study constrained our ability to fully assess these aspects. Longer workshop sessions, a longitudinal design, larger and more accessible spaces, and a broader range of narrative inquiry methods could have facilitated deeper self-reflection on the nature of trauma and self-care needs for both participants and researchers. The study also faced challenges in providing childcare and creche services with volunteer support while mothers participated in research activities. Addressing these issues in future studies could enhance participation and support.

Conclusion and Recommendations

This study has highlighted the nature of trauma and practice gaps often experienced by mothers from diverse ethnicities and cultural backgrounds across East London. When healthcare workers are unable to process their trauma and embrace their authentic selves, patients often do not receive the therapeutic and compassionate care they need. Recognizing the prevalence of psychological trauma and stress-related disorders among marginalized communities, this study underscores the importance of addressing psychological distress and promoting existential well-being to prevent dysfunctional coping mechanisms and enhance maternal and neonatal health.

Given the current systemic pressures on healthcare systems, it is important to expand spiritual and existential care within communities and voluntary organizations. Healthcare workers must provide relational, non-judgmental care to promote maternal mental health and well-being. An exploratory study to understand and address trauma and loss among health care workers and clinicians is also recommended to develop professional integrity and to deliver trauma-informed culturally and spiritually competent care.

Larger-scale studies are needed to further evaluate the effectiveness of art-based interventions among postnatal mothers and young families across East London.

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Data Availability

The data that support the findings of this study are available from the corresponding author, Dr. Gulnar Ali upon reasonable request.

Disclosure statement

No potential conflict of interest was reported by the authors.

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