



# Reflective Practice

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## Spirituality and mental health-applying SOPHIE as a therapeutic reflexive tool

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### ABSTRACT

Ontological explorations into the personal sense of ‘being and becoming’ are key for learning and practicing person-centered care. It allows practitioners to engage with philosophical reasoning associated with the meaning to self and others. Humanistic psychological perspectives based on existential approaches are also effective in articulating an understanding of the purpose and meaning in life to promote resilience and post-traumatic growth. However, developing spiritual care competencies, and integrating transformative ontological perspectives into education and practice often remains challenging. Recognizing the centrality of ontological development to this area, the author has developed a reflective framework for mental health practitioners and educators about spirituality, which also addresses existential and cultural issues within a broadly humanistic framework: Self-exploration through Ontological, Phenomenological, Humanistic, Ideological, and Existential Expressions (SOPHIE). This paper presents case studies showcasing SOPHIE’s application in diverse global contexts, where participants across different community settings found it helpful in addressing and reflecting upon their existential and spiritual care needs. Participants reported a personal sense of hope and loss through meaning-making using art and blog writing as narrative inquiry methods to develop reflexivity. An integrated and spiritually competent holistic care approach is highly recommended to embrace transformative care philosophies in education and professional practices.

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## Introduction

Holistic care philosophies embrace self-awareness, vulnerability, and reflexivity, however, its integration as standardized teaching pedagogy and as therapeutic intervention; often remains as challenge in health education and practice. Spirituality as an ontological

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exploration allows understanding human aspiration and experiences, through which individuals construct knowledge and meaning; develop their own sense of reality and go through personal and social transformation (Wattis et al., 2021a). Spirituality has been approached from a variety of perspectives in healthcare acknowledging its social, cultural, religious, political, linguistic, humanistic, and phenomenological aspects (Ali & Lalani, 2020; McSherry & Cash, 2004; McSherry & Draper, 1997). The plethora of meanings and different associations of the term spirituality for different people generates confusion and lack of clarity among health care professionals (Wattis et al., 2017, 2021b). This, in turn, leads to problems incorporating spirituality into education and practice (Ali & Lalani, 2020; Wattis et al., 2021b). Recognizing the centrality of ontological development to this area Ali (2017) has developed a reflective framework for health practitioners and educators about spirituality, which also addresses existential and cultural issues within a broadly humanistic framework: *Self-exploration through Ontological, Phenomenological, Humanistic, Ideological, and Existential Expressions (SOPHIE)*. Reflective conversations encouraged professional authenticity, meaning making and subjective wellbeing experiences among the participants. A few case studies are presented in this paper to showcase a few success stories on applying SOPHIE as a practice methodology, in both education and care practices across various global settings.

### **Perspectives on spirituality**

Some associated concepts that are widely used in understanding spirituality in mental health care are discussed below to articulate the notion of self in society from ontological and humanistic perspectives.

#### **Religion and spirituality**

Spirituality is often regarded as synonymous with the institution of religion. Spirituality may be understood as the personal, inner, informal, and emotional aspect of connecting with oneself, the environment or with the sacred (Koenig, 2004). It influences internal motives and resilience factors including underlying hope, developed through a faith system (Blaxter & Patterson, 1982; Koenig, 2004). Spirituality can be seen as an embedded concept with a belief in God as the ultimate meaning of existence and as facilitating a relationship between God and human (Hodge, 2001). Spirituality has also been approached as a separate concept from religion (or religiosity). The confusion between spirituality and religion and a fear of offending religious sensibilities and being accused of breaching ethical codes can lead nurses to avoid the area of spirituality altogether. Imposing personal religious or secular beliefs onto patients or offering inappropriately to pray with patients are ethically unacceptable (Rogers & Wattis, 2015).

#### **Humanistic psychology and spirituality**

Spirituality, viewed from a humanistic perspective, encompasses a broad range of concepts including hope, meaning, love, and self-expression. It also reflects the intangible aspects of human experience and the motivation to connect with others, particularly in health care settings (Ellis & Narayanasamy, 2009; Wattis et al., 2021a). This pluralistic approach is seen as flexible and creative, especially in health care and nursing practice, where it helps articulate patients' diverse spiritual needs (Swinton & Pattison, 2010).

Despite challenges in defining spirituality, it can be understood as providing a compassionate presence that attends to patients' physical, social, emotional, and psychological needs (Clarke, 2013; Puchalski, 2001). Spiritually competent practice thus emphasizes the importance of this holistic care approach, as highlighted by Rogers and Wattis (2015).

### ***Existential phenomenology and spirituality***

Existential phenomenology is an approach to understand one's own self and the world around by describing experiences and understanding the meaning of existence. It recognizes that each individual has unique inner resources, which may guide caregivers in planning person-specific therapeutic care in order to assure compliance and recovery of mental health (Moore & Goldner-Vukov, 2009). This approach is crucial in holistic care, where existential awareness helps individuals find meaning in their health status and defines their connection with environmental forces and society (Jones, 2006).

### ***Nursing philosophy and spirituality***

Nursing philosophy revolves around the ethos of person-centred, spiritual and existential aspects of human development, aiming to facilitate holistic healing and personal transformation (Benner, 1994; Parse, 1998; Newman, 1999; McSherry & Jamieson, 2011; Benner et al., 2010). Contemporary nursing scholars such as Newman (1999) advocate for nurturing nursing approaches that enhance patients' self-awareness and promote transcendence, viewing health as more than the absence of disease, but as an expansion of consciousness and spiritual growth. The author also asserts that, it is the intentional and meaningful engagement of a nurse with a patient and family or community, where the focus of nursing care shifts from symptomatic care to understanding deeper patterns of thought. This perspective aligns with the idea that spirituality can help patients find hope and meaning during illness, as supported by studies showing its crucial role in patient recovery (Koenig, 2004, ; Rogers & Wattis, 2015).

Swinton (2001) highlights that spiritual care belonged in the phenomenological area of interpersonal connections, suggesting that the education in this area extends beyond technical skills. Participants in related studies have recognized the limitations of conventional teaching methods for imparting spiritual care skills, noting the greater value of mentoring and role modeling in this area(2), as well as the benefits of self-exploration and self-directed learning in nursing education (Wattis et al., 2021).

### ***Spirituality and meaning making***

Spirituality and meaning making are intricately intertwined with culture, influencing how individuals understand and interpret their experiences. Thus, encompasses the process of understanding and creating meaning in diverse forms, such as language, social interactions, and behaviors. Culture influences and shapes meaning making, reflecting and creating diverse values, norms, and beliefs within different societies. Although different cultures might have unique approaches to meaning making, they all participate in this human cognitive and complex process (Kövecses, 2009). This core psychological and cognitive process helps individuals organize experiences and create a coherent worldview, especially during challenging times (Ryff & Singer, 2008; Shepherd, 2021). Meaning making also incorporates various aspects of the individual's emotional and cognitive processes. Park (2010) distinguishes between two constructs of meaning-making:

'meaning-making efforts', which involve cognitive processes, emotional expression, and seeking social support to comprehend and navigate stressful events, and 'meaning made', which is the outcome of meaning-making efforts, reflecting a sense of coherence, purpose, and growth derived from the event.

## Methodology

### ***Approaching spiritual and existential care needs applying SOPHIE (Self-exploration through ontological, phenomenological, and humanistic, ideological, and existential expressions) as practice methodology***

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 by the author. SOPHIE is a heutagogical tool that allows a learner to explore his/her personal and professional needs that may require some focus and meaning making towards a quest. Heutagogy is a learning approach that embraces principles of self-determination, reflection, and authenticity. SOPHIE as a reflexive framework directs a person's attention to connect with their own ontological space and recognize some unexplored behavioral patterns, belief systems and intentionality that often represents one's position in society and nature of relationship with others (Ali & Lalani, 2020; Wattis et al., 2021b). SOPHIE can enable new learning possibilities through empowering learners in shaping their own ontological spaces and taking responsibility for self-development (Ali, 2017; Ali et al., 2018).

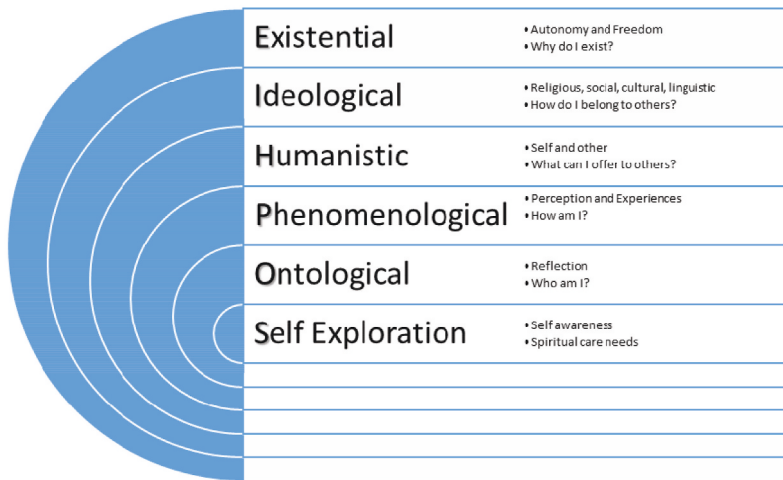
A brief overview on SOPHIE is presented below:

#### ***SOPHIE: an expression of self – expansion***

SOPHIE (Ali, 2017; Ali & Lalani, 2020), the diagram (Figure 1) represents symbolically the development of an expanded self. It also symbolizes a drop in the ocean in search of its own existence. The drop that remains in flux and can never be confined to any given point, yet actualizes its existence through infinite waves. Each circle in the diagram represents a wave and its journey of growth and expansion. Hence, unique to personal search and meaning of life. The empty lines in each circle represent personal experiences of being and quest of meaning that cannot be defined through nomothetic knowledge expressions (Ali, 2017; Ali & Snowden, 2019).

SOPHIE starts with the idea of self-efficacy which has been referred to as '*people's beliefs about their capabilities to exercise control over their own level of functioning and over events that affect their lives*' (Bandura, 1997, p. 257). SOPHIE has potential to recognize the areas requiring personal and professional attention to focus upon the lost self within a person as a result of social encounters. It can be seen as a reflexive framework for recognizing the meaning and tensions behind one's social interactions (Mead, 1934) and health seeking behaviors.

SOPHIE has been applied as a practice methodology to approach spiritual and existential care needs during several teaching and mentoring sessions, during and post COVID-pandemic. This tool has been found effective in trauma recovery and healing among healthcare students in two educational settings in the United Kingdom (Ali & Lalani, 2020).



**Figure 1.** A framework for approaching spiritual care need (Ali, 2017; Ali & Lalani, 2020).

To illustrate the practical application of the SOPHIE framework, this paper presents few case studies conducted between 2020 and 2023. These studies, ethically approved under approval numbers ETH2324-0241 and ETH2223-0185 by the University of East London, demonstrate how SOPHIE serves as an effective practice methodology. Separate papers are under publication for each case-study.

### ***Case study 01: mentoring and existential advocacy projects in Pakistan (2020–2022)***

SOPHIE (Ali, 2017) tool was used to offer existential advocacy and mentoring for university students experiencing trauma, during the COVID- pandemic. Several youths reported trauma leading to self-harm and increased in suicidal rate during and post pandemic across various parts of Pakistan (Salman et al., 2022). As a response, several online mentoring and existential advocacy programs were offered by the author and her team, targeting parents, vulnerable youth, marginalized students and educators in collaboration with Aga Khan Youth and Sports Board, Karachi, Pakistan, Aga Khan University School of Nursing, Pakistan and The Shaheed Zulfikar Ali Bhutto Institute of Science and Technology (SZABIST), Pakistan from 2020–2022. Total n = 100 participants were recorded joining the online webinars on different occasions during those two years.

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 (Kelley et al. 2023). During Covid-19 pandemic, those online existential advocacy and mentoring sessions were focused on assisting participants to promote their psychological wellbeing and emotional health reported highly compromised due to exam related stress and family expectations. Those sessions recognized the importance of individual autonomy and the unique complexity of each participant's values and beliefs (Vitale et al., 2019). The mentoring process was found very beneficial in promoting positive environment for personal development, professional motivation, increase satisfaction, enhanced ingenuity, and

critical problem-solving skills (Ali & Snowden, 2019, Wattis et al., 2021). Peer mentoring sessions also provided support, instilled belonging, acknowledgement, validation, and offer a place to voice vulnerabilities.

The project feedback suggested that providing psychologically and emotionally safe spaces through mentoring could promote self-efficacy and empowerment among university students. These results need to be evaluated among university students globally to determine the effectiveness of the interventions. Robust face-to-face studies are planned with few local universities in Pakistan to assure consistent engagement and learning support using SOPHIE as a mentoring and advocacy tool as the project outcome.

***Case study 02: WINGS: wellness interventions for Nurses' growth and selfcare study at Purdue University, US and University of East London, UK (2021–2023). Funded by American Psychiatric Nursing Association (APNA), USA and Seed Grant Award-EDUCOM, UEL, UK***

Nurses in palliative care (PC) settings often find their roles emotionally challenging and are at high risk for trauma, strain and fatigue (Amberson, 2021). Especially during the Covid-19, PC nurses experienced increased distress and suffering. Numerous studies have looked at the prevalence of trauma and mental health crisis, very few intervention seeking studies were found in PC. This study aimed to examine the effectiveness of a self-reflexive wellness intervention in promoting resilience, posttraumatic growth and subjective well-being among nurses working in the palliative care settings. A quasi-experimental design was used to test the effectiveness of the intervention among control and intervention groups. The middle-range theory of nurses' psychological trauma (Foli et al., 2021) and SOPHIE (Ali, 2017) framework guided the formation of self-reflexive intervention tool in the study. A sample of 160 nurses was obtained. Recruitment was done through Purdue Alumni and other listserv of PC agencies. Pre-test and Post-test surveys were administered followed by four weekly blog writing interventions. Participants were asked to write 2 blogs/week for four weeks for a total of 8 blogs over a period of one month. A separate template based on SOPHIE was provided to write the blogs and was emailed to participants using Qualtrics. Each blog could reach 250–300 words. Participants were allowed to write their blogs in the form of narratives, poems, or art. The particular study used SOPHIE as a self-reflexive tool to understand the existential and spiritual selfcare needs of nurses working in the palliative care settings. Palliative care nurses experience emotional and spiritual distress caring for dying patients and families. These experiences were elevated during the pandemic times. Our findings indicated that SOPHIE tool provided them a safe space to share their inner self and thoughts and to reflect on their trauma, existential self, strengths and weakness (O'Toole, 2018). SOPHIE was found to be a source of healing among nurses and helped them find meaning in their personal and professional activities for self-growth and development. The next step for the SOPHIE tool is for it to be expanded empirically and amongst other populations and geographical contexts. This will enable the evaluation of its effectiveness as a practice methodology to address and advocate for spiritual and existential care needs in education, research, clinical practice, and wider community contexts using AI.

### **Case study 03: meaning making, reflexivity and narrative inquiry in Health Education at University of East London, UK (2022–23)**

To facilitate professional authenticity and empowerment among the undergraduate students in psychosocial studies and community work, several transformative learning approaches including narrative enquiry methods, were used during Term 2 (2022–23). Narrative enquiry methods using art, music, poetry, and reflective writing are effective learning interventions to explore the meaning making and reflexivity in higher education (Ali & Lalani, 2020). The stories shared by the students provide important information about their experience in relation to their identity, learning experience and professional growth. Narrative enquiry in health education allows learners to engage with the philosophical reasoning associated with the meaning to care and working with others with compassionate presence through developing self-awareness. Narrative enquiry methods encourage students to think and relate experiences beyond time and space. Porter Abbott (2008) defines such learning phenomenon as: *Wherever we look in this world, we seek to grasp what we see not just in space but in time as well. Narrative gives us this understanding; it gives us what could be called shapes of time* (Porter Abbott, 2008, p. 10, as cited in Higgs, 2019).

Undergraduate students in Psychosocial studies and community were encouraged to learn an open reflexive enquiry, while relating humanistic psychology to their own professional development and competencies in counselling and therapeutic skills across their three-year undergraduate course at UEL. Students were facilitated to relate their existential quest and meaning making patterns by reflecting upon relationship patterns and mindfulness about their own spiritual and existential, emotional needs using a framework: *SOPHIE Self-exploration through Ontological, Phenomenological, and Humanistic, Ideological, and Existential expressions* (Ali, 2018; Ali & Snowden, 2019).

Self- reflection, as through narrative enquiry was found very effective in promoting self- determination and solution- focused learning, as learners developed closer sense to their own self-care needs, realizing the meaning associated with their potential roles. Narrative inquiry is a way of comprehending and exploring personal experiences through the lens of storytelling. It is a methodology used to understand and explore human experiences and how individuals construct their identities and make sense of the world. This approach is widely regarded as an effective method for qualitative research in various fields, particularly in the social sciences since it involves examining the dimensions of time, social interactions, and physical surroundings. Furthermore, narrative inquiry serves as a valuable tool for understanding communication dynamics and self-awareness in organizational settings across different disciplines. Giving voice to research participants enables them to co-construct knowledge throughout this exploration process by narrating their individual accounts (O'Toole, 2018).

Students were encouraged to reflect upon their vulnerabilities to understand the meaning of compassionate presence for self and others. Students were also encouraged to embrace a trauma informed professional practice during their undergraduate studies in psycho-social studies in community care. Transformative learning approaches allow educators to understand and connect with learners with their fullest potential (Mezirow, 2000; Snowden, 2016). It requires strong professional vigor to guide the curriculum and innovate practice environment reflecting the core aspects of transformative learning and



human development (Snowden and Halsall, 2014; Snowden, 2016). Self-reflective activities were often followed by small group discussions or 1:1 mentoring, as required. Existential care needs influencing empowerment and resilience were explored. Students were also encouraged to ventilate and share personal experiences of fear, loss and autonomy to relate with compassionate care. Students also appreciated mindful moments using flowers, leaves and stones, as some deep learning transformative activities.

Deep learning activities such as: narratives and phenomenological enquires, enables students to explore and relate subjective constructs and ways of seeking knowledge to apprehend reality (Marczyk, DeMatteo and Festinger, 2005). During these in-class reflective activities students are encouraged to design their own ideas based on their personal and professional experiences by embracing their own authentic self and recognizing their own set of values towards self-care and professional growth. Such learning process is known as, heutagogical process where a student actively participates in knowledge creation, rather being a passive recipient, who just enrolls and fulfils the required passing criteria (Snowden and Halsall 2014; Snowden 2016). Transformative learning practices also foster self-determination and authenticity towards their personal and professional responsibilities as prospective health care providers. Students felt inspired and self-motivated towards their professional aspiration and authentic commitment to care (M. Rogers, 2017; Ali & Snowden, 2019, Wattis et al. 2021).

***Case study 04: SWAN- self-healing and wellbeing interventions through existential advocacy and narrative inquiry, London, UK. (2023). Funded by Knowledge Exchange Funding Award, UEL, UK. Dec 2022- March 2023***

SWAN project was developed by Dr. Gulnar Ali with undergraduate students in Psychosocial studies and Community work at University of East London to propose practice innovation for marginalized communities, across East London. Newham Poetry Group (NPG) was recruited as LGBTQ community group for this pilot CPD program. NPG is a volunteer-led not-for-profit community group, made up of proactive residents who believe that creative activities should be accessible to all, especially in the context of our borough's cultural diversity.

To execute the Covid-19 Recovery Strategy across East London, SWAN project aimed to develop wellbeing intervention pathways for local community groups in Newham. East London is ethnically diverse and a low priority area. Existing services contribute towards major healthcare disparities among people from ethnic minorities. Especially in community care settings, patients and families suffer a 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 (Sharpe et al., 2022). Using Narrative inquiry interventions, SWAN project has explored how individuals and groups manage the transition and the reality of the new situation; and how they approach their socio-economic prospects and their mental resources (O'Toole, 2018). Especially as local organizations are preparing to step into the breach of diminishing governmental and social provision.

### ***SWAN and sustainable development goals***

Relating with the SDGs (Morton et al., 2017) the specific aims of the SWAN project were as follows:

- (1) To determine the extent of self-perceived trauma, resilience, and subjective well-being among vulnerable and marginalized LGBT service users, in East London (SDG –3 Good Health and Wellbeing; SDG-5: Gender Equality).
- (2) To identify associated factors contributing to trauma, resilience, and subjective wellbeing in the target population (SDG- 10: Reduced inequalities; SDG-11: Sustainable cities and Communities).
- (3) To evaluate the effectiveness of a self-reflective wellness intervention tool in promoting fostering resilience and subjective wellbeing through existential advocacy. (SDG- 3: Good Health and Wellbeing).

### ***SWAN workshop***

Total n = 25 participants from the local community groups attended the workshop. Several narrative activities using art, music, poetry writing, and mindful practices were applied during the session, to engage participants in deep reflection and compassionate inquiry towards their existential, spiritual, and mental health needs. SOPHIE framework (Ali, 2017) was used to create dialogical mindful environment. By recognizing the underlying causes of existential pain and suffering SOPHIE framework was found very effective in recognizing the areas of advocacy and personal cry for empowerment affecting personal and professional growth. TACPAC sensory stimulation practice session was offered to practice being grounded in time. Artistic expressions on canvas and poetry writing allowed participants to connect and explore their healing journeys and quests (O'Toole, 2018). As a result, a trusted and shared space: of belonging and respect was generated among the participants, acknowledging trauma, loss, grief, and loneliness as core existential and spiritual care needs affecting their mental wellbeing and social inclusion.

Few reflections from the participants/interns are presented below:

Reflexivity:

It was amazing to see people who wanted to participate. I was surprised by the fact people were working on being aware of their psychological and social issues and how this affected their well-being. I thought people would be more reluctant. It was very empowering that they were able to share their experiences and knowledge. About myself ... it was empowering listening to others sharing and helping each other helped me to be softer with myself and not punish myself for my traumas. (Reflective log- A)

Vulnerability:

The opportunity to be involved with the SWAN project was great for gaining experience in facilitating workshops and to be working with people from the local community. It was very useful to see how wellbeing interventions tie in with theory, and to see evidence-based practice in action. The day of the SWAN workshop itself was very humbling. We were there in the capacity as workshop facilitators but were also in a privileged position of being trusted with listening to the narratives that participants shared and being able to share some of our own. There is something about being vulnerable and sharing that breaks down any perceived positions or roles. (Reflective log 2)

### Empowerment:

The SWAN Project was a valuable experience for me as both a workshop facilitator and participant. It not only provided valuable professional opportunities in the well-being field but also allowed me to connect with my vulnerable emotions. The combination of different life perspectives and creative activities helped me heal and express feelings that I would usually ignore. After the workshops, I felt at peace and had an optimistic and enthusiastic outlook. (Reflective log 3)

More of such interventions and CPD workshops were requested by the participants to expand the spirit of caring and knowledge sharing with professional expertise and research-informed wellbeing practices. CPD certificates were awarded to all participants and facilitators from the Head of Education and Community Studies and the Cluster lead. As an evaluation, future avenues for research collaborations and CPD accredited projects were highly recommended by all the participants.

### ***Case study 05: SWAN- self-healing and wellbeing interventions through existential advocacy and narrative inquiry- applying SOPHIE as a practice methodology. A pilot study to promote maternal mental health in East London. Funded by Seed Grant Award, EDUCOM- UEL, UK***

Understanding the experiences and challenges faced by postnatal mothers across Britain was reported of paramount significance in ensuring the well-being of both mothers and their newborns/young children (Harrison et al., 2023, 2024). The postnatal 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. By studying the issues faced by postnatal mothers and young children in East London, several valuable insights into the specific needs of this demographic were gathered to develop targeted interventions to support them effectively (Sharpe et al., 2022).

A mixed method pilot study was conducted in East London. Pre and Post-quantitative survey tools including:

- (1) The Brief Resiliency Scale (BRS) (Smith et al; 2008); was
- (2) Edinburgh Postnatal Depression Scale (EPD) (Cox et al; 1987), and
- (3) Generalized Anxiety Disorder Screener (GAD-7) (Spitzer et al; 2006); were used to access baseline demographic data and perform quantitative assessments. Art-based reflective activities were used along with the SOPHIE (Ali, 2017) framework for 4- weeks. A focused group study was conducted to collect qualitative data.

The study initially included 11 participants in the pre-survey phase, but only 5 (45.5%) participants completed all four weeks of the study phases. A follow-up email was sent to all participants who voluntarily withdrew from the study to understand the factors contributing to their decision not to complete the study. All attempts to communicate with the withdrawn participants were unsuccessful, leading to an unclear understanding of the subjective factors behind their attrition. Possible reasons could include the long study period, being a new mom with time management issues, transportation challenges to the study location, and the burden of leaving home and preparing for each session. At

baseline, participants' ages ranged from 21 to 40 years, with the majority being Muslim (91%). Four out of 11 (36.3%) participants did not report any self-care activities at home. Around 4 (36.3) participants were employed full-time, which was equal to those who were unemployed. Anxiety was reported by 18–36% of the sample, ranging from sometimes to often. Additionally, 5 out of 11 participants (55%) showed signs of depression, and 18% had GAD-7 scores indicating a probable anxiety disorder. Six out of 11 (54.5%) participants exhibited low resilience. In the post-survey phase, only 5 participants completed the post-test phase, indicating a 54% attrition rate.

This pilot study employed preliminary descriptive statistics to identify changes in participants' outcomes – namely resilience, depression, and anxiety levels – after completing the SWAN project. 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. Descriptive analysis including frequency and means were used to analyze depression, anxiety, and resilience. Among these, 1 out of 5 participants (20%) had possible depression, while 3 participants (60%) showed no signs of depression at the post test phase. Twenty percent (20%) of the participants had a probable anxiety disorder at pretest phase however, one of the participants who completed the study reported no signs of anxiety. Three participants (60%) had low resilience during pre-intervention, however, after 4-weeks of intervention they reported normal resilience.

Qualitative data findings were gathered using artwork throughout the study for all four weeks. Descriptive questioner on effectivity of the SOPHIE (Ali, 2017) framework and a focus group study was conducted on the fourth week.

Qualitative findings informed that those workshops facilitated a deeper exploration of the mothers' experiences, allowing them to articulate their challenges and coping mechanisms in unique and meaningful ways. The research identified substantial impacts on maternal mental health, influenced by a range of social, economic, biological, and psychological factors. Integrating spirituality and existential care into the art practices was found to enhance meaning-making and self-efficacy among the mothers (Ryff and Singer, 2008).

The study revealed disparities in access to healthcare services and social support among participants, highlighting the need to inform policies and programs aimed at promoting equitable outcomes for all mothers and their babies. By engaging directly with postnatal mothers and incorporating their voices into the research through art interventions, the study helped new mothers identify challenges to accessing healthcare services (O'Toole, 2018). This increased their awareness of possible barriers and helped them reflect on how to overcome these obstacles, ensuring that the resulting recommendations and interventions are relevant and responsive to the communities they serve. Future studies should evaluate the effectiveness of the intervention among postnatal mothers and young families across different cultural backgrounds globally.

## Summary

A summary table is presented below in [Table 1](#) illustrating the key features and the context of each case study.

**Table 1.** Multiple case-studies on using the SOPHIE (Ali, 2017) framework for self-reflection, healing and meaning making.

Title of the Case study	Year	Target population	Country	Project Type	Mode of delivery	Funded by	No. of Participants
Mentoring and Existential Advocacy	2020–2022	Youths in Higher Education	Pakistan	Community engagement projects, hosted by several HEIs in Pakistan.	Online Webinars	Voluntary	N = 100
WINGS for Nurses	2021–2023	Palliative Care Nurses	USA	Mixed Methodology Research study	Online	APNA- USA Seed Grant- UEL, UK	N = 160
Reflective workshops in HE	2022–2023	UG students	UK	Narrative inquiry CPD project	In-person	Professional development sessions	N = 25
SWAN- Workshop	2022–2023	LGBTQ+ Community groups	UK	Community Engagement/CPD Workshop	In-person	KEF- UEL, UK	N = 25
SWAN- Research	2023–2024	Post-natal mothers in East London	UK	Mixed Methodology Research Study	In-person	Seed Grant-UEL	N = 5

## Discussion

Using SOPHIE as reflexive framework in different teaching, clinical and community settings, individuals construct their own narratives, which enabled them to find purpose and meaning in their lives and navigate through traumatic experiences (Seitz & Angel, 2015; Shepherd, 2021). Spirituality can lead to personal growth and development of empathy and awareness to promote individual's unity and belonging. Thus, addressing Spiritual and existential care needs in teaching and professional practices has allowed participants to navigate an active search for meaning, comprehending the impact of challenging life events, and discovering value and growth within an individual's experiences (Park, 2010; Tedeschi & Calhoun, 2004). Across several recent case-studies both in the USA and UK settings, spiritual and existential care needs were often rooted in subjective meaning-making and required deep reflection and self-awareness among the participants. Self-acceptance is a highly significant process for existential growth and in coping with trauma and adversity (Seitz & Angel, 2015; Shepherd, 2021). Narrative enquiry methods focusing meaning making are important in reducing distress and facilitating individuals' ability to cope with diverse and complex life circumstances (Ryff & Singer, 2008). The process of meaning-making serves as a guide, providing individuals with a sense of direction and a framework for comprehending their experiences, promoting resilience and psychological well-being.

The SOPHIE framework's reliance on self-definition, while effective in fostering self-awareness and personal growth, presents potential challenges when applied in collectivist cultural contexts, such as Pakistan. Collectivist cultures often emphasize interdependence and shared identity over individual self-definition (Hofstede, 2001). This raises the question of whether SOPHIE's approach inadvertently imposes an individualistic perspective, potentially reflecting cultural or educational colonialism. For instance, participants from collectivist societies may experience tension between the framework's emphasis on personal introspection and their cultural values that prioritize familial or community roles. This tension underscores the importance of adapting SOPHIE to account for cultural nuances. Future applications of SOPHIE could incorporate collective reflection activities or allow for group-defined expressions of identity to ensure alignment with cultural norms. By doing so, the framework can maintain its inclusivity while avoiding the risk of imposing values inconsistent with the participants' cultural or societal contexts.

Despite the successes observed, the implementation of SOPHIE faced challenges. Participants noted initial resistance to engaging in reflective practices due to cultural norms or lack of familiarity with the framework. Some also expressed difficulty integrating self-exploration with existing professional demands. These challenges underscore the need for adaptive strategies to ensure the framework's applicability across diverse contexts.

The SOPHIE framework fosters awareness of inequities in healthcare by encouraging participants to reflect on systemic barriers encountered by service users. For example, through guided discussions during focus group studies and online mentoring sessions, participants identified disparities in care delivery based on socioeconomic or cultural factors, paving the way for targeted improvements.

Integrating spirituality and existential care competencies into clinical practices, therapeutic interventions and counselling services could foster healing, post-traumatic growth, meaning making and self-efficacy among carers and nurses (Wattis et al., 2021).

Despite many educational and clinical tools developed by nursing scholars in recent years to assess spiritual care needs and prepare competent learning structures (McSherry et al., 2002; Nardi et al., 2011; Tiew & Creedy 2012; Tiew et al., 2013; Wallace et al., 2008), a very choice-based and personalized approach was found amongst educators and health practitioners. The importance of spirituality needs to be recognized by the standard setting and curriculum development authorities to establish its application as an essentially required element of teaching and clinical/community practices. A cross-disciplinary approach could be integrated with nursing courses to widen the students' perspectives on health and wellbeing. An emphasis on spiritual care could help restore the balance between technical care and the healing aspects of interpersonal care. Integration of social humanities courses such as philosophy, phenomenology, anthropology, and art could be a way of developing these competencies in students (Benner et al., 2010; Bennett & Thompson, 2015). More research is required into how to overcome the underlying socio-political barriers to promote an enabling environment that can facilitate more person-to-person engagement and transformation in health education and practice.

## Conclusion

This paper has provided various perspectives on the meaning of *being*, to articulate the notion of *Self* in relation to spirituality and existential care needs. Often, a personal sense of hope and loss are very much grounded in the meaning making and reflexive process, which affects subjective wellbeing and post-traumatic growth. Using narrative inquiry methods, SOPHIE framework has been applied by the authors/researchers in diverse practice settings to provide existential advocacy, professional authenticity, and empowerment. An integrated and spiritually competent holistic care approach is highly recommended to embrace transformative care philosophies in both education and professional practices.

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## References

- Ali, G. (2017). *Multiple case studies exploring integration of spirituality in undergraduate nursing education in England* [Unpublished doctoral dissertation]. University of Huddersfield. <http://eprints.hud.ac.uk/id/eprint/34129/>
- Ali, G., & Lalani, N. (2020). Approaching spiritual and existential care needs in health education: Applying SOPHIE (Self-exploration through ontological, phenomenological, and humanistic, ideological, and existential expressions), as practice methodology. *Religions*, 11(9), 451. <https://doi.org/10.3390/rel11090451>
- Ali, G., & Snowden, M. (2019). SOPHIE (Self-exploration through ontological, phenomenological, humanistic, ideological and existential expressions): A mentoring framework. In M. Snowden & J. Halsall (Eds.), *Mentorship, leadership, and research: International perspectives on social policy, administration, and practice* (pp. 107–116). Springer AG.
- Ali, G., Snowden, M., Wattis, J., & Rogers, M. (2018). Spirituality in Nursing Education: Knowledge and practice gaps. *International Journal of Multidisciplinary Comparative Studies*, 1–3(5), 27–49. <http://www.ijmcs-journal.org/wp-content/uploads/2018/12/Ali.pdf>

- Ali, G., Snowden, M., Wattis, J., & Rogers, M. (2018). Spirituality in nursing education: Knowledge and practice gaps. *International Journal of Multidisciplinary Comparative Studies*, 5(1–3), 27–49. <http://www.ijmcs-journal.org/wp-content/uploads/2018/12/Ali.pdf>
- Amberson, T. (2021). Post pandemic psychological recovery and emergency nursing: Creating a narrative for change. *Journal of Emergency Nursing*, 47(3), 362–365. <https://doi.org/10.1016/j.jen.2021.03.002>
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. Freeman.
- Benner, P. (Ed.). (1994). *Interpretative phenomenology: Embodiment, care and ethics in health and illness* (Sage Thousand Oaks, CA).
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating Nurses: A call for radical transformation*. Jossey-Bass/Carnegie Foundation for the Advancement of Teaching.
- Bennett, V., & Thompson, M. L. (2015). Teaching spirituality to student nurses. *Journal of Nursing Education and Practice*, 5, (2), 26–33 <https://doi.org/10.5430/jnep.v5n2p26>.
- Blaxter, M., & Patterson, E. (1982). *Mothers and daughters: A three- generational study of health attitudes and behaviours*. Heinemann.
- Clarke, J. (2013). *Spiritual care in everyday nursing practice. A new approach*. Palgrave Macmillan.
- Cox J L, Holden J M and Sagovsky R. (1987). Detection of Postnatal Depression. *Br J Psychiatry*, 150 (6), 782–786. <https://doi.org/10.1192/bjp.150.6.782>
- Ellis, H. K., & Narayanasamy, A. (2009). An investigation into the role of spirituality in nursing. *British Journal of Nursing*, 18(14), 886–890. <https://doi.org/10.12968/bjon.2009.18.14.43358>
- Foli, K. J., Zhang, L., & Reddick, B. (2021). Predictors of substance use in registered nurses: The role of psychological trauma. *Western Journal of Nursing Research*, 43(11), 1023–1033. <https://doi.org/10.1177/0193945920987123>
- Harrison, S., Pilkington, V., Li, Y., Quigley, M. A., & Alderdice, F. (2023). Disparities in who is asked about their perinatal mental health: An analysis of cross-sectional data from consecutive national maternity surveys. *BMC Pregnancy & Childbirth*, 23(1), 263. <https://doi.org/10.1186/s12884-023-05518-4>
- Harrison, S., Quigley, M. A., Fellmeth, G., Stein, A., Ayers, S., & Alderdice, F. (2024). The impact of the Covid-19 pandemic on postnatal anxiety and posttraumatic stress: Analysis of two population-based national maternity surveys in England. *Journal of Affective Disorders*, 356, 122–136. <https://doi.org/10.1016/j.jad.2024.04.003>
- Higgs, J. (2019). Appreciating practice wisdom. In *Practice wisdom* 3–14. Brill | Sense. [https://doi.org/10.1163/9789004410497\\_001](https://doi.org/10.1163/9789004410497_001)
- Hodge, D. R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work*, 46(3), 203–214. <https://doi.org/10.1093/sw/46.3.203>
- Hofstede, G. (2001). *Cultures and organizations: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Sage Publications.
- Jones, D. A. (2006). Newman’s health as expanding consciousness. *Nursing Science Quarterly*, 19(4), 330. <https://doi.org/10.1177/0894318406293136>
- Kelley, H. H., Dollahite, D. C., James, S., & Marks, L. D. (2023). Changes in spiritual practices and relational well-being during the COVID-19 pandemic. *Marriage & Family Review*, 41–64. <https://doi.org/10.1080/01494929.2021.2022563>
- Koenig, H. (2004). Religion, spirituality and medicine: Research-findings and implications for clinical practice. *Southern Medical Journal*, 97(12), 1194–1200. <https://doi.org/10.1097/01.SMJ.0000146489.21837.CE>
- Koenig, H. (2007). *Spirituality in patient care* (2nd ed.). Templeton Foundation Press.
- Kövecses, Z. (2009). Metaphorical meaning making: Discourse, language, and culture. *Quaderns de Filologia. Estudis lingüistics*, XIV, 135–151 <https://core.ac.uk/reader/71015200>.
- Marczyk, G., DeMatteo, D., & Festinger, D. (2005). *Essentials of research design and methodology*. John Wiley and Sons, Inc.
- McSherry, W. (2000b). *Spirituality in nursing practice: An interactive approach*. Churchill Livingstone.
- McSherry, W., & Cash, K. (2004). The language of spirituality: An emerging taxonomy. *International Journal of Nursing Studies*, 41(2), 151–161. [https://doi.org/10.1016/S0020-7489\(03\)00114-7](https://doi.org/10.1016/S0020-7489(03)00114-7)

- McSherry, W., & Draper, P. (1997). The spiritual dimension: Why the absences within nursing curricula. *Nurse Education Today*, 17(5), 413–417. [https://doi.org/10.1016/S0260-6917\(97\)80104-9](https://doi.org/10.1016/S0260-6917(97)80104-9)
- McSherry, W., Draper, P., & Kendrick, D. (2002). The construct validity of a rating scale designed to assess spirituality and spiritual care. *International Journal of Nursing Studies*, 39(7), 723–734. [https://doi.org/10.1016/S0020-7489\(02\)00014-7](https://doi.org/10.1016/S0020-7489(02)00014-7)
- McSherry, W., & Jamieson, S. (2011). Nurses knowledge and attitudes, an online survey of nurses' perceptions of spirituality and spiritual care. *Journal of Clinical Nursing*, 20(11–12), 1757–1767. <https://doi.org/10.1111/j.1365-2702.2010.03547.x>
- McSherry, W., & Jamieson, S. (2013). The qualitative findings from an online survey investigating Nurses' perceptions of spirituality and spiritual care. *Journal of Clinical Nursing*, 22(21–22), 3170–3182. <https://doi.org/10.1111/jocn.12411>
- Mead, G. H. (1934). *Mind, self and society*. University of Chicago Press.
- Mezirow, J. (2000, March). *Learning as transformation*. San Francisco: Jossey-bass. Mid staffordshire NHS foundation trust (). Learning as Transformation. San Francisco: Jossey-Bass. Mid Staffordshire NHS Foundation Trust Learning as Transformation. San Francisco: Jossey-Bass. Mid Staffordshire NHS Foundation Trust. [online]. The Stationery Office. Available at Accessed 21 June
- Moore, L. J., & Goldner-Vukov, M. (2009). The existential way to recovery. *Psychiatria Danubina*, 21(4), 453–462 <https://pubmed.ncbi.nlm.nih.gov/19935478/>.
- Morton S, Pencheon D and Squires N. (2017). Sustainable Development Goals (SDGs), and their implementation. *British Medical Bulletin*, 1–10. [10.1093/bmb/ldx031](https://doi.org/10.1093/bmb/ldx031)
- Nardi, D., Faan, P., & Rooda, L. (2011). Spirituality based nursing practices by nursing students: An exploratory study. *Journal of Professional Nursing*, 27(4), 225–263.
- Newman, M. A. (1999). *Health as expanding consciousness*. National League for Nursing Press.
- O'Toole, J. (2018). Institutional storytelling and personal narratives: Reflecting on the 'value' of narrative inquiry. *Irish Educational Studies*, 37(2), 175–189 <https://www.tandfonline.com/doi/full/10.1080/03323315.2018.1465839>.
- Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257. <https://doi.org/10.1037/a0018301>
- Parse, R. R. (1998). *The human becoming school of thought*. SAGE.
- Porter Abbott, H. (2008). *The Cambridge introduction to narrative* (2nd ed.). Cambridge University Press.
- Puchalski, C. (2001). The role of spirituality in health care. *BUMC Proceedings*, 14(4), 352–357. <https://doi.org/10.1080/08998280.2001.11927788>
- Rogers, M. (2017). Utilising availability and vulnerability to operationalise spirituality' In L. Béres (Ed.), *In Practising spirituality*. Palgrave Macmillan 145–164.
- Rogers, M., & Wattis, J. (2015). Spirituality in nursing practice. *Nursing Standard*, 29(39), 51–57. <https://doi.org/10.7748/ns.29.39.51.e9726>
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13–39. <https://doi.org/10.1007/s10902-006-9019-0>
- Salman, M., Shehzadi, N., Mustafa, Z. U., Mallhi, T. H., Khan, Y. H., Khan, T. M., & Hussain, K. (2022). Self-harm and suicidal ideation in Pakistani youth amid COVID-19 pandemic: Findings of a large, cross-sectional study. *Psychol Health Med*, Sep 4, 1–9. <https://doi.org/10.1080/13548506.2022.2119483>
- Seitz, R. J., & Angel, H. F. (2015). Psychology of religion and spirituality: Meaning-making and processes of believing. *Religion, Brain & Behaviour*, 5(2), 139–147. <https://doi.org/10.1080/2153599X.2014.891249>
- Sharpe, D., Morocza, N., Syed, A., Canitrot, D., Narayan, V., Alloh, F., Hanafiah, A., & Galicia Mesa, L. P., (2022). (Institute for Connected Communities, University of East London) <https://repository.uel.ac.uk/item/8v237> *Prevention and promotion for better mental health fund: London Borough of Newham Local Evaluation Report*.

- Shepherd, A. (2021). Psychosocial meaning making in carceral spaces: A case study of prison and mental health care practice. *Journal of Psychosocial Studies*, 14(2), 139–151. <https://doi.org/10.1332/147867321X16215933279607>
- Smith B W, Dalen J, Wiggins K, Tooley E, Christopher P and Bernard J. (2008). The brief resilience scale: Assessing the ability to bounce back. *Int. J. Behav. Med.*, 15(3), 194–200. [10.1080/10705500802222972](https://doi.org/10.1080/10705500802222972)
- Snowden, M. (2016). Heutagogy in an Emerging Curriculum. In *The Pedagogy of the Social Sciences Curriculum*. (pp. 25–38). Springer International Publishing. ISBN 978-3-319-33866-8.
- Snowden, M., & Halsall, J. (2014). Community development: A shift in thinking towards heutagogy. *International Journal of Multi-Disciplinary Comparative Studies*, 1(3), 81–91.
- Spitzer R L, Kroenke K, Williams J B and Löwe B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. *Arch Intern Med*, 166(10), 1092 [10.1001/archinte.166.10.1092](https://doi.org/10.1001/archinte.166.10.1092)
- Swinton, J. (2001). *Spirituality and mental health care: Rediscovering a forgotten dimension*. Jessica Kingsley Publishers.
- Swinton, J., & Pattison, S. (2010). Moving beyond clarity: Towards a thin, vague, and useful understanding of spirituality in nursing care. *Nursing Philosophy*, 11(4), 226–237. <https://doi.org/10.1111/j.1466-769X.2010.00450.x>
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18. [https://doi.org/10.1207/s15327965pli1501\\_01](https://doi.org/10.1207/s15327965pli1501_01)
- Tiew, L., Creedy, D., & Chan, M. (2013). Student nurses' perspectives of spirituality and spiritual care. *Nurse Education Today*, 33, 574–579.
- Tiew and Creedy. (2012). Development and preliminary validation of a composite spiritual care-giving scale. *International Journal of Nursing Studies*, 49, 682–690.
- Vitale, E., Germini, F., Massaro, M., & Fortunato, R. S. (2019). How patients and nurses defined advocacy in nursing? A review of the literature. *Journal of Health, Medicine and Nursing*, 64–69. <https://doi.org/10.7176/jhmn/63-08>
- Wallace, M., Campbell, S., Grossman, S. C., Shea, J. M., Lange, J. W., & Quell, T. T. (2008). Integrating spirituality into under-graduate nursing curricula. *International Journal of Nursing Education Scholarship*, 5(1), 1–13.
- Wattis, J., Curran, S., & Rogers, M. (2017). *Spiritually competent practice in health care*. Taylor and Francis Group.
- Wattis, J., Rogers, M., Ali, G., & Curran, S. (2021a). Spiritually competent practice and cultural aspects of spirituality. In M. Rogers (Ed.), *Spiritual dimensions of advanced practice nursing: Stories of hope (Advanced practice in Nursing)*. Springer 23–42 [https://link.springer.com/chapter/10.1007/978-3-030-71464-2\\_2](https://link.springer.com/chapter/10.1007/978-3-030-71464-2_2).
- Wattis, J., Rogers, M., Curran, S., & Ali, G. (2021b). In J. Higgs, J. Orrell, D. Tasker, & N. Patton (Eds.), *Shaping wise futures: Shared future possibilities*. Brill-Sense Publishers 97–116 <https://brill.com/display/title/61528>.