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Navigating Support Networks: A Somali Woman's Experience of Social Alignment to Overcome Isolation During Pregnancy and Early Motherhood

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Abstract

Pregnancy and early motherhood can significantly influence women's health and wellbeing, as well as child development. Migrant women often face additional stressors related to the intersections of gender, ethnicity, social class, migration experiences, and language barriers. This study examines the lived experience of a Somali woman navigating pregnancy and early motherhood after relocating to an urban setting in the Global North, with a focus on understanding resilience in her socio-cultural context. A single-case design was employed, using interpretative phenomenological analysis of a two-hour semi-structured interview with a Somali woman living in the UK. The study aimed to generate insights applicable to community programs and health practitioners working with migrant populations. Analysis revealed two central patterns: cycles of challenge and limitation, and cycles of growth and engagement. These patterns captured her movement from social isolation and low wellbeing toward increased confidence, participation, and community involvement. Experiencing alignment within her social networks was pivotal in shifting from negative to positive cycles, facilitating escape from isolation. This case underscores the importance of community organizations and peer support in promoting connectedness and resilience for migrant women during pregnancy and early motherhood.

Keywords: Pregnancy, Motherhood, Somali, Migration, Resilience, Social support

Introduction

The transition into pregnancy and early motherhood can expose women to considerable stress, which may affect both their health and their child's development [1-6]. For women who migrate, these challenges are magnified by intersecting inequalities tied to gender, ethnicity, socio-economic conditions, migration history, and communication barriers. As a result, they face elevated risks of complications during pregnancy and the perinatal period, while access to healthcare is often restricted by structural, cultural, organizational, and interpersonal obstacles [7-10]. Problems with language and system navigation further hinder timely and effective care [11, 12].

In the UK, Somali migrants form a sizeable but disadvantaged population, many of whom have sought refuge after conflict and displacement [13-15]. Deeply rooted family and community values [16, 17] can sometimes sit uneasily within the more individualistic social structures of Western countries. In Bristol, about 5% of children are of Somali heritage. Like other marginalized groups in high-income settings, Somali women frequently report difficulties during pregnancy and birth, including insufficient or contradictory information, cultural misunderstandings, language difficulties, and challenges in establishing trust with healthcare staff. These issues complicate their ability to navigate health systems and can contribute to negative

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maternity experiences [18-21]. Yet, the wider personal and social dimensions of their needs are often overlooked.

Barriers to service engagement are widely documented for Somali and other African migrant communities in the Global North [22, 23]. To address this, healthcare models have sought to adapt provision by emphasizing culturally competent practice, continuity of care, effective communication, psychosocial and practical support, help with navigating complex systems, and flexible service delivery [3, 24]. Nevertheless, most research continues to concentrate on clinical encounters, with less attention paid to broader life contexts or the supportive role of community networks. At the same time, scholarship has drawn attention to the cross-cultural negotiation of maternal identity and the central importance of social support [10, 25].

This paper reports the experience of a Somali migrant woman during pregnancy and the early stages of motherhood. By applying an interpretative phenomenological approach, it seeks to identify factors that promoted or hindered resilience, while situating these experiences within a socio-cultural framework [26-28]. In doing so, it explores how professional services and community resources might more effectively support Somali women in high-income countries.

Materials and Methods

Study design and rationale

The study was conducted as a single-case inquiry, based on a semi-structured interview analyzed through interpretative phenomenological analysis (IPA).

IPA provides a method well suited to in-depth exploration of personal accounts, with its focus on idiographic detail and the meanings individuals attribute to their experiences [29-31]. It also recognizes the interpretative role of the researcher in co-constructing understanding [32, 33]. Even though based on a single participant, such case studies can offer nuanced insights into complex realities, shed light on underlying processes, and generate theoretical contributions when undertaken rigorously and with detailed analysis [31, 34-38].

To investigate resilience, the research employed an appreciative, strengths-oriented perspective, focusing on the assets, coping strategies, and resources that women draw upon to manage adversity and promote wellbeing [39-42].

Participant characteristics and recruitment

Participants were recruited purposively through outreach to a local Somali women's organization. A Somali colleague within the research and advocacy partnership shared an invitation seeking a woman of Somali heritage who had experienced pregnancy in the UK within the past three years. One woman meeting these criteria volunteered. She was in her thirties, a mother of two, had migrated to the UK approximately 11 years earlier, completed her secondary education in the UK, and was not employed at the time of the study.

Interview and data collection

Semi-structured interviews were selected as the primary method, given their value in fostering rapport, encouraging open conversation, and maintaining flexibility while ensuring that all key topics are addressed [43, 44]. The interview schedule was informed by a literature review and consultations with stakeholders, covering themes such as daily routines, social support, wellbeing and stress, and the experiences of childbirth and becoming a mother.

Because of the Covid-19 pandemic, the interview was conducted remotely by telephone in April 2020. The session lasted two hours, was audio-recorded with consent, and did not require an interpreter. The interviewer was a medical student completing an intercalated BSc in Global Health, supported in real time by an experienced paediatrician-researcher to safeguard ethical standards. Ethical approval for the study was granted by the Faculty of Health Sciences Research Ethics Committee, University of Bristol (Ref: 101,743).

The participant later reviewed the findings and discussion sections of this article, offering positive feedback and suggesting no changes.

Data analysis and reflexivity

The interview was analyzed using Interpretative Phenomenological Analysis (IPA) in line with published protocols [33, 36, 45]. The transcript was produced by one of the authors, who repeatedly listened to and read the material to become closely familiar with it. The analytic process began with detailed notes in the margins, recording observations and reflections. A second round of engagement generated inductive experiential statements that described how segments of the text related to the research question. These statements were progressively organized into clusters, from which broader thematic patterns emerged. A hierarchy of

overarching and subordinate themes was developed, constantly checked against the transcript to ensure interpretations remained grounded in the participant's voice.

The analytic framework and emerging findings were reviewed with both an experienced IPA researcher and a Somali practitioner-researcher. Together, these colleagues brought over five decades of practice and scholarship focused on Somali families in high-income countries. Findings were later shared with groups from the local Somali community, who recognized the themes as strongly reflecting their own lived realities. This study contributes to a wider, decade-long program of co-produced research and advocacy with migrant families in the UK, known as *Find Your Village*.

Reflexivity was maintained throughout the study [46-48]. While the interview and initial analysis were conducted by a medical student, the research team included senior co-authors with more than 50 years of combined experience working across multicultural health and community contexts.

Results and Discussion

Two overarching themes emerged from Nala's story: cycles of isolation and diminished wellbeing ("vicious circles") contrasted with increasing confidence, engagement, and community connection ("virtuous circles"). To protect confidentiality, the participant is referred to as *Nala*, and identifying biographical details have been withheld.

Vicious circle

Early experiences, pressures before pregnancy, and privacy

Nala's journey began with the upheaval of fleeing the Somali Civil War, followed by several years in a transit country before arriving in the UK as a teenager. Part of her family—including her mother—remained behind, while others joined her in Britain. Adolescence was marked by a painful skin condition that left her feeling ashamed. She kept her struggles private, hiding her distress even from close relatives and friends:

"I spent hours looking in the mirror hoping it would go away … I would just go in the toilet at night and look at myself and cry … in the morning I would go to school normal."

She described avoiding discussions with siblings, peers, or her father, who instead supported her practically by accompanying her to pharmacies:

"My dad … was more understanding even though he wouldn't … have a conversation about it."

Despite this private struggle, Nala largely enjoyed school, valued her friendships, and aspired to continue into higher education. However, during her school years she entered a relationship that soon led to marriage.

"I got married … [while I was still at school]. … In Islam you are not allowed to have sexual relations without getting married … My dad, he was quite shocked … but I was like, nah I think this is good for me, so … he went along with it."

Marriage added new responsibilities to her schoolwork and part-time job, as she attempted to balance Somali, Islamic, and British cultural expectations. This meant keeping her circumstances hidden from most teachers and peers:

"I was doing my A-levels whilst married … like coming home, being a wife, going to school, but only my closest friends knew."

Although her husband encouraged her studies, social and cultural norms placed pressure on her to conceive quickly. Struggling with infertility, she concealed her feelings out of shame:

"Once you get married people expect that you get pregnant so quick … that in itself comes with a little bit of shame … I would pretend … 'obviously I'm studying so I don't want to have kids,' but that wasn't the case."

Pregnancy as an isolating experience

Nala and her husband pursued fertility treatment, with financial and practical support from her father.

"The gynaecologist … was like I'm sorry we can't send you to the ovulation clinic because you are too young … so we went … privately … my dad even gave me the money."

After two years, Nala conceived, but the pregnancy was accompanied by morning sickness, the loss of academic ambitions, and a sense of falling behind peers who had continued to university. With few daily activities and much time alone, feelings of isolation deepened:

"I got pregnant … and wow … everything changed … I had really bad morning sickness … I didn't want to talk to anybody … I would just stay on the sofa."

Her husband's long working hours meant she spent much of the day alone. Internal conflict between Somali expectations and Western opportunities contributed to

her withdrawal. For several months she avoided even extended family, unable to share her loss of confidence:

"My husband would call my sister and ask her to … try and get me out of the house but nobody could … my dad would call me and say go to your sister … but I didn't want anyone around."

Nala described this period as one of self-doubt, anger, and retreat, dwelling on sacrifices she had made and opportunities she felt were slipping away.

Birthing experience: exhaustion, isolation, and disconnection

Nala described her first birth as profoundly exhausting and emotionally damaging, with long-lasting effects on her sense of self and her approach to motherhood. As a young mother with limited prior exposure to childcare, she felt unprepared for the responsibilities of a newborn and lacked the family support that would have been available in Somalia.

"You are emotional, scared, you don't know what to do and the people who are there to support you, you feel like they are not there … ."

Her stay in hospital heightened feelings of vulnerability. Sleep deprivation was compounded by the frequent monitoring of staff and the hospital's refusal to allow her husband to remain overnight—the time when she felt she needed him most:

"In the hospital … you don't get rest … every 20 minutes someone is coming to check you … no one even lets my husband stay during the night which … is the time I needed him the most."

Nala's second birthing experience was overshadowed by what she perceived as discriminatory treatment. With her first child she had been permitted to collect ready-made formula from the nursery. During her second hospital stay, however, a midwife told her this was no longer allowed, insisting she prepare her own milk or have her husband supply it. Yet she observed other mothers accessing the milk freely. Later, a different midwife contradicted this instruction, leaving her feeling singled out and racially targeted.

"The crazy thing was I was seeing people bringing milk from the nursery … is there rules for certain people and rules for another people, what's going on?"

"Maybe she didn't like me and the fact I was wearing a hijab … That experience stuck with me … a year after, I went to complain … but I couldn't even make the complaint that I wanted to make … what's the point?"

She felt that many hospital staff lacked the awareness or training to support Black and minority ethnic women appropriately. Their inattentiveness left her feeling invisible, dismissed, and emotionally overwhelmed.

"… my daughter [was] … crying all the time … I was mentally and physically exhausted … the midwives, they were like 'oh just buzz this button if you need help' but every time you buzz … nobody is coming … I just … I broke down."

"I overheard … another midwife … talking behind my back … maybe she didn't like me … because I was black, I don't know."

The accumulation of exhaustion, lack of support, and perceived racism made her question whether she wanted to have more children.

"I think the most stressful thing that put me off having kids was the stay in the hospital … the experience that a lady has with delivery and in the ward shapes her life and stays with her for a long time."

Postnatal challenges

Following the birth of her first child, Nala's early experience of motherhood was marked by distress and withdrawal. She described feeling mentally fragile, attributing her state to postnatal depression and the lingering impact of her negative birthing experience.

"Once you give birth there is postnatal depression and all that … I had a negative experience. Do you know the effect that has on your mind? You overthink stuff … you are emotional, scared, you don't know what to do."

Her social confidence diminished to the point that she avoided contact outside her immediate family. Days were limited to visits between her own home and her sister's, and even simple activities such as visiting the park felt daunting.

"They were the only people I saw … we wouldn't even go to the park. … I lost a lot of confidence … even the thought of making new friends … that was so scary."

Isolation deepened as she withdrew from opportunities for support.

"I didn't even know there was a family centre in [local neighbourhood] … I didn't even know it existed, that's how isolated I made myself to be."

Underlying these experiences was a sense of worthlessness and fear of social interaction:

"… the thought of facing new people? That put me off [going out] … I felt like I had nothing to offer."

Socio-cultural context

For Nala, silence about personal struggles was shaped by a mix of emotional reserve, self-consciousness, and cultural expectations placed on her as a young married woman. Concerns about appearing weak or vulnerable made it difficult for her to share what she was experiencing. This restraint reflected broader socio-cultural factors, including her family's migration history, separation from her mother, and a wider expectation to keep emotions private. At the same time, she navigated conflicting cultural messages: Somali norms emphasizing women's domestic responsibilities, and British contexts offering opportunities for education and employment.

"[My mother] couldn't come [to the UK], I think she got refused so many times because of her English and things like that."

"I felt like the doctors were not understanding, my dad was there so I couldn't break down and start crying … ."

Such expectations extended into community interactions, where questions about pregnancy were seen as normal, yet added pressure.

"A lot of my husband's friends … were like oh is your wife pregnant? And that is like a normal thing in our culture you know, for people to ask."

Nala felt her difficulties in early motherhood resonated with the wider Somali female experience in the UK.

"Once you have kids your confidence goes really low because you aren't going out and socialising, working, you know? … With most Somali ladies here and myself too, when you are not working you are just by yourself. You are with the kids all the time and you almost forget how to socialise with adults."

In describing Somali cultural patterns, she reflected candidly on the ways motherhood often sidelines women's needs and connections.

"Somali women, wherever we are in the world, once we have kids we tend to forget about each other and ourselves."

Her earlier life also reflected this tendency toward self-concealment, whether in managing a painful skin condition as a teenager or in hiding her disappointment about not accessing higher education.

"When you are weak that's when people [in school] start picking up on you, and I didn't want that to happen. So, I never showed anyone that [skin condition] bothered me."

"I wanted to get into midwifery … it was between teaching and midwifery."

"I was struggling with the fact that I couldn't go to uni, with everything that I had sacrificed."

Cultural differences between Somalia and the UK also framed her experiences of support and isolation. In Somalia, she explained, families would gather around a new mother to provide practical help. By contrast, in Britain, the absence of extended family meant migrant women had to be self-reliant from the outset.

"This is not Africa. In Africa you give birth, your family goes and does the shopping … everything is there. But here, most people don't have family, you have to be set from the get go."

Within the Somali community, sharing struggles was also discouraged by fears of gossip and mistrust.

"In the Somali community talking can be hard, there's a lot of people going through a lot but people don't always trust each other isn't it? They don't want to say anything because this person could tell my business outside."

The interplay of cultural expectations, isolation, and unspoken struggles created what we describe as a "vicious circle." Concealing insecurities left Nala feeling lonely and diminished her confidence. Reduced confidence made her withdraw further, limiting opportunities for positive interaction and reinforcing isolation. This cycle of withdrawal and self-doubt deepened her distress.

"… [a] typical day [when] I was pregnant … I didn't want to talk to anybody … my mood swings were all over the place so I would get angry really quickly … I would just stay on the sofa … my husband … was working long hours and I would be in the house all by myself … [he] would call my sister … try and get me out of the house but nobody could get me out the house. … My dad would call me and say 'go to your sister's so she can cook for you and look after you', but I didn't want anyone around."

The operation of this cycle, and its socio-cultural underpinnings, is illustrated in **Figure 1**.

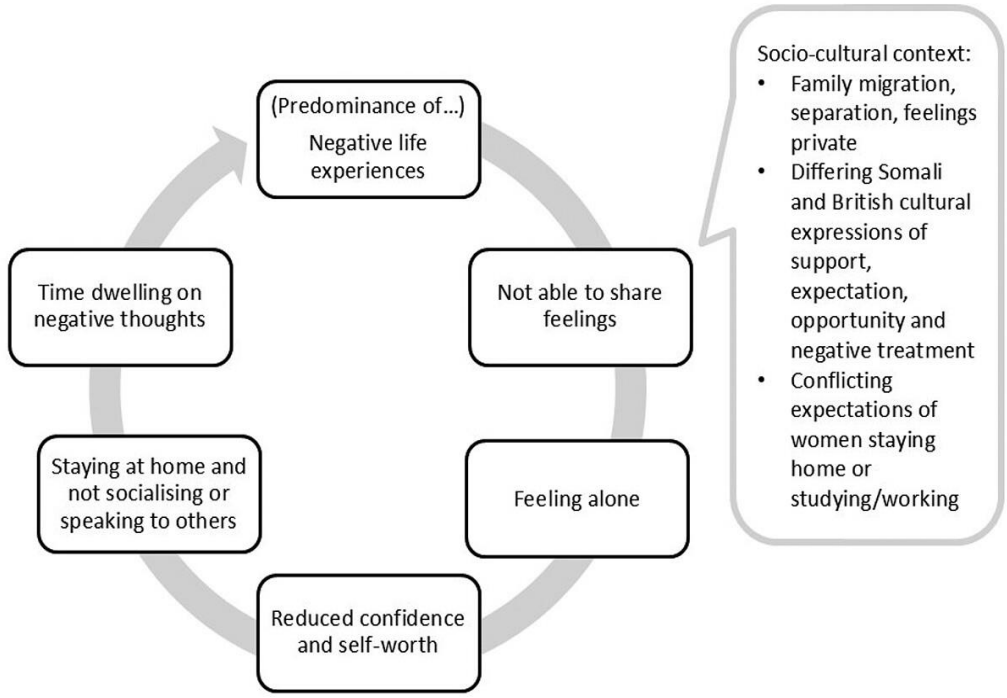

Figure 1. Vicious circle

Virtuous circle

Given the depth of isolation and distress Nala described earlier, it may seem surprising that her later experiences came to be defined by social connection, community, and confidence. Over time, however, she moved from a "vicious circle" of withdrawal and low self-esteem into a contrasting "virtuous circle" of recovery and engagement, supported by persistent encouragement from family and friends.

At first, repeated suggestions to leave the house or join social activities were met with resistance.

"Nobody could get me out the house … my dad would call me and say go to your sister's so she can cook for you and look after you, but I didn't want anyone around … my husband would call my sister … even my friend from high school would ask if I wanted to go out, and I'd just think, are you kidding me?"

By the middle of her first pregnancy, as morning sickness eased, Nala reflected on the limitations of her isolated lifestyle. Her first step towards change was accepting her sister's offer of food and company. After her daughter's birth—though still struggling with depression—encouragement from her family and friends continued, this time urging her to try local parent-and-baby groups.

"At six months … the sickness started getting better and I thought, this is not a way to live. … I started going out a little, mostly to visit my sister … She would tell me about the baby group and I'd say no, what's the point?"

Her second birth several years later was a notably more positive experience, shaped by the supportive presence of a student midwife who comforted her and ensured she could rest.

"She was calming me down … every time he cried she would feed him and look after him … I was much happier and calmer because I got sleep. … That gave me another experience."

Eventually, encouragement from a close friend persuaded Nala to attend a local baby group. The turning point came when she saw her daughter—now a toddler—thriving through play and interaction. This sparked a sense of guilt that her own withdrawal might hold back her child's development, motivating her to keep attending.

"Seeing my daughter play … something came to me … I started feeling guilty, like am I holding her back? … So I thought, I need to try for her … even though I don't feel like going out … We went again, then I started going regularly, and that's how I started coming out of the isolation I put myself and my daughter into."

Participation in the baby group opened doors to wider social connections, including casual encounters in the park and eventually joining a women's group.

"I remember one lady, a young Somali mum, told me about this women's group … At first I put it off, but three weeks later I went. All the ladies spoke Arabic and I was the only Somali, but the woman who ran it was so nice … even though they spoke Arabic, I felt connected because they were mothers from ethnic minority backgrounds."

The women's group became a cornerstone of her weekly routine, building her confidence and sense of belonging.

"Through joining the group, that gave me confidence … I wasn't scared to meet other women … I would look forward to it every Friday … Till now, my husband knows—Friday, I'm out till 1 or 2 o'clock. Nobody wants to leave."

With this new sense of purpose, her second pregnancy felt far more manageable than her first. Rather than being defined by isolation, it was structured around her daughter's needs, social activities, and the growing support of peers.

"… that second pregnancy was different … I couldn't even be sick because I had my daughter running around … and I was going out, I was more social than when I was pregnant with my daughter."

For Nala, Somali cultural traditions of women offering advice and mutual support became especially meaningful in these settings, fostering trust, solidarity, and empowerment.

"All the worries that you've got, you have women who have been through it. You can say, this is new to me, what do I do? Give me advice."

As her confidence grew, she shifted from receiving support to actively encouraging others, passing on her experiences to inspire Somali women facing similar challenges.

"Every time I chat to people, they are in the same situation … and I thought, alright then, I'm not actually so bad, there are things I can offer. … I'd tell Somali ladies, there's this group, it's amazing, you have to come … and then a few weeks later, some started coming."

Through this virtuous circle of connection, confidence, and reciprocity, Nala redefined her experience of motherhood—from one of isolation and loss, to one of social purpose and community leadership.

Building belonging and mutual care

The women's group became a turning point in Nala's life. What began as hesitant attendance gradually developed into a web of laughter, prayer, and shared responsibility. For her, the group offered more than companionship—it recreated aspects of Somali communal life in a new setting.

"At the Women's Group we were laughing, chatting, blessing each other. A pregnant woman who was new to the country … we collected money so she could support herself. People brought food, tea, cakes. We prayed for her safe delivery. She was so happy—without family here, imagine how difficult it is … now she calls us whenever she needs help."

This exchange of care gave Nala both purpose and recognition. No longer only a recipient of support, she felt herself shaping the life of the group.

"When I'm doing the group, I see I'm making a difference in people's lives … I thrive from helping people."

Looking back, she described a dramatic shift in identity—from isolation to being someone others relied upon:

Interviewer: *"So, do you feel part of the community now?"*

Nala: *"Now, yeah … I feel like at the heart of the community (laughs). It's strange when I look back—the change is massive. Before marriage, I only thought about myself. Now, at the Women's Group, I feel like these women are depending on me. I have my family—my husband, my kids—and I also have this wider family, the women's group."*

Contexts of support

This positive cycle was not created by one influence alone. Family, culture, local networks, and professional care all intersected to sustain Nala's confidence.

Her extended family offered encouragement and continuity across pregnancies:

"My mum … supported seven kids back in Somalia as the only breadwinner."

"My dad is always supportive—even when I wasn't talking to anyone, he checked in on me through my husband."

"My little sister stayed with me at the time and helped with whatever I needed."

Cultural traditions of mutual advice and shared responsibility reinforced these bonds:

"We always ask advice of each other … All Somali ladies do it."

Equally important were the neighbourhood spaces and networks that enabled new encounters:

"Through that we started coming to the park and I started meeting people."

"The lady who runs the [local] network … found a place nearby and then people started coming."

Her second pregnancy contrasted sharply with the first. This time she felt midwives and community resources standing alongside her:

"I had two really good midwives with my son … they were amazing."

"My older sister took her son to a baby group at a family centre, and I joined too."

Theme synthesis

What emerged was a reinforcing cycle: each new interaction drew Nala further from self-doubt and closer to trust and fulfilment. The combination of family backing, cultural traditions of mutual aid, supportive professionals, and local spaces enabled her to shift from isolation to influence. Importantly, the cycle did not stop at her receiving support—it expanded as she offered advice and encouragement to others.

Figure 2 illustrates this process: connection generating confidence, confidence leading to action, and action deepening connection—a self-sustaining circle of belonging.

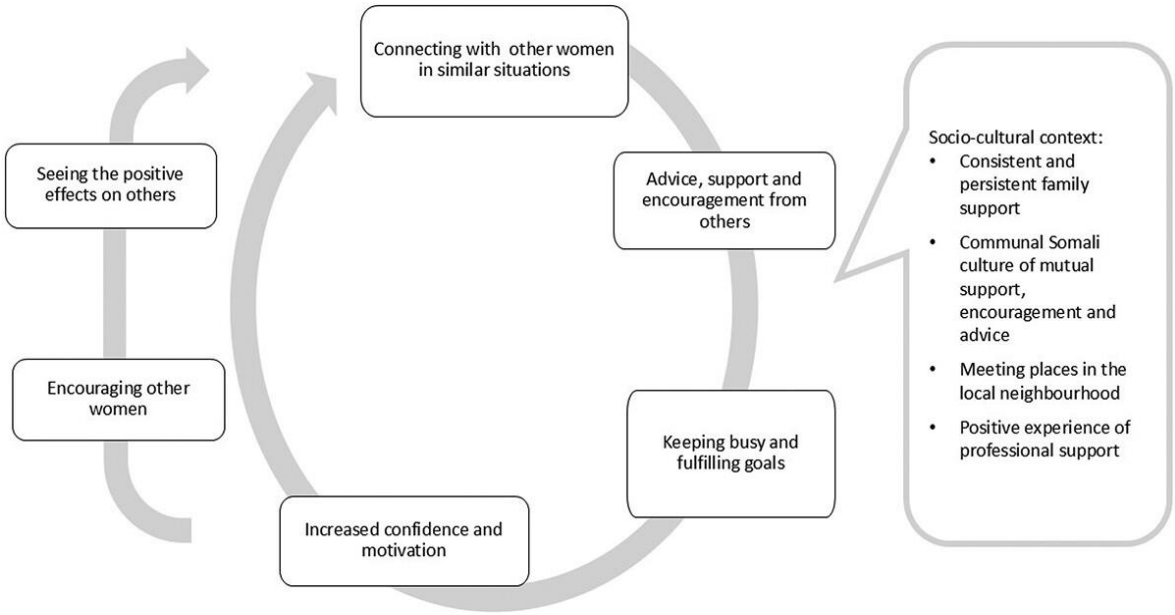

Figure 2. Virtuous circle.

Analysis of this single case study, using an Interpretative Phenomenological Analysis framework, highlights the trajectory of one Somali woman's journey through pregnancy and early motherhood in an urban UK context. Her experience illustrates a transition from a "vicious circle" marked by isolation and low wellbeing to a "virtuous circle" characterized by confidence, engagement, and integration into a supportive community.

It is important to emphasise that this study focuses on the account of a single participant. The findings are not intended to represent Somali women in Bristol broadly, nor the diversity of experiences among Somali migrants across the UK. Nevertheless, presenting a detailed, coherent account of Nala's experience offers insights that can inform theoretical generalizations about social and cultural processes [37]. Specifically, the concepts of "vicious" and "virtuous" cycles provide a lens to understand how context, meaning, and behaviour interact to shape patterns of isolation or connection, which may be relevant to other migrants from collective or communal societies adapting to urban Western settings.

Social context and meaning

Nala's narrative illustrates the intricate interplay between personal, relational, and cultural factors that can foster resilience or vulnerability during transitions such as early adulthood, marriage, and pregnancy. In her socio-cultural environment, reluctance to disclose feelings contributed to withdrawal and limited engagement in potentially positive social interactions, reinforcing a self-

perpetuating vicious cycle throughout early married life, pregnancy, childbirth, and initial motherhood.

These challenges and strengths align with findings from other research on migrant women, including reports of stress, stigma, isolation, and the critical role of supportive social networks [9, 10, 17, 25, 49-53]. Such experiences have clear implications for the provision of maternity and postnatal care [9, 12, 54].

Nala highlighted the centrality of oral advice from trusted sources, a practice strongly embedded in Somali culture [55, 56]. Yet, the same advice can be complex or even contradictory, especially when healthcare guidance is culturally misaligned, leading to confusion or dissatisfaction [7, 57-59]. This underscores the need for healthcare advice that is not only accurate but sensitive to the individual's social and cultural context.

Navigating cultural expectations and social networks

Nala's experience of conflicting cultural norms reflects broader literature on migrant women negotiating life and service access during pregnancy and early motherhood [10, 60]. Socio-cultural factors—including expectations around privacy, family roles, support, and trust—interact with structural inequalities to influence wellbeing [61-66]. For migrant women, the combination of disrupted social networks and new, sometimes contradictory cultural demands can create a "double burden," increasing vulnerability to loneliness, withdrawal, or isolation [53, 67-69]. Our findings emphasize the value of interpersonal connection, culturally grounded support, and access to both social and material resources [28, 70]. Such resources not only enhance the wellbeing of mothers but, given the known influence of early life experiences on child development—including via epigenetic pathways—these supportive structures may have benefits that extend across generations [71].

Alignment and relational-cultural processes of resilience

Nala's progression from the "vicious circle" of isolation and low self-esteem to the "virtuous circle" of confidence and social engagement reflects a convergence of multiple internal and external factors. This shift required alignment across several dimensions: persistent encouragement and practical support from family and friends, moments of personal reflection that prompted change, and her growing awareness of her daughter's individual needs. Together, these influences nudged her toward increased social participation.

Early, tentative steps toward engagement were reinforced by positive experiences and feedback from interactions with others, creating a reinforcing loop that strengthened her confidence and sense of belonging.

Figure 3 illustrates the interplay of these aligned circumstances, showing how they facilitated Nala's movement from patterns of withdrawal and isolation toward sustained connection and community involvement.

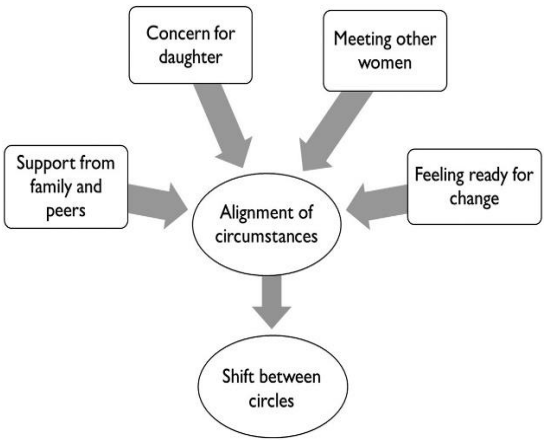

Figure 3. Alignment of circumstances

Alignment as a mechanism for pro-social change

Nala's experience highlights how "alignment" toward supportive, socially engaging pathways can act as a critical mechanism in shifting from a vicious to a virtuous cycle. This concept of alignment has gained traction across diverse fields—including organizational studies, education, communication, policy development, community initiatives, and public health [72-77]. The idea draws from ecological frameworks emphasizing the fit or coupling between individuals and their environments, often conceptualized as directional processes or vectors [78-81].

In practice, alignment has been applied to understand resilience in urban planning, public health initiatives, and post-conflict recovery [80, 82, 83]. Research by Masten and colleagues [71, 84] underscores that aligned resilience processes can operate simultaneously across multiple levels of a system.

Within Nala's narrative, several key relational processes emerged that help explain the transition she experienced. These processes provide insight into how supportive, culturally and socially attuned networks can facilitate movement from isolation toward confidence and community participation **(Table 1)**.

Table 1. Key relational processes.

Relational Process	Example Quote
Discussion and coordination of emotions, tasks, roles, and significance in intimate relationships	"My friend kept mentioning the baby group repeatedly, so one day I chose to bring my daughter along."
Sense of self reshaped and affirmed through social interactions, networks, and successful engagement in activities	"I feel like I'm central to the community (chuckles) … like all these women rely on me."
Conflicting cultural norms creating challenges, especially during life changes like pregnancy, childbirth, and early parenting	"During my first pregnancy, my husband worked long hours, my sister was at school, and I was alone … it got me down, dwelling on everything I gave up—like friends and university."
Physical and social settings fostering community ties	"The woman leading the local network for community initiatives found a space in [local area], and people began joining in."
Professionals' experiences shaped by socioeconomic factors, community connections, and cultural influences	"The head midwife told me I couldn't use pre-made milk from the nursery … I wondered, are there different rules for different people? What's happening here?"

Integration of relational processes and resilience

The processes identified in Nala's experience align with contemporary research on resilience that emphasizes the role of social, familial, and cultural systems [85]. Within this intricate social landscape, the experience of alignment appeared to clarify her options and provide a pathway out of the vicious cycle. This alignment facilitated her transformation from low self-esteem and social withdrawal to active participation and meaningful contribution within her community.

Conclusion

This study presents a detailed account of one Somali woman's journey through pregnancy and early motherhood in an urban UK environment, illustrating a progression from a "vicious circle" characterized by isolation and reduced wellbeing, to a "virtuous circle" marked by confidence, engagement, and community involvement. The transition became possible when her experiences of social support, encouragement, and feedback converged, directing her toward increased social interaction.

For practitioners and researchers interested in resilience and processes of change, these findings suggest the importance of attending to the directionality of change within individuals' psychosocial contexts. By exploring how social relationships either align with or conflict with an individual's "direction of travel" toward action, family members, community members, and professionals can better support adaptive transitions in identity, responsibility, wellbeing, and activity—particularly during pregnancy and early motherhood.

Given the critical role of social connectivity highlighted both in this study and the broader literature on migrant wellbeing, we recommend that policymakers and service commissioners enhance support for community-based initiatives. Programs that cultivate peer networks, foster social participation, and encourage mutual support may be especially valuable in promoting positive outcomes for migrant families.

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