

BEYOND SYMPTOM
REDUCTION: A MIXED-
METHODS EVALUATION OF A
POSTPARTUM GROUP
INTERVENTION AND
PERCEIVED EMOTIONAL
CHANGE

MAY, 2026

France 

REAC-HOR
research in action



Beyond Symptom Reduction: A Mixed-Methods Evaluation of a Postpartum Group Intervention and Perceived Emotional Change

May 2026

Publisher: Reactor - Research in Action

For the publisher: Tanja Ivanova

Authors: Ana Bojchevska Mitrevska, Gaja Smilevska

Free/Non-commercial Copy

This research is part of the project „Cooperation in health matters with North Macedonia“ funded by the French Ministry for Europe and Foreign Affairs.

Contents

ABSTRACT.....	4
1. INTRODUCTION.....	5
2. METHODS.....	6
2.1. Design.....	6
2.2. Participants.....	6
2.3. Intervention.....	7
Intervention rationale	7
Theoretical orientation	8
2.4. Measures.....	8
Quantitative measures	8
Qualitative Evaluation.....	8
2.5. Procedure.....	9
2.6. Data Analysis.....	9
Quantitative analysis.....	9
Qualitative analysis	9
Mixed-methods integration	9
3. RESULTS.....	10
3.1. Quantitative Findings	10
3.2. Qualitative findings	10
Theme 1: Universality and reduced isolation.....	11
Theme 2: Emotional safety and containment	11
Theme 3: Emotional expression and regulation	12
Theme 4: Identity transition into motherhood	12
Theme 5: Relational and Societal Pressures	13
4. DISCUSSION	13
4.1. Summary of findings.....	13
4.2. Interpretation of findings.....	14
4.3. Clinical implications	15

4.4. Methodological considerations.....	16
4.5. Strengths	16
4.6. Future research.....	17
5. CONCLUSION.....	18
References	19

ABSTRACT

Background: Postpartum women are at increased risk of depressive and anxiety symptoms, while group-based interventions are increasingly suggested to provide emotional support and facilitate adjustment. However, symptom reduction alone may not fully capture the impact of such interventions.

Methods: A mixed-methods pre–post evaluation was conducted with 15 first-time postpartum mothers who participated in a structured online group intervention consisting of 12 weekly sessions. Quantitative outcomes included the Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder Scale (GAD-7), administered before and after the intervention. Participants additionally completed anonymous post-intervention evaluation forms containing Likert-scale items and open-ended questions exploring their experiences of the programme. Quantitative data was analyzed using paired-sample t-tests, while qualitative data was analyzed using reflexive thematic analysis.

Results: No statistically significant reductions were observed in overall depressive symptoms, $t(14) = -0.99$, $p = .337$, or anxiety symptoms, $t(14) = 1.96$, $p = .071$, following the intervention. Exploratory analyses indicated a significant change in the EPDS anhedonia dimension, $t(14) = 2.62$, $p = .020$, although this finding should be interpreted cautiously due to the small sample size and exploratory nature of the analysis. In contrast, evaluation data demonstrated consistently high levels of participant satisfaction, emotional safety, and perceived support. Qualitative analysis identified five interrelated themes: (1) universality and reduced isolation, (2) emotional safety and containment, (3) emotional expression and regulation, (4) identity transition into motherhood, and (5) relational and societal pressures. Participants consistently described the intervention as emotionally meaningful and psychologically supportive despite limited measurable symptom changes.

Conclusions: The findings suggest that postpartum group interventions may facilitate meaningful relational, emotional, and identity-level processes that are not fully reflected in symptom-based measures alone. While short-term symptom reduction was limited, participants described increased emotional validation, reduced isolation, and greater self-understanding following participation. The study highlights the importance of incorporating experiential and relational outcomes into evaluations of postpartum psychosocial interventions.

Keywords: postpartum mental health, postpartum depression, anxiety, group intervention, mixed-methods, maternal identity, psychosocial support

1. INTRODUCTION

Postpartum depression and anxiety represent significant public health concerns, affecting emotional wellbeing, maternal identity, and relational functioning. Although prevalence estimates vary, a substantial proportion of women experience clinically relevant distress during the postpartum period, often accompanied by feelings of isolation, self-doubt, and emotional overwhelm.

Depression and anxiety are among the most common mental health disorders globally, contributing significantly to the overall burden of disease. Following the COVID-19 pandemic, prevalence estimates reached up to 28% for depression and 28% for anxiety (University Clinic of Psychiatry – Skopje, 2023). Gender-disaggregated data from the Institute of Public Health shows that women in North Macedonia are diagnosed with these conditions at higher rates than men, reflecting broader patterns of gendered vulnerability (Institute of Public Health of the Republic of North Macedonia, 2024).

However, increasing attention has been directed toward the limitations of understanding postpartum distress exclusively through individualized or symptom-focused frameworks. Contemporary feminist and relational perspectives emphasize that maternal emotional wellbeing is shaped not only by intrapsychic processes, but also by broader sociocultural, relational, and structural conditions. In particular, recent regional analyses have highlighted the “invisible weight” of motherhood, including the emotional, cognitive, and relational labor expected of mothers within contexts where caregiving responsibilities remain unevenly distributed and socially idealized (Bojchevska Mitrevska & Smilevska, 2025). From this perspective, **postpartum distress may emerge not solely from individual psychopathology, but also from isolation, unrealistic expectations of motherhood, limited social support, and the internalization of intensive mothering ideals.**

Within this context, psychosocial and group-based interventions have increasingly been proposed as accessible and potentially effective approaches for supporting women during the postpartum period. Previous research consistently identifies social support as a protective factor against postpartum depression and anxiety, while psychosocial interventions, including peer-support and group-based approaches, have demonstrated promising effects on emotional wellbeing, coping, and perceived support (Dennis, 2003; Dennis, 2005). Group interventions may provide opportunities for emotional expression, normalization of difficult experiences, peer connection, and mutual support through shared narratives of motherhood.

Group psychotherapy literature further suggests that therapeutic factors such as universality, cohesion, emotional validation, and interpersonal learning may facilitate emotional adjustment and psychological relief within group settings (Yalom & Leszcz, 2020; Burlingame et al., 2011). In postpartum contexts specifically, **discovering that other mothers experience similar doubts, fears, and ambivalent emotions may reduce shame and disrupt processes of self-pathologization.** At the same time, **emotionally supportive group environments may provide opportunities for women to renegotiate unrealistic expectations of motherhood and develop more compassionate understandings of themselves during the transition to parenthood.**

Despite increasing interest in postpartum psychosocial interventions, evidence regarding their effectiveness remains heterogeneous across intervention types and outcome measures. Systematic reviews generally suggest beneficial effects of psychosocial and psychological interventions on postpartum depressive outcomes, although interventions vary substantially and long-term effectiveness remains less clear (Dennis & Hodnett, 2007; Dennis & Dowswell, 2013). This variability raises important questions regarding how effectiveness is conceptualized and measured within postpartum mental health research.

Standardized symptom measures such as the Edinburgh Postnatal Depression Scale (EPDS) and Generalized Anxiety Disorder Scale (GAD-7) remain valuable tools for identifying clinically significant distress; however, **they may not fully capture relational, experiential, or identity-level forms of change associated with psychosocial interventions.** In

interventions focused primarily on emotional support, validation, and shared experience, participants may experience meaningful psychological shifts that are not immediately reflected in symptom severity scores alone.

There is therefore a need for evaluation frameworks that integrate symptom-based assessment with qualitative exploration of women's lived experiences of postpartum support interventions. Mixed-methods approaches may be particularly useful in capturing both measurable symptom outcomes and subjective experiences of change, allowing for a more comprehensive understanding of intervention impact.

The present study aimed to evaluate a structured postpartum group intervention using a mixed-methods pre–post design. Specifically, the study sought to:

- examine changes in depressive and anxiety symptoms following participation in the intervention;
- explore participants' subjective experiences of the group process and perceived changes associated with participation; and
- integrate quantitative and qualitative findings in order to better understand how postpartum psychosocial interventions may influence emotional wellbeing beyond symptom reduction alone.

2. METHODS

2.1. Design

The study employed a **convergent mixed-methods pre–post evaluation design**, integrating quantitative and qualitative data to assess outcomes associated with participation in a structured postpartum group intervention. Quantitative symptom measures and qualitative participant evaluations were collected during the same evaluation period and subsequently interpreted together in order to generate a more comprehensive understanding of intervention impact.

Originally, a quasi-experimental design including treatment and comparison groups was considered. However, this approach was not implemented due to both practical and ethical constraints. Firstly, the available recruitment pool was limited, restricting the feasibility of adequately powered group comparisons. Secondly, time constraints within the project period limited recruitment of a sufficiently large control sample. Thirdly, withholding support from postpartum women reporting elevated psychological distress was considered ethically inappropriate in a context where access to maternal mental health services is limited.

Accordingly, all eligible participants were offered the intervention and completed assessments at two time points: **baseline (pre-intervention)** and **post-intervention (upon programme completion)**. Quantitative data was used to assess changes in depressive and anxiety symptoms over time, while qualitative data was used to explore participants' subjective experiences, perceived benefits, and mechanisms of change.

2.2. Participants

Participants were **15 first-time postpartum mothers** who enrolled in the intervention programme and completed both pre- and post-intervention assessments. Recruitment occurred through public calls, community outreach, and prior expressions of interest in maternal mental health support services.

Inclusion criteria

Participants were eligible for participation if they:

- were first-time mothers,

- were within the first 12 months postpartum,
- were willing to participate in a group-based support programme,
- and provided informed consent for participation in the evaluation process.

Participants were allocated into two parallel intervention groups based on scheduling and availability (Wednesday group and Thursday group). Both groups received the same intervention model.

Participant characteristics

- Mean age = 33 years (SD = 4.1)
- Postpartum range = 1–9 months postpartum
- Education: 2 high school, 5 university degree, 7 Master’s degree, 1 PhD
- Employment status: 10 employed, 3 unemployed and actively seeking employment, 2 self-employed
- Relationship status: 13 married, 1 married but living separately, 1 in a relationship while living separately
- Planned pregnancy: 12 yes, 3 no
- Satisfaction with support prior to intervention: 1 very unsatisfied, 5 mainly unsatisfied, 7 mainly satisfied, 2 very satisfied
- Previous psychotherapy experience: 2 currently attending psychotherapy, 7 previous psychotherapy experience, 6 no psychotherapy experience
- Psychopharmacological treatment: 2 currently taking medication, 1 previous medication use, 12 no psychopharmacological history

Given the exploratory nature of the study and the pilot implementation context, the sample was not intended to be statistically representative of the wider postpartum population.

2.3. Intervention

The intervention consisted of a **structured group-based postpartum support programme** delivered across **12 weekly sessions**, each lasting approximately **90 minutes**. Sessions were facilitated by two trained mental health professionals in each group with backgrounds in psychotherapy and maternal mental health support.

Two parallel groups were conducted, each following the same programme structure and therapeutic principles.

Intervention rationale

Sessions were delivered in an online group format and aimed to create a safe, reflective, and supportive environment for postpartum mothers. The online modality was intentionally selected to reduce common barriers to participation during the postpartum period. Attending from home allowed participants to remain close to their infants, manage feeding, sleep, and caregiving needs more flexibly, and participate without the additional logistical burdens associated with travel during the postpartum period. This format was considered particularly relevant for mothers experiencing limited childcare support or physical recovery following childbirth. In addition, online delivery enabled access for women residing outside the capital city and increased the geographical reach of the programme to participants across different regions of the country, where specialized postpartum mental health services may be limited or unavailable.

Theoretical orientation

The intervention was informed by a humanistic **approach**, drawing particularly from **Gestalt psychotherapy**, psychoeducation, and group process principles. Core therapeutic elements included:

- emotional expression and validation
- exploration of motherhood identity transition
- body awareness and grounding exercises
- reflection on relational dynamics and support systems
- normalization of postpartum challenges
- peer support through shared experiences
- strengthening self-compassion and self-trust

Themes addressed across sessions included: adjustment to motherhood, guilt and self-expectations, relationship changes, connection with the body after birth, emotional regulation, support networks, self-care, and social pressures surrounding motherhood.

Facilitators emphasized confidentiality, emotional safety, mutual respect, and voluntary participation throughout the intervention.

2.4. Measures

Quantitative measures

Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS), a widely used 10-item self-report screening instrument designed to assess postpartum depressive symptomatology.

Anxiety symptoms were assessed using the Generalized Anxiety Disorder Scale (GAD-7), a seven-item self-report measure assessing anxiety severity.

Both measures were administered at baseline and post-intervention.

Qualitative Evaluation

Qualitative data was collected through anonymous post-intervention evaluation forms containing open-ended questions exploring:

- participants' experiences of the programme,
- perceived emotional and relational changes
- perceived benefits and challenges,
- and suggestions for improvement.

Participants additionally completed structured evaluation items assessing emotional safety, facilitator support, perceived relevance of themes, and overall satisfaction.

2.5. Procedure

Participants completed baseline assessments online prior to beginning the intervention programme. Baseline measures included the EPDS and GAD-7.

Following assessment, participants attended the 12-session intervention programme delivered through weekly online group meetings. Participation in discussions and exercises was encouraged but remained voluntary.

Upon programme completion, participants completed post-intervention assessments using the same quantitative instruments administered at baseline. Participants additionally completed anonymous evaluation forms containing both Likert-scale items and open-ended qualitative questions.

All participants provided informed consent prior to participation. Confidentiality and voluntary participation were emphasized throughout both the intervention and evaluation process.

2.6. Data Analysis

Quantitative analysis

Quantitative analyses were conducted using IBM SPSS Statistics version 26. Descriptive statistics were calculated for demographic variables and outcome measures.

To examine pre–post changes in depressive and anxiety symptoms, paired-samples t-tests were conducted comparing baseline and post-intervention scores on the EPDS and GAD-7. Statistical significance was evaluated at $p < .05$. Given the exploratory nature of the study and small sample size, analyses of EPDS subscales (anxiety, depression, and anhedonia dimensions) were additionally conducted as exploratory analyses and interpreted cautiously.

Qualitative analysis

Qualitative responses were analyzed using reflexive thematic analysis following the approach developed by Braun and Clarke (2019). Analysis proceeded through multiple iterative stages:

1. familiarization with the data,
2. initial coding of meaningful segments,
3. development of preliminary themes,
4. iterative refinement and interpretation of themes,
5. and thematic integration across participant accounts.

Coding focused on participants' descriptions of emotional experience, perceived change, relational dynamics, and experiences within the group process.

Mixed-methods integration

Quantitative and qualitative findings were integrated using a convergent mixed-methods approach. Areas of convergence, divergence, and complementarity across datasets were examined in order to better understand the relationship between symptom-based outcomes and participants' subjective experiences of change.

3. RESULTS

3.1. Quantitative Findings

3.1.1 Depressive Symptoms (EPDS)

A paired-samples t-test was conducted to examine changes in depressive symptoms following participation in the intervention. Results indicated no statistically significant difference between pre-intervention EPDS scores and post-intervention EPDS scores, $t(14) = -0.99$, $p = .337$.

3.1.2 Anxiety Symptoms (GAD-7)

A paired-samples t-test examining anxiety symptoms demonstrated a non-significant trend toward symptom reduction following the intervention. Participants reported lower post-intervention anxiety scores compared to baseline; however, this difference did not reach statistical significance, $t(14) = 1.96$, $p = .071$.

Although statistical significance was not achieved, the direction of change may suggest potential clinical relevance that warrants further examination in studies with larger samples and longer follow-up periods.

3.1.3 Exploratory EPDS Subscale Analyses

Exploratory analyses were conducted on EPDS subdimensions to examine whether specific emotional domains demonstrated differential patterns of change.

No statistically significant changes were observed in the EPDS anxiety subscale, $t(14) = -1.39$, $p = .187$, or EPDS depression subscale, $t(14) = -0.72$, $p = .482$.

However, a statistically significant change was observed in the EPDS anhedonia dimension, $t(14) = 2.62$, $p = .020$. Although exploratory and requiring cautious interpretation, this finding may suggest changes in participants' experiences of emotional engagement, enjoyment, or psychological responsiveness over the course of the intervention.

3.2. Qualitative findings

Participant evaluations indicated consistently high levels of perceived emotional safety, facilitator support, group cohesion, and programme relevance. Participants frequently described the group as one of the few spaces in which they felt emotionally understood, accepted, and able to express vulnerability without judgment.

Several participants emphasized the importance of hearing similar experiences from other mothers and described the intervention as reducing feelings of isolation and inadequacy.

Participants also frequently endorsed statements reflecting:

- increased emotional awareness,
- greater self-understanding,
- increased self-compassion,
- and enhanced feelings of connection and support.

Many participants additionally expressed a desire for longer programme duration or ongoing support beyond programme completion.

At the same time, the evaluation data demonstrated limited variability, with many items receiving maximum satisfaction ratings across participants, suggesting a possible ceiling effect.

Thematic analysis identified five interconnected themes reflecting participants' experiences of the intervention.

Theme 1: Universality and reduced isolation

One of the most prominent themes across participant accounts involved the recognition of shared experiences and the reduction of emotional isolation through contact with other mothers. Consistent with the group psychotherapy concept of "universality" (Yalom & Leszcz, 2020), participants frequently described relief associated with discovering that other women experienced similar emotional struggles during the postpartum period.

Prior to joining the group, many participants described believing that their struggles reflected personal inadequacy or inability to cope successfully with motherhood. Several women reported feeling alone in their experiences of exhaustion, emotional ambivalence, anxiety, frustration, and self-doubt.

Hearing similar experiences from other mothers appeared to challenge these assumptions and helped participants reinterpret distress as a shared and understandable aspect of postpartum adjustment rather than evidence of individual failure. Importantly, participants did not describe identical experiences, but rather a sense of recognition, emotional resonance, and reduced isolation through encountering overlapping struggles and emotions within the group context:

'The feeling that I am not alone, that I am not a perfect mother, but that I am not the only one who feels this way'

Other participants reflected:

'All mothers go through the same things. Motherhood is not a competition about who is a better or more self-sacrificing mother, but a community'

'The support from other mothers was something that could not be replaced.'

Participants frequently described relief associated with discovering that other women experienced similar fears, emotional overwhelm, and uncertainty regarding motherhood.

Several participants additionally reflected that exposure to more realistic maternal experiences reduced pressure to maintain an image of constant competence or emotional stability.

Rather than continuing to interpret difficult emotions as signs of being a "bad mother," participants increasingly described understanding postpartum distress within the broader realities of caregiving, exhaustion, relational adjustment, and changing identity.

This theme suggests that **the group may have functioned as an important relational context in which shame and self-blame were reduced through recognition of shared maternal experience.**

Theme 2: Emotional safety and containment

Participants consistently described the intervention as a psychologically safe and emotionally supportive environment in which vulnerability could be expressed without fear of judgment.

Many participants emphasized that outside the group they often felt pressure to appear emotionally capable, grateful, or fully adjusted to motherhood, even when experiencing distress internally. Within the group context, however, participants described feeling accepted and emotionally understood:

'I felt heard, understood, and safe to share, without fear of judgment.'

'In the group, I felt safe and secure.'

Participants frequently referred to the facilitators' non-judgmental approach, the emotional openness of other mothers, and the confidentiality of the group as important contributors to feelings of safety.

'The atmosphere in the group was open, honest, non-judgmental, and understanding.'

Several women described carrying substantial fear regarding how their emotions or thoughts might be perceived by others, particularly emotions that contradicted idealized expectations of motherhood. Within the group environment, participants appeared increasingly able to tolerate emotional vulnerability and express experiences they had previously hidden or minimized.

Some participants additionally described the group as emotionally "holding" or "containing" during periods of overwhelm. While participants did not necessarily describe dramatic symptom change, many emphasized **the importance of having a reliable relational space in which difficult emotions could be acknowledged and shared.**

Theme 3: Emotional expression and regulation

Participants frequently described the intervention as facilitating emotional expression and emotional release.

Many participants reflected that prior to joining the group they had been suppressing difficult emotions, avoiding emotional disclosure, or attempting to manage distress privately. Several women described motherhood as involving pressure to remain emotionally controlled despite experiencing exhaustion, anxiety, guilt, resentment, or sadness.

The opportunity to verbalize these experiences within a supportive environment was often described as emotionally relieving:

'When I saw that others were sharing similar experiences, it became easier for me to open up and feel understood.'

'I learned how to relax and reconnect with myself.'

Participants frequently referred to crying, sharing previously unspoken experiences, and hearing validating responses from others as emotionally meaningful experiences.

'In the group, I felt as though I was cleansing my soul.'

Several participants additionally described becoming more aware of their emotional states and more capable of recognizing emotional needs without immediately judging themselves.

Grounding exercises, reflective discussions, and emotional validation from facilitators and peers were described as particularly helpful in managing emotional overwhelm.

Rather than eliminating distress entirely, **the intervention appeared to support participants' ability to tolerate, express, and contextualize difficult emotional experiences with greater self-awareness and reduced shame.**

Theme 4: Identity transition into motherhood

Participants described the postpartum period as involving substantial changes in self-perception, expectations, relationships, and daily functioning.

Many women reflected on the tension between idealized expectations of motherhood and the realities they encountered after childbirth. Participants frequently described pressure to remain emotionally patient, grateful, productive, and fully devoted to caregiving despite physical exhaustion and emotional vulnerability.

Within the group context, participants appeared to engage in ongoing reflection regarding what motherhood meant to them and how they understood themselves within the maternal role:

'It motivated me to devote more care to myself and to be more gentle.'

Several participants described gradually moving away from rigid self-expectations and toward more flexible and realistic understandings of motherhood.

'I learned that I am not alone, that I should trust myself more as a mother, work on myself more, and blame myself less.'

Participants additionally reflected on feelings of identity loss, changes in autonomy, and difficulty balancing caregiving responsibilities with previous aspects of self.

Although these struggles often remained ongoing, many participants described the intervention as helping them feel less alone and less self-critical while navigating these transitions.

'I learned how to accept my new identity.'

Overall, the findings suggest that **the group may have supported participants in renegotiating maternal expectations and developing greater emotional acceptance of vulnerability and imperfection during postpartum adjustment.**

Theme 5: Relational and Societal Pressures

Participants frequently contextualized their emotional distress within broader relational and societal pressures surrounding motherhood.

Many women described feeling influenced by idealized social representations of motherhood that emphasized constant fulfillment, emotional stability, self-sacrifice, and competence. Participants additionally discussed pressures arising from family expectations, partner dynamics, unsolicited advice, and unequal caregiving responsibilities.

Several participants described becoming more aware of how social expectations contributed to self-criticism and emotional strain.

'I realized the amount of unwanted advice, opinions, and judgments from the environment and society was directed towards first-time mothers, such as myself.'

Through discussion and shared reflection, participants increasingly interpreted their distress within broader relational and social contexts rather than solely as evidence of personal inadequacy.

The group appeared to **facilitate a shift from individualized understandings of distress toward more contextualized interpretations of postpartum emotional experience.**

'I realized that my fears, dilemmas, and fatigue are a normal part of motherhood, not a sign that I'm doing something wrong.'

For some participants, this process contributed to increased self-compassion and reduced feelings of guilt or failure.

'I learned how to quiet down the external noise of advice and opinions and how to deal with it'

4. DISCUSSION

4.1. Summary of findings

The present study examined quantitative and qualitative outcomes associated with participation in a structured postpartum group intervention. Quantitative findings indicated no statistically significant reductions in depressive or anxiety symptoms following the intervention, although anxiety scores demonstrated a non-significant trend toward improvement and exploratory analyses suggested possible changes in anhedonia-related experiences.

In contrast, qualitative findings and participant evaluations consistently reflected strong perceived benefit and meaningful emotional impact. **Participants described the intervention as a psychologically safe and supportive space that facilitated emotional expression, normalization of postpartum struggles, and increased feelings of connection with other mothers.** Thematic analysis further suggested that the intervention supported processes related to emotional regulation, identity renegotiation, and contextual understanding of postpartum distress.

Taken together, the findings suggest that postpartum psychosocial interventions may facilitate important relational and experiential processes even in the absence of immediate measurable symptom reduction.

4.2. Interpretation of findings

The divergence observed between quantitative symptom outcomes and qualitative experiences of change is particularly important for understanding psychosocial interventions during the postpartum period. Although quantitative analyses did not demonstrate statistically significant reductions in overall depressive or anxiety symptoms following the intervention, qualitative findings consistently reflected relational, emotional, and experiential shifts associated with participation in the intervention.

Standardized symptom measures such as the EPDS and GAD-7 are designed primarily to assess depressive and anxiety symptom severity. While clinically valuable, such measures may be less sensitive to relational, experiential, and identity-level forms of change associated with emotionally supportive group interventions.

Participants in the present study consistently described shifts in how they understood themselves and their emotional experiences. Across evaluation responses and thematic analysis, participants described: increased feelings of connectedness, reduced isolation, greater emotional validation, and enhanced self-understanding. The group environment appeared to facilitate emotional normalization, relational support, and reflective meaning-making processes that participants experienced as psychologically beneficial despite limited measurable symptom reduction.

The qualitative findings suggest that group sharing helped to recontextualize mothers' individual experiences as universal ones, allowing for self-blame to be replaced with an acceptance that their difficulties are a normal part of motherhood. Though these breakthroughs are not measurable on a scale, they are an important marker of progress and should be taken into account.

The theme of commonality emerged as especially central. Discovering that other women experienced similar doubts, fears, exhaustion, and ambivalent feelings appeared to reduce shame and normalize emotional distress. Within postpartum contexts specifically, universality may hold particular importance because motherhood is frequently represented through idealized narratives emphasizing fulfillment, competence, and emotional stability. Exposure to more realistic maternal experiences may therefore challenge internalized expectations of perfection and reduce processes of self-pathologization.

Participants additionally emphasized the importance of emotional safety within the group environment. Many described the intervention as one of the few spaces in which vulnerability, emotional exhaustion, resentment, fear, or ambivalence could be openly expressed without judgment. This finding is particularly relevant given previous research demonstrating that stigma, fear of being judged as a "bad mother," and pressures associated with idealized motherhood may inhibit emotional disclosure and contribute to shame and concealment among postpartum women (Chew-Graham et al., 2009; Coates et al., 2014). The group's non-judgmental atmosphere appeared to facilitate emotional openness and reduce emotional inhibition.

The findings further suggest that emotional regulation may have occurred indirectly through relational processes rather than through symptom-focused therapeutic techniques alone. Participants frequently described experiences of emotional release, emotional relief following sharing, and increased capacity to tolerate difficult emotional states.

In addition, the intervention appeared to support broader processes related to maternal identity adjustment. Participants frequently described becoming more accepting of imperfection, questioning unrealistic expectations of motherhood, and developing greater self-compassion. These findings align with feminist and relational perspectives emphasizing that maternal distress is embedded within broader social expectations surrounding caregiving, emotional labor, and maternal self-sacrifice (Douglas & Michaels, 2004).

Importantly, participants increasingly contextualized their emotional distress within relational and societal pressures rather than viewing distress solely as evidence of personal inadequacy. Through group discussion and shared reflection, women appeared to reinterpret their emotional experiences within broader social realities associated with motherhood.

Overall, these findings suggest that short-term postpartum group interventions may influence dimensions of wellbeing that are not fully captured by symptom severity measures alone. In particular, relational experiences such as feeling understood, emotionally contained, and less alone emerged as central mechanisms of perceived benefit. Participants frequently described changes in how they interpreted and contextualized their emotional experiences, including reduced self-blame and increased acceptance of the challenges associated with motherhood. **The absence of statistically significant symptom reduction should therefore not necessarily be interpreted as absence of intervention impact.**

Several factors may have contributed to the quantitative findings. First, the relatively small sample size substantially limited statistical power and reduced the likelihood of detecting modest effects. Second, the intervention duration may have been insufficient for broader symptom changes to emerge during the immediate post-intervention period. Third, psychosocial and identity-level processes may precede measurable changes in depressive or anxiety symptom severity.

The significant exploratory finding related to the EPDS anhedonia dimension may provide preliminary support for this interpretation. Although requiring cautious interpretation, this finding may suggest that participants experienced increased emotional engagement, responsiveness, or connection before broader symptom reduction occurred.

Overall, the findings raise broader questions regarding how effectiveness is conceptualized within postpartum psychosocial interventions. The present study suggests that interventions focused on emotional support, relational validation, and shared experience may generate meaningful forms of psychological change that are not fully reflected through symptom-focused outcome measures alone.

4.3. Clinical implications

The findings have several implications for postpartum mental health practice and intervention design.

First, the results suggest **that group-based psychosocial support may be clinically valuable even in the absence of immediate or statistically significant symptom reduction.** In contexts where postpartum distress is closely linked to relational strain, identity disruption, and unmet social expectations, interventions that facilitate emotional processing, normalization, and peer connection may represent an important layer of care alongside more symptom-focused approaches.

Second, the results highlight **the importance of considering relational and experiential outcomes as legitimate targets of intervention.** Participants consistently reported reduced isolation, increased emotional validation, and enhanced self-understanding, suggesting that these domains may constitute meaningful indicators of recovery or adjustment in the postpartum period. This is particularly relevant in maternal mental health, where distress is often embedded in social and relational contexts that are not fully captured by standard clinical symptom measures.

Third, the findings support **the value of group-based formats as a potentially scalable and accessible model of postpartum support.** The group setting appeared to facilitate normalization and reduce shame through shared experience, while also providing a structured environment for emotional expression and containment. In settings where access to individual psychotherapy or specialized perinatal mental health services is limited, **group interventions may therefore represent a cost-effective and contextually appropriate form of support.**

Fourth, the study suggests that **intervention timing and follow-up assessment windows are important considerations in evaluating effectiveness.** The observed pattern of strong experiential change without parallel symptom reduction raises the possibility that relational and identity-level processes may precede measurable changes in depressive and anxiety symptomatology. This underscores the need for longer follow-up periods in future evaluations in order to capture delayed or nonlinear trajectories of change.

Finally, the findings point to **the importance of integrating feminist and relational perspectives into clinical practice in perinatal mental health**. Participants' experiences indicate that distress is often shaped by gendered expectations of motherhood, unequal caregiving burdens, and internalized ideals of maternal competence. Interventions that explicitly acknowledge and contextualize these pressures may enhance their relevance and psychological impact, not only by reducing self-blame but also by supporting more realistic and self-compassionate maternal identities.

4.4. Methodological considerations

Several methodological limitations should be considered when interpreting the findings of this study.

First, **the relatively small sample size** (N = 15) substantially limits statistical power and the ability to detect small to moderate effects in quantitative outcomes. As a result, the absence of statistically significant changes in depressive and anxiety symptoms should be interpreted cautiously and cannot be taken as evidence of intervention inefficacy. Rather, the findings should be understood as preliminary and exploratory, reflecting patterns observed in a pilot implementation context.

Second, **the study did not include a control or comparison group**. While this decision was guided by both ethical considerations and practical constraints, it limits the ability to attribute observed changes exclusively to the intervention. Natural fluctuations in postpartum mood, external support systems, or time-related recovery processes may also have contributed to changes in participants' experiences. Future studies employing controlled or longitudinal designs would be necessary to strengthen causal inference.

Third, **the qualitative data were based on post-intervention evaluation forms rather than in-depth longitudinal interviews**. While this approach allowed for efficient data collection within the study design, it may have limited the depth and complexity of participant narratives and constrained the exploration of processes of change over time.

Finally, **the absence of long-term follow-up restricts conclusions about the durability of observed changes**. It remains unclear whether the relational, emotional, and identity-related processes identified in this study translate into sustained improvements in psychological wellbeing or longer-term symptom reduction.

4.5. Strengths

Despite the aforementioned limitations, the study has several notable strengths that contribute to its value within the field of postpartum mental health research.

First, the use of a mixed-methods convergent design represents a key strength, allowing for the integration of quantitative symptom measures with qualitative accounts of lived experience. This approach enabled a more comprehensive evaluation of the intervention, capturing not only changes in depressive and anxiety symptoms, but also relational, emotional, and identity-level processes that are often overlooked in purely quantitative designs. The convergence of these data sources provides a more nuanced understanding of how postpartum women experience psychosocial support interventions.

Second, the inclusion of qualitative data offers rich insight into participants' subjective experiences of change. The thematic analysis revealed consistent and coherent patterns across participants, suggesting a degree of thematic saturation even within a small sample. These findings add depth to the quantitative results and help elucidate potential mechanisms through which group-based interventions may exert their effects.

Third, the study was conducted in a naturalistic, real-world implementation context rather than a highly controlled research setting. This enhances ecological validity and increases the relevance of the findings for applied clinical and community settings. The intervention was delivered under conditions that closely reflect routine service provision, particularly in contexts with limited access to specialized perinatal mental health care.

Fourth, the study addresses an important gap in the literature by explicitly examining outcomes beyond symptom reduction. By incorporating evaluation data and qualitative findings alongside standardized measures, the study contributes to ongoing discussions in maternal mental health regarding the adequacy of symptom-focused evaluation frameworks and the need for broader conceptualizations of intervention impact.

Finally, the integration of feminist and relational perspectives within the interpretation of findings represents a conceptual strength. This allows the study to situate individual experiences of postpartum distress within broader sociocultural and gendered contexts, offering a more comprehensive understanding of maternal mental health beyond individual psychopathology.

4.6. Future research

The present findings point to several directions for future research in postpartum mental health and group-based psychosocial interventions.

First, **larger-scale studies are needed to improve statistical power and allow for more robust examination of intervention effects on depressive and anxiety symptoms.** Expanding sample sizes would also enable subgroup analyses, for example by postpartum stage, baseline symptom severity, or prior mental health history, which may moderate responsiveness to group-based interventions.

Second, future research would benefit from the **inclusion of control or comparison conditions, where ethically and practically feasible.** While the present design was constrained by ethical considerations regarding access to support, alternative designs such as waitlist controls or matched observational comparisons could strengthen causal inference while still ensuring that participants receive support.

Third, **longitudinal designs with extended follow-up periods are essential to capture delayed or nonlinear trajectories of change.** The current findings suggest that relational and identity-level processes may precede measurable symptom reduction; therefore, future studies should assess outcomes at multiple time points beyond immediate post-intervention to determine the durability and evolution of change.

Fourth, **more in-depth qualitative methodologies, such as longitudinal interviews or repeated narrative-based assessments, could provide a richer understanding of how participants experience change over time.** This would allow for closer examination of mechanisms such as identity reconstruction, emotional processing, and shifts in relational patterns within and beyond the group context.

Fifth, **future studies could incorporate more sensitive or multidimensional outcome measures that extend beyond symptom severity.** These may include measures of self-compassion, perceived social support, maternal identity integration, emotional regulation capacity, or relational functioning, which may better capture the types of change observed in this study.

Sixth, there is value in **further developing theoretically integrated evaluation frameworks that combine feminist, relational, and clinical perspectives.** Such frameworks could better account for the socio-cultural embedding of postpartum distress and avoid over-reliance on symptom-based definitions of effectiveness.

Finally, **future research should explore the scalability and adaptability of group-based postpartum interventions across different cultural and healthcare contexts.** Given the accessibility and acceptability suggested by the present findings, particularly in relation to online delivery formats, further investigation into implementation models could support wider integration of such interventions into routine maternal mental health care.

5. CONCLUSION

This study evaluated a structured postpartum group intervention using a mixed-methods pre–post design in a small sample of first-time mothers. Quantitative findings indicated no statistically significant reductions in depressive or anxiety symptoms over the course of the intervention, although a non-significant trend toward improvement in anxiety and a significant exploratory change in anhedonia were observed. In contrast, qualitative and evaluation data consistently demonstrated high levels of perceived benefit, emotional safety, and relational support.

Taken together, the findings suggest a divergence between symptom-based outcomes and participants' lived experiences of change. While standardized measures did not capture robust short-term symptom reduction, participants described meaningful shifts in emotional processing, reduced isolation, increased self-understanding, and a more contextualized understanding of their postpartum experiences. These processes indicate that the intervention may have primarily supported relational, emotional, and identity-level adjustment rather than immediate symptom change.

The results highlight the importance of expanding how effectiveness is conceptualized in postpartum mental health interventions. A sole focus on symptom reduction may overlook clinically and experientially significant forms of change, particularly in psychosocial and group-based interventions where relational mechanisms are central. The present findings support the relevance of integrating experiential and relational outcomes alongside traditional symptom measures in the evaluation of postpartum support programmes.

In conclusion, postpartum group interventions may function less as short-term symptom reduction tools and more as structured relational spaces that facilitate emotional containment, normalization, and identity reorganization during a sensitive developmental period. Further research with larger samples, controlled designs, and longitudinal follow-up is needed to better understand the trajectory of both experiential and symptom-level change over time.

References

- Bojchevska Mitrevska, A., & Smilevska, I. (2025). *Who Cares? Motherhood, Mental Health, and the Invisible Weight of Expectations*.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Burlingame, G. M., McClendon, D. T., & Alonso, J. (2011). Cohesion in group therapy. *Psychotherapy, 48*(1), 34–42. <https://doi.org/10.1037/a0022063>
- Chew-Graham, C. A., Sharp, D., Chamberlain, E., Folkes, L., & Turner, K. M. (2009). Disclosure of symptoms of postnatal depression: The perspectives of health professionals and women: A qualitative study. *BMC Family Practice, 10*, Article 7. <https://doi.org/10.1186/1471-2296-10-7>
- Coates, R., Ayers, S., & de Visser, R. (2014). Women's experiences of postnatal distress: A qualitative study. *BMC Pregnancy and Childbirth, 14*, Article 359. <https://doi.org/10.1186/1471-2393-14-359>
- Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry, 150*, 782–786. <https://doi.org/10.1192/bjp.150.6.782>
- Dennis, C.-L. (2003). The effect of peer support on postpartum depression: A pilot randomized controlled trial. *Canadian Journal of Psychiatry, 48*(2), 115–124. <https://doi.org/10.1177/070674370304800209>
- Dennis, C.-L., & Dowswell, T. (2013). Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews, 2013*(2), CD001134. <https://doi.org/10.1002/14651858.CD001134.pub3>
- Dennis, C.-L., & Hodnett, E. (2007). Psychosocial and psychological interventions for treating postpartum depression. *Cochrane Database of Systematic Reviews, 2007*(4), CD006116. <https://doi.org/10.1002/14651858.CD006116.pub2>
- Dennis, C.-L., & Letourneau, N. (2007). Global and relationship-specific perceptions of support and the development of postpartum depressive symptomatology. *Social Psychiatry and Psychiatric Epidemiology, 42*(5), 389–395. <https://doi.org/10.1007/s00127-007-0172-5>
- Douglas, S. J., & Michaels, M. W. (2004). *The mommy myth: The idealization of motherhood and how it has undermined women*. Free Press.
- Hays, S. (1996). *The cultural contradictions of motherhood*. Yale University Press.
- Institute of Public Health of the Republic of North Macedonia. (2024). *[Complete report title needed]*.
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092–1097. <https://doi.org/10.1001/archinte.166.10.1092>
- Stern, D. N. (1995). *The motherhood constellation: A unified view of parent–infant psychotherapy*. Basic Books.
- University Clinic of Psychiatry – Skopje. (2023). *The Influence of the COVID-19 Pandemic on the Perinatal Mental Health of Women in North Macedonia*.
- Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.