



Creative Fellow 

Kristina Gavran

The Birth Stories Project

CIRCE report – The Birth Stories Project

By Kristina Gavran

1. Main insight

The Birth Stories Project focused on creative exploration of personal narratives around childbirth experiences, connecting art, health, and wellbeing. The project also investigates challenges faced by communities of mothers in the art world, whether they are creative workers or consumers. Through talking with other mother artists and autoethnographic reflection on my own artistic practice, I explored the problems that mothers face when navigating both creative economies and maternity. The creative industries are often inaccessible to parents and carers, as spaces of culture are often marked by a strong distinction between grown-up spaces and children's spaces. The working culture in creative industries does not consider caring responsibilities and women often give up their artistic practice, as it does not align with maternity. This problem is even more pronounced in the post-pandemic world, as many mid-career women left the industry, for reasons that include financial difficulties, family, work-life balance, and lack of opportunities, but also wellbeing and losing a sense of purpose.

The project unfolds as a transformative journey initiated by my own experience and my research fellowship, which reflected on birthing experiences. I underwent my own birthing process during the fellowship and creatively reflected on it, designing a story that was shared with other mothers in a storytelling circle during workshops. Through creating three stories that reflected on my three birthing experiences, I developed a framework with number of inputs and exercises that were then used in working with other mothers to help them create their own stories.

The project continued through a series of workshops held in both England and Croatia, uniting mothers from diverse backgrounds, ages (some participants gave birth twenty years ago, while other came with babies only a few months old) and with very different birthing experience (hospital birth, caesarean, homebirth, traumatic birth, orgasmic birth). These workshops employ an interdisciplinary approach, incorporating creative media such as writing, oral performance, movement, drawing, improvisation, and acting. Key insights emerge, shedding light on the challenges faced by the community:

- Craving Creative “Me-Time”: mothers yearn for creative self-expression post-birth. The workshops provided an essential outlet for introspection and reflection.
- Value of Supportive Community: participants emphasize the significance of a supportive community, fostering camaraderie and empathy among mothers.
- Accessibility: Workshops were created taking into account the needs of the community of mothers as babies were welcomed to the space and the workshops were designed taking interruptions into account.
- Cultural Practices: Western cultures lack rituals that encourage maternal reflection, highlighting the challenge of limited means through which mothers can explore their experiences.
- Enhanced Well-being and Confidence: the workshops positively impact participants' well-being, instilling a sense of accomplishment and self-assurance, thus contributing to individual and collective social resilience. They also demonstrate potential in mitigating mental health issues stemming from traumatic births.

Workshops held in England were focused on mothers from the multicultural city of Birmingham, while in Croatia I did workshops in Zagreb, joining Klubko (Center for parents) and RODA (Parents in Action), an association that has been advocating for more than twenty years for dignified pregnancy, parenthood, and childhood. Comparison between workshops in Croatia and England showed that birth experience is in many ways different and health systems have their particular problems in each country. I recognised that, in England, these workshops could be beneficial to migrant mothers giving birth outside of their home culture and often experience problems in communicating cultural codes and expectations; while in Croatia, women talked about trauma, emphasizing that their wishes were not respected during the birth process and that doctors treated them badly. While in the UK there is a strong tradition of working with health providers on their communication skills (for example doctors training with professional actors on different scenarios that could happen with patients), the same collaboration is not established in Croatia. These practices could greatly benefit Croatia in improving their health system, as well as employ various artists who bring in their knowledge and expertise.

In summary, the Birth Stories project illuminates the transformative potential of sharing personal childbirth narratives and their contribution to mother’s wellbeing and social resilience. These workshops empower mothers, enrich maternal experiences, and contribute

to reforming maternal care and societal perceptions of birth. Storytelling about birth could help the health system and its workers to improve their processes, but it also empowers women and assures there is knowledge transfer between women of all ages.

2. *Creative endeavour*

Note: This report was written in short bursts of time, during baby naps and between feeds. The majority of the text was written at night and is heavily influenced by exhaustion and caring duties. I was also writing with the help of a voice recorder and transcription app. I found that using oral storytelling and then transcribing it into written text is more accessible way for a mother to work. However, it does create a different type of language and ‘flow of the text’. In the Western, modern world, we value written text much more than oral transmission of knowledge, and I would like to challenge that. Therefore, I suggest that the reader act as a listener, either asking someone to read the text to them or using a reading app.

My creative endeavour was divided into two streams:

- a) my own birth stories and autoethnographic reflection on my artistic work through the latter stages of pregnancy, birth and the postpartum period; and
- b) working with other mothers and helping them tell their stories in creative ways.

Before explaining the processes in more detail, it is important to note that there are many feminist artists and mothers who creatively explore maternal practices. Some of those who influenced my work are artists, researchers and activists: Lenka Clayton from Artists Residency in Motherhood, Matilda Leyser from Mothers Who Make, Lena Simic from the Institute for the Arts and Practice of Dissident at Home and Tina Hofman from Notnow Collective (a fuller list of influences and resources can be found at the end of this report).

The motivation for this project came from emotional burnout: feelings of anger, frustration, and isolation. There is a pipeline in the creative industries, for both artists and audience: parenthood. There is a joke that once a person becomes a parent, they are expelled from theatres, galleries and festivals into sandpits and soft-play areas. Moreover, the habit of consuming art or being creative significantly drops in the early stages of parenthood and these audiences sometimes never return. I focused on this problem in some of my previous work with Notnow Collective, offering baby-friendly theatre performances (the content of the shows was completely for grown-ups, but babies were welcomed in the space to make the performances accessible). Like many mothers, I noticed the problem of pipeline in the creative industries only when I was in it; creative industries exclude mothers-artists. The final question that I asked myself was, how do you continue being an artist after becoming a mother? Is it possible to just ignore the fact that suddenly everything in life has changed? Or

are there practices and actions that are transformative, and that incorporate the maternal into creative work? One example of merging the roles of artist and mother can be found in work by Lenka Clayton, who created an Artist Residency in Motherhood. After becoming a mother, Clayton noticed how artist residencies exclude mothers and families. Therefore, she started a residency of her own, with the philosophy exposed in her manifest that,

‘[d]espite a legacy of public artist/parents it still seems to be a commonly held belief that being an engaged mother and serious artist are mutually exclusive endeavours. I don’t believe or want to perpetrate this. [...] I will undergo this self-imposed artist residency in order to fully experience and explore the fragmented focus, nap-length studio time, limited movement and resources and general upheaval that parenthood brings and allow it to shape the direction of my work, rather than try to work “despite it”. (Clayton, 2012).

Once Clayton finished her residency, during which she produced art focused on and influenced by motherhood, she opened up the residency to other mother-artists and created a community around the globe. While Clayton focused her work on the early stages of motherhood, I wanted to go one step earlier in the timeline and explore the event that changes it all – birth.

Birth (or more precise, giving birth) is one of the major events in one’s life, an identity-changing event that is often overlooked and forgotten. Once the baby is here, the whole focus goes to the child, and the mother does not have time to process and reflect on the birthing event. Stories of birth are rarely heard in public spaces, making them somewhat taboo, like menstruation or menopause. Birth may also be completely misrepresented: on television or social media, birth is often portrayed as a cliché of screaming, urgency and rush to the hospital. The reality is far from this. How can we talk about birth in a meaningful way, and in a safe environment in which all stories can be heard? I wanted to create story circles in which women of all backgrounds and ages could gather, and experiences and knowledge could be shared.

Finally, through the Birth Stories Project I wanted to research how artists can work with the health sector, and whether a focus on birth stories would help mothers with their mental health and wellbeing. I gave birth three times, the first time in 2015. It was a planned home birth, and I was surrounded by supportive midwives. However, the birth was traumatic because I lost a lot of blood. I creatively reflected on this birth in a support group story circle, in which everyone shared their experience. The storytelling process helped me to heal some of the trauma that I was carrying in my body. It was liberating to talk about the birth and also

to listen to other birth experiences from people around me (both mothers and fathers shared their perspectives). I wanted to offer the same to other mothers.

The second part of the project focused on encouraging mothers to tell their stories in a creative way and to use these stories to challenge assumptions around birth, share experiences and influence health sector. I wanted to test whether digital storytelling could be a useful method in working with mothers and whether these workshops positively influenced their sense of wellbeing. My hypothesis was that allowing mothers to express themselves creatively would have benefits in the postpartum stages. However, I did not want to limit the workshops only to mothers who gave birth recently but rather to create a multigenerational community in which women who gave birth a long time ago and women who recently became mothers could benefit from each other's experiences. I wanted to gain insight into the dynamics between these various women and possible knowledge transfer. From the early stages of planning this project, I decided that workshops will be baby-friendly (mothers could bring their babies with them and attend to their needs i.e., changing and breastfeeding), yet the focus is not on the baby but on the mother (unlike many workshops that are offered to mothers on maternity leave, such as baby massage, baby singing or baby sensory classes).

Finally, the project was aiming to connect two different countries: England and Croatia. These two countries were chosen because of the networks I already had in both countries, but also because Croatia was the last to join the EU and UK decided to leave which did not allow time for the two countries to fully develop their collaborations and connections, as well as transfer of knowledge. Both countries have different childbirth services; for example, homebirth is illegal in Croatia, while in England it is encouraged. In England it is very common that creative and health sectors collaborate on different projects, but in Croatia these crossovers in fields are not recognised as valuable.

In retrospect, the project was primarily focused on cisgender heterosexual women, which was strongly shaped by my positionality. Future research could test if the developed framework for storytelling workshops could help in creating personal narratives around transgender and queer childbirth experiences. In doing so, one would have to start with language awareness using inclusive terms such as 'birthing people' or 'chestfeeding' (MacKinnon Lefkowitz, Lorello, Schrewe, Soklaridis, Kuper, 2021). Furthermore, discussing how to make workshops safe and comfortable for all identities and what role different cultures and geographical locations play is essential. For example, while in the UK, I had two queer mothers interested in attending the workshop (as it is socially acceptable and welcomed in many other parent groups), the same would not be as easy in Croatia, where queer parents

often feel like they have to hide their identities. To develop the project further, I would seek help from community members and the awareness team to co-run the workshops with me and offer their guidance and knowledge, so we can engage with queer communities meaningfully.

3. Creative process

The creative process started in April 2023. I was nine months pregnant and expecting to give birth any moment. While mothers usually prepare for a birth by buying baby clothes, preparing towels, using a Pilates ball, and practising breathing exercises, I approached birth preparation as an artist. I drew sketches and storylines, made collages and story prompts. I even involved my husband as a visual artist and photographer because he would be present at the birth. We discussed ethical considerations and whether we want to expose so much of our personal intimate life, furthermore if we had the right to expose the baby to the public. I created a plan of photographs that needed to be taken and stored as material, from which I would then create a digital story afterwards. However, one cannot plan birth in real life. My baby was fifteen days overdue and once the labour finally started, she was born in less than ninety minutes, not even allowing enough time for midwives to arrive. The whole plan of taking images and videos fell apart and everything happened so quickly that I didn't even have time to reflect on the experience. Due to baby's breathing problems, we were taken to hospital, where we spent five days in intensive care. Surrounded by beeping machines incubators and nurses, looking at my baby covered in tubes and monitors, I thought how strange that this was all part of my fellowship, and that the trauma I was going through would make me more empathetic to work in the future with mothers-participants. The personal experience I am sharing is an important aspect of my approach as a workshop facilitator. It shows that one needs to be embedded in the community and understand its worries and needs in order to do a meaningful project.

When I was preparing the project, I was planning to use digital storytelling methods, as they can be very useful in working with communities. My model was a UK-based group called Patient Voices, who create digital stories consisting of voice recorded narrative, sounds and images, and deal with stories of cancer, illness, and death. Patient Voices use these stories to empower the patients and change the health system. I noticed that their database contains only three stories about giving birth. Of course, one could argue that a woman giving birth is not a patient as such, because being pregnant and giving birth is not an illness (though it is in the modern world often treated like that and doctors are put in charge). Due to misrepresentation of birth in popular culture (from television shows like *Friends* to movies like *Nine Months*) I thought digital storytelling could help tell true experiences of birth.

When the time came to create my own digital story, I didn't have the planned videos and images that I had hoped to use because the birth happened so quickly. Therefore, I turned towards creative writing, which is a method I have used for twenty years. I wrote a short

story that I shared in my community of mothers. The story worked very well, but I still thought that digital storytelling could be a useful tool for creating impact on the health sector. In May 2023 I held a first pilot workshop with four mothers from Birmingham. The group consisted of mothers who have given birth recently and who arrived at the workshop with their newborns. Soon it became apparent that trying to work on computers with babies in the room was not productive. I asked myself what kind of experience I want to give my participants, and I also asked the participants for feedback. The mothers said they enjoyed the first step of the digital storytelling process (story circle and oral sharing of the story), but the following steps of the workshop were too complicated. This pilot workshop showed that digital storytelling was not an accessible method for new mothers. While my approach does not solely focus on new mothers, but rather mothers of any age, it was necessary to find ways to work with both groups. The feedback from the group was that they craved in-person contact, “grown-up” talk and connection. The story circle was their favourite part of the workshop and therefore I decided to focus on that element. Unlike the digital storytelling method, we didn't use objects but rather a five senses exercise as story prompts. I went out of the workshop with the plan to create more creative exercises that would help mothers share their birth stories.

After the first pilot workshop, I had another workshop in Birmingham in July, and two workshops in Zagreb at the beginning of September. I was testing different creative exercises and community-building approaches to develop a framework for creative work with mothers.

While it is not possible to fully describe the special atmosphere and bonding that happened during the workshop, as these are intangible qualities that happened on the spot, I would like to share some of the workshop exercises. I offer these exercises as a toolkit for mother-artists who want to work with groups of mothers.

1. The five senses

This is a free writing exercise that every participant does on their own. It is especially beneficial for mothers who gave birth long time ago. Each participant should get a pen and paper for writing. Before the exercise, the facilitator leads a short meditation with eyes close, to bring them back to the moment of giving birth. Once they open their eyes, the free writing starts. The facilitator asks a question, and they should write in short sentences or bullet points, until the next question is asked. The questions serve to help participants remember the birth through their five senses: smell, touch, sight, taste and hearing. Once they have created

five lists, from each category they should choose one sensation that was the strongest or most surprising and share these with the rest of the group through narration.

2. Animal power

Invite the workshop participants to stand in a circle. Start by gently relaxing the body through stretching movements and breathing exercises. Once everyone feels free in their body and the space, invite them to walk around the space and mimic animal movements. Guide them through suggesting different animals: elephant, tiger, sheep, butterfly, hedgehog, bear, sparrow. Explain that we are not limiting ourselves only to mammals who give birth in a similar way to humans, but rather exploring different weights, body positions and physical elements. Ask participants to choose their own animal. Which animal were you while giving birth? Which animal would you like to be in life? What animal elements and powers would you like to have had while giving birth? Explore this through movement and narration.

3. Congratulations card

This exercise needs colourful paper, paint, glue, shiny pens, etc. Ask the participants if they received any cards or gifts after giving birth. Let them talk and describe the objects. Then invite them to create their own card as a gift to themselves to congratulate them on giving birth. They can create whatever images and colours they prefer and write a message inside the card. Once everyone is finished, each person can explain the concept of their card and choose if they want to share it with the group. It is particularly powerful if another person in the group reads a card aloud to the person that created it, and then hands it to them.

4. Maternal Manifesto

In a group, write your own manifesto about motherhood and creativity. Make it powerful and provocative. Be an activist. Demand change. Don't think about consequences or sacrifices. Be bold and strict. Finally, have fun.

5. Museum of Birth Stories

Ask the participants to bring an object or an image to the group that represents their birth experience. Encourage them to think about the three stages of labour. Tell them to think of the object as a story-bearer. Invite them to exhibit the object in the room and think of its position in an imaginary museum. Once everyone has placed their object, take a guided tour

around the museum, in which every person presents their exhibit and tells a little story about it.

6. Rituals exercise

Introduce the topic of rituals and their transformative power. Give examples of rituals around birth from different cultures (e.g., Mayan rituals that involve *comadronas*, the Aboriginal smoking ceremony, watering birth in Bali, henna traditions in India and Pakistan). Discuss in groups which elements of these rituals mothers think they might enjoy. Ask if they recognised any ritualistic practices around their own birthing experience and/or what rituals exist in their culture. Divide the participants into two groups and invite them to create their own rituals, with step-by-step descriptions of the ceremony and the impact this type of ritual could have on a mother. Ask them to narrate and perform some parts of the rituals for the other group to experience.

STORIES

Here are some examples of the stories created during the workshops. Each story is marked with initials agreed with the author, to protect anonymity. These stories are shared online on <https://truelifestorytelling.com/birth-stories/> with the plan to create Museum of Birth Stories in which anyone could participate.

IKEA red sofa (SA)

We bought this sofa in 2014. I remember, it was the cheapest one we could find. My husband didn't like the red colour. He found it too bright for our small flat. We had just moved in together; two poor students. The sofa was called Klippan, loveseat. We found that hilarious and laughed like crazy. On that sofa we ate popcorns, celebrated birthdays with wine, covered ourselves with a duvet on cold winter nights, made love, jumped with joy when I got the job, cried and cried when our dear friend died. We ate Chinese takeaway and watched movies, we fucked like mad and we fought about housework. We dreamt about the future and booked tickets for that big adventure in Asia. We said *we will buy a new sofa once we are proper grown-ups. The most expensive one, a corner one with a velvet cover and lots of cushions.* I gave birth on our Klippan sofa. Loveseat from IKEA, bright red colour. The blood stain never came out: it shows exactly where I sat as I pushed.

The Birth Poem (KC)

In the depths of darkness, I laboured, my body a battlefield, raw and unfiltered.

A primal struggle, an unrelenting battle with each contraction, as I surrendered to the chaos of creation.

No Hollywood smiles masked the agony, no soft melodies covered the screams. Sweat and tears mingled with the blood, as I pushed through the pain, my breath trembling with each exertion. There was no perfection, no pristine façade, only the stark reality of a body strained to its limits.

In that crucible of creation, I discovered a newfound strength, a connection to the primal forces of life.

There, in the rawness of the birthing process, I found a glimpse of the untamed, a revelation of the beauty that emerges from chaos.

The ancient rhythms of the Earth.

The Cut (IS, translated from the Croatian by Kristina)

They didn't ask me anything. They didn't explain. They treated me as if I was not there. A body in front of them, in a cotton night gown with little purple flowers that my mother bought for the hospital. My mother taught me to put on the finest clothes when going to see the doctors. *Show respect to the doctors*, she would say as she packed gifts like coffee and chocolate. They showed no respect to me. For them, I was a screaming body that needed to be tamed. They cut me, mother. They cut me bad. With a sharp razor that sliced my skin. The pain was so strong I couldn't scream. The next moment: baby in my arms. I didn't have time to let anger and fear out of my body, they are left, buried at the back of my spine. I showered the baby with love. But as I went home, for the next three months I couldn't sit or lie down in bed without experiencing pain from the cut. The feelings are still buried inside me. They didn't ask me, they didn't explain. At the end of it, I only remember the doctor's words: "it was for your own good".

The Museum of Jaffa Cake (KG)

Never did a Jaffa Cake taste so good like between second and third stage of labour.

Cold water (CP)

The midwives were nice to me. The doctor was a kind woman. I was feeling safe with them. But at those early stages of labour, I missed my mother. In normal circumstances, she would have been with me, in the birthing room, holding my hand. In my province in China, we drink special herbal tea during labour and another set of herbs after delivery. I was closing my eyes and imagining the smell. My labour lasted fourteen hours. I was exhausted and believed my body was not made for it. When I finally pushed my son out, I knew I could do anything. I felt the power of a tiger, as if my head is on fire and my whole body is burning from energy. Back in the room, the nurse offered me a glass of cold water. She said it is to cool down. She couldn't understand me. I wanted to stay fire for many days.

Animal inside me (AL)

At the beginning, I was a mouse; small and scared. With each surge pain was increasing, but my power was growing. From mouse I turned into cat, and from cat to a tiger. I was no ordinary tiger. I had the weight of a majestic elephant; I had movement of an elegant jaguar. I had wings of an eagle and I produced sounds like a wolf on a full moon. I felt connected to nature in the most sacred and profound ways.

4. *Analysis and main insights*

I mentioned in section two that I have two streams of creative endeavour:

- a) my own birth stories and autoethnographic reflection on my artistic work through the latter stages of pregnancy, birth and the postpartum period; and
- b) working with other mothers and helping them tell their stories in creative ways.

For the first part of my creative research, I developed three different stories reflecting on my three birthing experiences. The first birth was told using digital storytelling methods and it was shared at the beginning of the first pilot workshop. The second and third birth I wrote up as a poem and a story. This process was much more engaging and creative, as there was not too many problems with the technical side of it. I shared these stories with the mothers in second workshop in England and two workshops in Croatia. They also served as example of engaging with personal narrative and transforming it into creative piece of work.

While I was working on my stories, I also wanted to capture the process all the feelings of postpartum and how those hormonal shifts influenced my artistic practice. I had an auto-reflexive journal in which I would put notes on wellbeing, emotions, creative state of mind. Out of those, I extracted two lists; first one contains a series of questions and second one contains insights and conclusions about the processes I have undergone. These reflect ups and downs of the project, as well as reveal a process of introspection and short-focus in which work could not happen 9 to 5, but is determined by the nature of postpartum and baby rhythms.

Questions: Do I really need to work as a new mother? Is art more important than motherhood? Is Marina Abramovic right when she says one can not be a good artist and a mother? Am I a bad artist? Am I a bad mother? As my baby lies next to me, why can I only think of the breastmilk smell? Does thinking still count as work? Will all these ideas in my head be forever lost if I don't write them down? Should I just take a year off and then come back to work after maternity leave? Can an artist be on maternity leave? How did Ibsen's Nora leave her children? What did she do after closing the door? Why were my dreams kaleidoscopes of colours and shapes during pregnancy? Are we more creative because of the hormones? Are we less creative because of exhaustion? How can I work in short bursts of time? Can I create art if I don't have time to consume art? Did they lie to us saying we could have it all?

Insights on the process: I can work the best between 10 pm and 4 am because that is the time my baby sleeps the best. I am still creative, just less concentrated. Thinking is not

less valuable than doing. Thinking can be done during breastfeeding, bathing the baby, carrying the baby around the house, pushing the pram. I need rest from thinking. Doing is often one-handed. I work in short bursts. I am often exhausted. I love connecting with other people. I am good at what I do. I know how to transfer my skills and energy to others. It is amazing to be an artist. It is amazing to be a mother. I can be good and bad at both. Not every project is a success. Perfection was for younger me. I am in constant fear I will have to give up art. Being creative helps my wellbeing. Freedom in expression is so valuable. Just like women in the parliament, we need women and particularly mothers in the arts. Otherwise, who will tell our stories?

The part of the project that focused on working with other mothers was particularly challenging as I needed to organise workshops, find partnering organisations and communicate with the participants in a very short amount of time. The six months of the fellowship also included summer break which was problematic specifically in Croatia where touristic season dictates timetable of cultural events and interest of participants. Nevertheless, this part of the project was crucial as it opened my “alone time as an artist” to others. It felt satisfying to share insights with other mothers. The general feedback from the workshop participants was that the workshop was “life-changing”, “healing” and “transformative”. This type of work

To create the safe space, the facilitator must establish ground rules with other participants to respect individual stories and backgrounds that everyone brings into the workshop. It is also important to encourage active listening from other mothers and reflect back what was being said to the speakers. The workshops should also answer the specific needs of the community. For example, here are some of the answers I gathered from workshop participants:

“What made you join the program and how could the program be even more accessible?”

- Easy to find location, walkable distance
- Coffee and cake available
- I was allowed to bring children and everyone was so supportive
- Doing something creative with other grown-ups. No “baby talk”.
- Good timing of the workshop.
- Seeing that others come with babies; even Kristina [workshop leader] had all those baby interruptions and nobody batted an eyelid. Inclusive and supportive environment.

- Location! Knowing that there are changing facilities.
- After my traumatic birth, I had the need to talk about it, but I felt I can not find a moment or situation in everyday life. This workshop seemed like an ideal, created space to do it.

“How could we make it better?”

- Allow more time for everyone to settle in.
- Encourage people who came alone to join the group.
- Wish the workshop was longer!
- More time after the workshop to connect and just talk.
- It would be great if this could last for a full year, so the group would connect over time.

Working in Croatia and England showed some significant and specific variations. In the UK, my work was focused on migrant mothers, from India, China and Eastern Europe, who brought with them various expectations about the childbirth process. Their cultural codes and stories around birth that they had listened to in their own countries influenced their experience of and communication with the healthcare workers in the NHS. On the other hand, in Croatia the main challenge was hearing birth stories of trauma and disrespectful treatment by doctors and nurses. While Birth Stories Project is not a therapeutic project but a creative endeavour, it still recognises the delicacy of the topic explored. While I have experience dealing with traumatic stories and creating safe spaces for these stories to be heard, in hindsight, for this project, I would have done well to hire a therapist to attend the sessions or get additional training with specific focus on childbirth trauma. The workshops showed me how important it is to have an opportunity to tell one’s story and feel listened to by a community of mothers, as well as to share common experiences. This can create a feeling that “it is not just me. It happened to others.”

Finally, as I planned this project, I wanted to use digital storytelling because I was thinking about what would work best for online dissemination. However, I had not fully considered the needs of my participants and the accessibility of what I am providing. The mothers who joined the workshop had no specific interest in sharing their stories in a public forum. On the contrary, they felt these stories to be highly intimate and personal, and wanted them to stay safe in the group. I am a strong advocate for fair and just processes around storytelling, where the power and control stay in the hands of the storyteller. The conversations I had with mothers made me re-think some of the processes of digital

storytelling and critique its methodology of taking the stories from communities under the pretence of creating impact and change on policy-makers. I started this project with the idea of bringing change to the health sector, but my main goal was the wellbeing of mothers. Using their personal stories for activism felt like a betrayal and I decided to find different ways to communicate the problems of healthcare around birth. For the continuation of the project, I would invite members of institutions to join the story circle, not just as observers and listeners, but as active participants.

I would like to conclude the Insights section with a manifesto that was created by the mothers during the workshops. I think it best summarises the needs of this specific group and how is birthing connected to creativity. The manifesto is called ‘Mothers and Creativity’.

1. Mothers have the right to immerse themselves into creative projects!
2. Mothers need some “me-time” that is engaging, challenging, relaxing and inspiring.
3. Stories told by mothers are needed in this world. These stories can be high art or chit-chat, and both are equally valid.
4. We need community that functions like a supportive village, where everyone feels welcomed and everyone feels they can contribute.
5. If a child swallows a coin, everything else can wait. We need flexibility to put our caring responsibilities as top priority.
6. There is no wrong way of being a mother. There is no wrong way of being creative.
7. Embrace the interruption! Use all the interruptions as a prompt for creativity.
8. Birthing is a process. Creativity is a process. You have to open yourself to the new experience.
9. Create from your own experience. Don’t think it is less valid because someone told you so. Prove them wrong.
10. Collaboration is negotiation.

4. *Birth Stories Project and CIRCE*

Poor mental health, loneliness and lack of community are becoming more apparent in today's world. We live in different ways from our ancestors (big cities, climate change fears, migration, loose family ties) and the search for supportive networks and communities is getting harder. Creative economies can and should collaborate with other industries to tackle these problems. Art is intrinsically connected to human wellbeing and can contribute to building meaningful communities. New mothers are particularly affected by these societal changes and experience loneliness and lack of support. The saying "it takes a village to raise a child" is still meaningful today, but instead of geographical villages, we have to find new ways to create them and foster them. This Birth Stories Project investigated how the specific demographic group (mothers) navigate and cope with the changes in society.

In current economies, mothers are often marginalised and face discrimination at work or pressure from the society. While they are in charge of providing care, that care is not recognised or valued. This leads to exhaustion.

The project explored new approaches in working with mothers, from making the workshops accessible to focusing on their issues and concerns and developing creative outlets where mothers can raise their self-confidence and care for themselves. The communal experience and guided process of this creative endeavour showed that the gathered communities were empowered and raised their resilience. The most valuable element was that the participants exchanged knowledge, struggles and successes, cheered for each other and offered mutual understanding.

This project showed me how engaging in creative work during so-called "maternity leave" (let's not forget that self-employed artists lack the resources for maternity leave) can have numerous benefits for a new mother, from gaining a sense of purpose, financial stability and safety, to a creative practice that offers new ways of expression. Creative industries often support emerging, young artists as they want to encourage and support their entrance to the industry. However, an artist's career is full of hurdles, and a major one is becoming a parent. At that point, residencies, fellowships, networking events and festivals become inaccessible. Because of that, many mothers leave the industry, and their talent is forever lost. To prevent this, policy-makers should focus on how to make funding and opportunities more accessible to people with different needs. The recommendations flowing from this project are: create residencies that do not assume artists come without any responsibilities from the "outside world"; allow flexible ways of working and many different processes; fund the maternity

years as a bridge between emerging and established artists; and finally, simply make sure that mothers can join the conversation on changes that are needed by inviting them to attend events with their babies, finding the right timing for an event and a venue with changing facilities.

As part of the CIRCE fellowship network, projects of community resilience and care were developed and presented. Working with marginalised groups and making work accessible requires new approaches and these were shared as assets that can be used in any context. From working with migrant children and mothers, to supporting communities in Ukraine, or celebrating Black history and culture in Europe, these project leaders learnt a lot from each other. At the heart of each project was celebration and empowerment. While the goals of these projects were serious and important, the way to achieve them was always through creativity, fun and learning. Birth Stories Project offered a fun and engaging “me-time” to mothers and created communities around their shared experience of giving birth. The project was initiated and piloted during the CIRCE fellowship, so there were many changes on the way. In the future, I would like to expand the project in two directions: 1) starting more workshops in other countries, as well as employing other mother-artists who are embedded in those communities to run the workshops; 2) develop further the online Museum of Birth Stories and through collaboration with mothers find meaningful ways to share their stories and creativity, whilst keeping their anonymity and intimate nature of personal narratives.

5. Resources

- 1) Online Museum of Birth Stories (under construction) -
<https://truelifestorytelling.com/birth-stories/>
- 2) Lenka Clayton - Artists Residency in Motherhood -
<https://www.artistresidencyinmotherhood.com>
- 3) Matilda Leyser - Mothers Who Make - <https://motherswhomake.org>
- 4) Lena Simic - The Institute for the Arts and Practice of Dissident at Home -
<https://dissentathome.org>
- 5) Tina Hofman - Notnow Collective - <https://notnowcollective.com>
- 6) Klubko - <https://www.klubko.hr>
- 7) RODA - <https://www.roda.hr>
- 8) Parents and Carers in Performing Arts - <https://pipacampaign.org>
- 9) Positive Birth Stories - <https://thepositivebirthcompany.co.uk/blog>
- 10) Birth Trauma Association - <https://www.birthtraumaassociation.org.uk/for-parents/birth-stories>
- 11) Motherly - <https://www.mother.ly/birth/birth-stories/>
- 12) MacKinnon KR, Lefkowitz A, Lorello GR, Schrewe B, Soklaridis S, Kuper A.
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