

Bridging Fine Arts and Gynecology: An Arts Healing Framework for Holistic Women's Reproductive Well-Being

Florene Ejot Masanat¹, *Nur Faizah Mohd Pahme², Ahmad Sofiyuddin Mohd Shuib³

¹ Department of Fine Art, Faculty of Art and Design, Universiti Teknologi MARA Perak Branch, Seri Iskandar Campus, Perak Branch, 32610 Seri Iskandar, Perak, Malaysia

^{1,2} Department of Graphic and Digital Media, Faculty of Art and Design, Universiti Teknologi MARA Perak Branch, Seri Iskandar Campus, 32610 Seri Iskandar, Perak, Malaysia

florene@uitm.edu.my¹, faizahmp@uitm.edu.my², ahmad396@uitm.edu.my³

*Corresponding author

Received: 6 July 2026; Accepted: 20 July 2026; Published: 1 September 2026

ABSTRACT

Historically, women's reproductive healthcare has been focused on biomedical interventions to diagnose and treat physiological conditions such as infertility, pregnancy complications, gynaecological disorders, and reproductive cancers. Medical science has improved the reproductive outcomes, but there is increasing evidence that women are often faced with profound emotional, psychological, and social issues during their reproductive experiences. Common experiences reported by women menopause transitions, undergoing fertility treatments, pregnancy loss or chronic gynaecological conditions, include anxiety, grief, uncertainty, loss of identity, and emotional distress. These psychosocial aspects are often underemphasised in traditional models of reproductive health care, which indicates a need for more holistic and patient-centred approaches. Visual arts are increasingly being appreciated as positive complementary practices in healthcare settings on account of their capacity for emotional expression, self-reflection, stress reduction, resilience and interpersonal communication. The positive effects of art-based interventions have been documented in oncology, mental health, palliative care and rehabilitation, but their integration into women's reproductive health care remains conceptually fragmented. The current literature tends to focus on isolated interventions and does not have an interdisciplinary theoretical framework to inform future clinical practice and research. This conceptual paper connects fine arts and gynaecology through the proposition of an original arts-based healing framework for Women's Reproductive Well-Being (ABHF-WR). This conceptual paper weaves interdisciplinary perspectives from the fields of medical humanities, expressive arts, psychology, patient-centred care and women's health. It sees the visual arts as a collaborative healing modality consisting of five interrelated dimensions: emotional expression, identity reconstruction, reflective healing, social connectedness, and clinical communication. The proposed framework does not view art as an alternative to medical treatment but rather as complementary support for holistic reproductive care that addresses psychological and emotional needs alongside biomedical management. The implications for healthcare institutions, medical education, interdisciplinary collaboration, and future empirical research are discussed. This research contributes to the medical humanities by incorporating creative practices into reproductive health care, offering a theoretical basis for developing arts-based interventions to improve women's reproductive health and well-being.

Keywords: Fine Arts, Gynaecology, Women's Reproductive Health, Medical Humanities, Visual Arts, Arts-Based Healing, Patient-Centred Care, Emotional Well-being



ISSN: 2550-214X © 2026. Published for Ideology Journal by UiTM Press. This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-No Derivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

1 INTRODUCTION

Women's reproductive health is not only about biological functioning but also about psychological, emotional, cultural, and social experiences that influence the overall well-being throughout the life course (Wawrzyniak et al. 2002). This perspective aligns with earlier comments that healing in obstetrics and gynaecology should be regarded as a holistic human experience rather than a clinical outcome. Daily observations in gynaecology-obstetric hospital environments have shown that healing itself can be considered a kind of art, achieved through empathetic care, interpersonal relationships, and the emotional experiences of patients and health care professionals.

Significant emotional transitions often mark reproductive events, including menstruation, infertility, pregnancy, miscarriage, birth, menopause, and gynaecological illness, which have an impact on women's identities, emotions, relationships, and quality of life. According to Kabakci & Bozkir (2021), despite the enormous progress in reproductive technologies and clinical management in contemporary gynaecology, healthcare delivery continues to be primarily focused on biomedical diagnosis and treatment. Recent advances in regenerative medicine, such as platelet-rich plasma (PRP) therapy for perineal trauma, are another example of the continued development of biomedical interventions to improve tissue healing and clinical recovery. However, these innovations are mainly directed at physical outcomes, whereas patients' emotional and psychosocial recovery is often insufficiently addressed. This leaves much of the emotional experience related to reproductive conditions relatively neglected in terms of routine clinical practice. One example of this challenge is the increasing rate of infertility. Couples in the process of assisted reproductive technologies, such as in vitro fertilisation (IVF), often experience anxiety, depression, emotional exhaustion, uncertainty, and a cycle of hope and disappointment. Women with recurrent pregnancy loss often experience grief akin to that experienced with the death of a family member; however, often there is a lack of structured support for emotional healing after medical management. Chronic pain, body image issues, low self-esteem, and social isolation have also been tied to chronic gynaecological disorders, such as endometriosis and polycystic ovary syndrome (PCOS). These examples demonstrate that reproductive health care is not just about physiological treatment and approaches that recognise women's emotional and psychological experiences are needed.

Healthcare systems worldwide are increasingly recognising the importance of holistic and patient-centred care. In addition to conventional medical treatment, integrated therapeutic approaches such as art therapy are being incorporated into healthcare to foster emotional well-being and also holistic healing (Corriero et al. 2024). Patient-centred models encourage consideration of emotional well-being, communication, shared decision-making, and quality of life, rather than focusing solely on disease pathology. It is in this context that medical humanities have developed as an interdisciplinary field that merges medicine with the arts, humanities, ethics, and social sciences for better, more compassionate healthcare. Visual arts, specifically, have shown great therapeutic potential for externalising emotions, processing traumatic experiences, building resilience, and improving communication between patients and healthcare professionals.

Making art provides women with distinctive ways of expressing experiences that are often difficult to put into words. Patients can use painting, drawing, sculpture, mixed media, collage, and other creative practices to translate abstract emotions into concrete visual forms. Creative engagement also helps to encourage mindfulness, reflection, emotional regulation, and reconstruction of self-identity after significant reproductive challenges. Participatory art programmes for women who might otherwise be socially isolated and stigmatised because of infertility, pregnancy loss, or chronic reproductive disorders also foster social connectedness. Although arts-based healthcare is increasingly recognised internationally, there is relatively little scholarship on how the visual arts can be systematically embedded into women's reproductive healthcare. In the current research, emphasis is placed on specific art therapy interventions rather than broad conceptual models to guide interdisciplinary collaboration among artists and health professionals, such as doctors, psychologists, and reproductive specialists.

Therefore, a theoretical lacuna remains regarding the role of the visual arts in holistic reproductive well-being across different phases of women's reproductive lives.

This paper addresses this gap by proposing an Arts-Based Healing Framework for Women's Reproductive Well-being (ABHF-WR). The framework conceptualises visual arts as an adjunct to reproductive healthcare, promoting emotional healing, identity reconstruction, reflective practice, social support and therapeutic communication. The framework proposes creative engagement as a psychosocial strategy integrated with biomedical interventions, rather than a replacement, to improve women's overall health care experiences.

The purpose of this conceptual paper is to achieve three objectives:

1. To explore the psychosocial aspects of women's reproductive health beyond biomedical treatment.
2. To synthesise interdisciplinary knowledge related to the therapeutic contribution of the visual arts in healthcare settings.
3. To develop a novel conceptual framework, the ABHF-WR, to guide future research, clinical practice and interdisciplinary collaboration between fine arts and gynaecology.

2 WOMEN'S REPRODUCTIVE HEALTHCARE AND PSYCHOLOGICAL CHALLENGES

Women's reproductive health covers a wide range of services that are designed to support reproductive health at various stages of a woman's life, ranging from adolescence to menopause. Gynaecological care has traditionally been concerned with the diagnosis, prevention, and treatment of physiological conditions affecting the female reproductive system, such as infertility, pregnancy complications, menstrual disorders, endometriosis, polycystic ovary syndrome (PCOS), cervical and ovarian cancers, pelvic floor disorders, and menopausal conditions. Reproductive medicine, including assisted reproductive technologies (ART), minimally invasive surgery, and precision medicine, has revolutionised the reproductive outcomes and the quality of clinical care of women.

However, reproductive healthcare is more than biological treatment, even with medical advances. Women's reproductive experiences are complex and multidimensional, and their emotional, psychological, cultural, spiritual and social dimensions cannot be adequately addressed by biomedical interventions alone. The biopsychosocial model of health recognises the interplay of biological factors, psychological health and social environments. Thus, providing effective reproductive health care requires health care professionals to know not only physiological indicators of disease but also their patients' emotional responses, coping mechanisms, personal beliefs, family relations and social contexts. Women's major life transitions are often linked to reproductive circumstances.

Menstruation, conception, pregnancy, childbirth, infertility, miscarriage, reproductive surgery, menopause, and gynaecological cancers often impact self-identity, body image, family expectations, intimate relationships, and future aspirations. These experiences can cause emotional distress even when the medical outcomes are clinically successful. This is why modern reproductive healthcare is increasingly promoting patient-centred approaches that combine psychological support with medical treatment.

Patient-centred care is founded on respect for patients' values, preferences, emotional needs, and lived experiences. This philosophy in gynaecology encourages healthcare providers to engage in empathetic communication, include patients in clinical decision-making, and provide holistic psychosocial support throughout treatment journeys. But implementation remains uneven in healthcare settings, particularly where consultation time is limited and clinical priorities are primarily physical.

Therefore, the increasing recognition of holistic healthcare has resulted in a growing interest in complementary interventions that may support women's emotional recovery during reproductive care. Of these, the visual arts provide a promising yet under-explored avenue to enhance psychological well-being and improve the overall healthcare experience.

2.1 Psychological Burden Across Women's Reproductive Journey

Women's reproductive health conditions are often associated with significant psychological distress. Although emotional reactions differ between individuals and cultures, challenges with fertility often lead to anxiety, uncertainty, grief, guilt, fear, frustration, and diminished self-esteem (Leite & Boivin, 2025). These psychological experiences can linger long after medical treatment has finished, affecting women's personal relationships, occupational functioning, and quality of life.

2.2 Infertility and Assisted Reproductive Treatment

Infertility Women's reproductive health conditions, including infertility, pregnancy loss, endometriosis, polycystic ovary syndrome (PCOS), gynaecological cancers, and menopause, are often accompanied by profound psychological, emotional, and social challenges that go beyond their physical manifestations (Riedel et al. 2011). Throughout their reproductive journey, women may experience anxiety, depression, grief, uncertainty, altered body image, diminished self-esteem, chronic pain, identity disruption, and reduced quality of life. Infertility and assisted reproductive treatment often consist of a rollercoaster of hope and despair. Lack of psychosocial support can lead to long-term grief and emotional isolation in pregnancy loss. In addition, endometriosis and PCOS are chronic diseases that may negatively impact emotional health due to chronic pain, infertility issues, and poor body image. Gynaecological cancers can affect women's femininity, sexuality and reproductive identity. Menopause can be a big life change, with physical discomfort and shifting perceptions of aging. Collectively, these experiences illustrate that women's reproductive health care is much more than the biomedical management of care and highlight the importance of holistic approaches that consider emotional resilience, identity reconstruction and psychosocial well-being in addition to clinical care.

2.3 Emotional Well-being as an Essential Component of Reproductive Care

The emotional toll of reproductive health care underscores the importance of integrating psychological well-being into routine clinical practice. Recent qualitative evidence suggests that the recovery experiences of patients, including restorative sleep, are critically influenced by environmental conditions, emotional distress, communication practices, and organisational factors. The findings support the call for holistic, patient-centred care, which extends beyond biomedical treatment to include psychosocial and environmental determinants of health (El Arab et al. 2025). Emotional health influences treatment adherence, patient satisfaction, decision-making, interpersonal relationships, and overall recovery. Women under severe stress find long-term treatment difficult, while emotional strength is a positive factor in adaptation and long-term health. More and more healthcare organisations are acknowledging the fact that psychological support should be provided in parallel to biomedical interventions (Pang & Li, 2025). However, in many reproductive healthcare settings, counselling services are constrained by workforce shortages, financial constraints, and time constraints within consultations. There is, therefore, a need for more consideration of alternative supportive approaches in addition to the present services. Creative activities are one such approach. Unlike conventional counselling, artistic expression allows people to symbolically express complex emotions through colours, shapes, textures, and visual metaphors. This is a non-verbal form of communication and is especially useful when emotional experiences are hard to put into words. Artistic processes encourage mindfulness, emotional regulation, self-awareness, and psychological resilience, offering opportunities for healing outside of clinical treatment.

2.4 The Need for an Interdisciplinary Healthcare Approach

Today's health care increasingly recognises that women's reproductive wellbeing is best understood through interdisciplinary approaches that incorporate physical, emotional, psychological and social experiences. This is an example of how medical humanities can contribute to healthcare, and how engagement with creative practice is relevant to foster empathy, reflection, communication and patient-centred care (Sousa & Nunes, 2022). Fine arts are not only about aesthetic production, but they can also be a meaningful tool for emotional expression, identity reconstruction and healing. Interest in arts-based healthcare is on the rise; however, the conceptual integration of fine arts in women's reproductive healthcare is in its infancy. Most of the literature has concentrated on specific art therapy interventions rather than on the utilisation of visual arts more generally as a healing adjunct. This paper, therefore, proposes the Arts-Based Healing Framework for Women's Reproductive Well-being (ABHF-WR) that draws on the medical humanities, creative health and the visual arts to provide a conceptual basis for the integration of artistic practice into holistic reproductive health care.

3 FINE ARTS AS THERAPEUTIC PRACTICE: THEORETICAL FOUNDATIONS FOR HEALING

3.1 The Emergence of Arts in Healthcare

For centuries, cultures around the world have used the visual arts as a powerful means of expression, reflection, storytelling and healing. Besides aesthetic creation, artistic practices such as painting, drawing, printmaking, sculpture, and mixed media enable people to express emotions, reconstruct personal identities, and make sense of life experiences that are often difficult to verbalise. This has led to the emergence of arts in health and creative health, where artistic engagement is increasingly recognised as a complementary approach that enhances emotional well-being, resilience, empathy, and patient-centred care (Mayes, 2025). Visual arts are increasingly being incorporated into healthcare through exhibitions, participatory art programmes and creative workshops, but their application in women's reproductive healthcare is limited. Other research suggests that art in healthcare facilities can actively contribute to the healing process by reducing anxiety.

In a recent study by Masanat et al. (2025), the researchers demonstrated that art therapy, such as drawing, is a safe approach for people to express their feelings, work through trauma, increase self-awareness, and build non-verbal adaptive coping skills. These creative engagements support emotional regulation and long-term psychological recovery, thereby enhancing the therapeutic value of visual arts in healthcare settings. Given the emotional intricacies of infertility, pregnancy loss, chronic gynaecological conditions and menopause, there is a need to conceptualise fine arts not as an aesthetic practice but as a meaningful way to holistic healing. Hence, the ABHF-WR was developed. Also, research has shown that systematic art-based intervention improves emotional regulation, communication, et cetera (Hassan et al. 2025).

3.2 Understanding Healing Beyond Cure

The idea of healing is not solely the biomedical concept of curing disease. Healing is emotional recovery, personal meaning, resilience and psychological well-being; medical treatment is relieving physical symptoms. In women's reproductive health care, successful clinical treatment does not always address the emotional impact of infertility, pregnancy loss, chronic gynaecologic conditions, or changes in reproductive identity. Women can use artistic practices like painting, drawing, printmaking and mixed media to express emotions, reflect on their lived experiences, and rewrite personal narratives that are difficult to put into words. Visual arts thus do not substitute medical treatment but provide a complementary route, which, when combined with biomedical care, promotes emotional healing, self-discovery, and holistic well-being.

3.3 Visual Arts as a Medium of Emotional Expression

Visual arts are important in supporting emotional healing and psychological wellbeing as they provide women with a safe and meaningful way to express emotions that are often hard to verbalise, especially during experiences such as infertility, pregnancy loss, chronic gynaecological conditions and menopause (Costantini, 2020). Recently, evidence suggested that visual and tangible ways of representing emotions can help express complex emotions that are often hard to put into words (Paica et al. 2025). This has provided an important additional tool for understanding emotional processing and psychological health. It provides people with an opportunity to express emotional intensity and lived experiences through visual interaction. Creative practices such as painting, drawing, printmaking, mixed media and visual storytelling can be used by women to reflect on their experiences, reconstruct personal identities, build resilience and find new meaning in their reproductive journeys. Participatory art activities also foster social support, reduce feelings of loneliness and strengthen connections between patients, families and health care providers. This is consistent with the principles of medical humanities, which acknowledge that healthcare should consider the physical and emotional well-being of patients via empathy, communication, reflection, and patient-centred care (Nguyen et al., 2025). In addition, studies have found that exposure to art improves the empathy, cultural sensitivity and communication skills of health care providers, resulting in more compassionate and holistic reproductive health care. Hence, all these perspectives suggest that fine arts are not only aesthetic practices but also complementary approaches that can contribute to emotional healing, therapeutic communication, and women's reproductive well-being.

3.4 Research Gap and Conceptual Direction

Studies have demonstrated that the visual arts can provide therapeutic benefits for mental health, cancer treatment, rehabilitation, and palliative care. However, there is very little research on the role of the fine arts in women's reproductive health. Much of the existing research focuses on specific art therapy activities or short creative interventions, with little exploration of how the visual arts might be incorporated more broadly into reproductive healthcare. Moreover, there is no conceptual framework to explain how artistic practices such as painting, drawing, printmaking, and visual storytelling could help women emotionally heal and improve their well-being during different reproductive experiences. This paper, therefore, presents the ABHF-WR, a novel conceptual framework for the potential of the fine arts to facilitate emotional expression, identity reconstruction, reflection, social connectedness, and therapeutic communication in conjunction with clinical care.

4 DEVELOPING THE ARTS- BASED FRAMEWORK FOR WOMEN'S REPRODUCTIVE WELL-BEING

The previous sections of the literature review show that women's reproductive healthcare is not merely about diagnosing and treating physiological conditions. Women experience emotional, psychological, social, and existential challenges throughout the reproductive lifespan that are often poorly addressed by conventional biomedical models of care. Prior research has indicated positive correlations between art therapy and creative engagement, but these studies often involve a one-time intervention rather than a holistic theoretical perspective on the role of the visual arts in reproductive well-being. To address this conceptual gap, this paper proposes the ABHF-WR. Visual arts are regarded as an adjunctive form of healing that complements holistic patient care alongside biomedical treatment. The framework is not proposing artistic practice as an alternative to medical intervention but as a psychosocial resource to foster emotional resilience, enhance communication, reconstruct identity and enable meaningful participation in women's reproductive journeys.

The ABHF-WR is an interdisciplinary model based on patient-centred healthcare, the medical humanities, expressive arts, and positive psychology. This paper conceptualises healing as a multi-dimensional process in which creative engagement activates interrelated psychological mechanisms that promote women's reproductive well-being.

4.2 Conceptual Foundation of the Framework

The proposed framework is underpinned by three key assumptions:

First, healing is multidimensional. Visual storytelling fosters deeper emotional engagement, reflective understanding through lived experiences, and a holistic sense of healing while highlighting the multidimensionality of healing (Kabakci & Bozkir, 2021). Visual storytelling encourages deeper emotional engagement, reflective understanding through lived experiences, and a holistic sense of healing while highlighting the multidimensionality of healing (Stoll, 2023). Clinical outcomes like pregnancy rates, relief of symptoms or surgical success shouldn't be the only measures of reproductive health care. Emotional recovery, psychological adjustment, personal meaning, and quality of life are other equally important indicators of holistic health.

Secondly, the process of visual arts is therapeutic, not the art product. The healing potential lies not only in the finished work, but also in the creative process that women experience when they reflect on feelings, reconstruct personal stories and develop adaptive coping skills.

Third, multidisciplinary collaboration improves patient-centred care. Effective reproductive health care requires the collaboration of gynaecologists, nurses, psychologists, counsellors, artists, art educators, and community organisations. Each field has its own special knowledge to contribute to the total well-being of women. The fine arts are viewed here as an active component of health care delivery, providing creative engagement and emotional support that supplements medical treatment.

4.3 Components of the Arts-Based Healing Framework (ABHF-WR)

The ABHF-WR presents five interconnected dimensions through which fine arts enhance women's emotional and psychological well-being. These dimensions are emotional expression, identity reconstruction, reflective healing, social connectedness and therapeutic communication. The expression of emotion is the beginning of healing, and creative activities such as painting, drawing, printmaking, and mixed media provide women with a safe outlet for expressing feelings that are often difficult to find words for. Artistic engagement enables women to reflect on their experiences, to become more self-aware and to slowly rebuild their identities beyond illness, infertility or reproductive loss. It also promotes mindfulness, resilience, and adaptive coping, enabling women to manage uncertainty and emotional distress throughout their reproductive journey. Participatory art activities that encourage social connection, shared experiences and mutual emotional support may also further reduce feelings of isolation. Visual arts aid therapeutic communication as it provides women with a way of expressing complex feelings and experiences. Visual arts promote empathy, understanding and patient-centred communication between patients and healthcare professionals (Rebecca, 2024). On the other hand, Kadir et al. (2025) discovered that well-designed communal spaces supported social interaction, improved individuals' sense of belonging and emotional well-being. These results further support the importance of creative and supportive environments in supporting social connectedness, a core dimension of the proposed framework. Together, the five dimensions show that the fine arts, in addition to biomedical treatment, offer a complementary approach to holistic women's reproductive health by improving emotional well-being, resilience, identity, social relations, and communication.

4.4 Interrelationships Among the Framework Components

The five dimensions of the ABHF-WR are a continuous, interrelated process of healing, not a discrete process. The process of emotional expression facilitates reflection, identity reconstruction, and psychological resilience. The women develop confidence and a sense of purpose through their engagement in the arts, which leads to greater connection with others and a greater willingness to communicate with health care providers. These intertwined processes contribute to emotional healing, patient-focused care and improved reproductive health for women, demonstrating how the fine arts can improve clinical care within a holistic approach to healthcare.

4.5 Proposed Conceptual Model

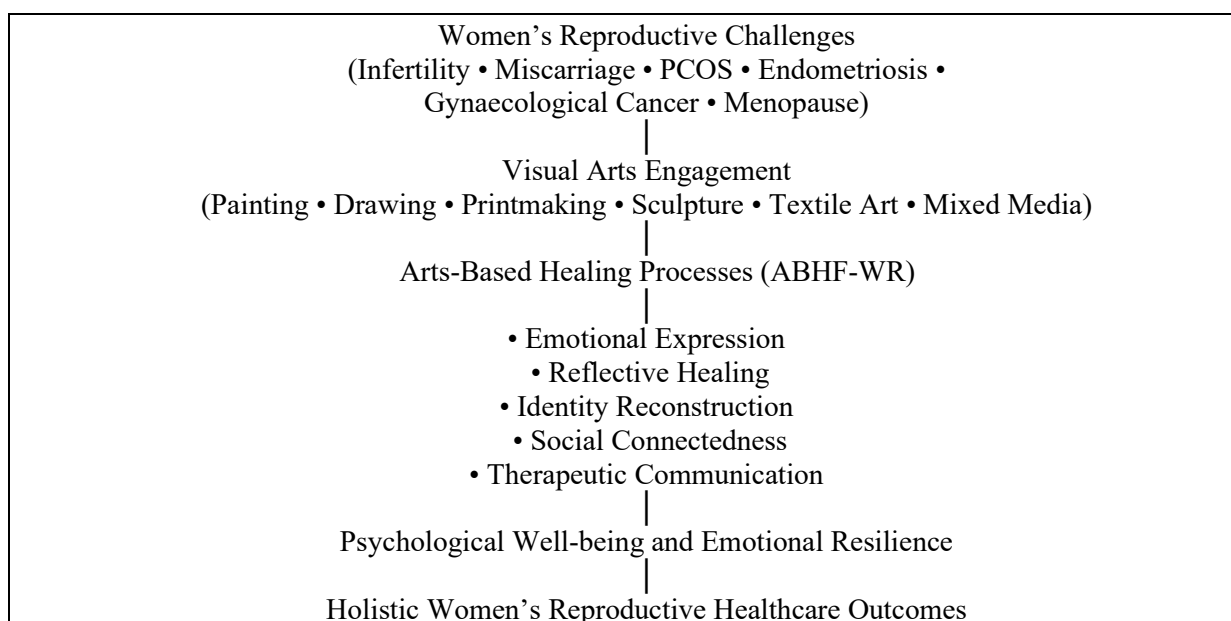


Figure 1 Arts-Based Healing Framework for Women's Reproductive Well-being (ABHF-WR)

Figure 1 indicates that, within the framework, engagement with the visual arts is the primary pathway linking reproductive health challenges to holistic health outcomes. Creative practice is not an alternative to biomedical treatment, but it complements the clinical care by providing an interdisciplinary healing process that strengthens psychosocial well-being.

4.6 Practical and Theoretical Implications of the Arts-Based Healing Framework

The ABHF-WR offers a practical framework for integrating the fine arts into women's reproductive health care. Creative activities such as painting, drawing, printmaking, visual journaling and collaborative art workshops can be integrated in hospitals, fertility centres and community health programmes to support women on their reproductive journey. These activities may be adjunct to medical treatment, encouraging emotional expression, reflection, communication, and social support. The framework also encourages health professionals, artists, art educators, psychologists, and community organisations to collaborate to create more holistic, patient-centred care. The ABHF-WR can also be used in healthcare education by introducing arts-based learning to enhance empathy, observation, communication, and understanding of patients lived experiences. The interdisciplinary model of the framework adds to the current knowledge by linking fine arts and gynaecology and by framing creative practice as more than an art therapy intervention. Instead, it views fine arts as a complementary approach that facilitates emotional healing, identity reconstruction, reflective practice, social connectedness, and therapeutic communication. The framework also provides a conceptual basis for further research and new opportunities for collaboration between the arts and healthcare to promote women's reproductive well-being.

5 DISCUSSIONS ON REIMAGINING WOMEN'S REPRODUCTIVE HEALTH THROUGH FINE ARTS

The ABHF-WR is a response to increasing awareness that women's reproductive healthcare needs to move beyond biomedical treatment to encompass emotional, psychological, and social well-being. While advances in reproductive medicine have led to improved clinical outcomes, many women experience grief, anxiety, identity changes, and emotional distress during their reproductive journey.

The ABHF-WR offers fine arts as a congruent modality for emotional expression, reflection, identity reconstruction, social connectedness, and therapeutic communication, providing more comprehensive, patient-centred care (Voices of the Women's Health Movement, 2012). Nevertheless, as new technologies such as artificial intelligence advance, progress in diagnosis and clinical decision-making, compassionate communication, and emotional support remain important components of quality care (Emin et al. 2019). The proposed framework, therefore, complements biomedical and technological advances by addressing the human dimensions of women's reproductive well-being.

5.1 Fine Arts as a Complementary Therapeutic Modality

The ABHF-WR acknowledges the potential contribution of the fine arts in the enhancement of women's reproductive healthcare through emotional expression, identity reconstruction, reflection, social connectedness and therapeutic communication. Creative practices like painting, drawing, printmaking, visual journaling and collaborative art activities provide more emotional and psychosocial support to women through all phases of their reproductive journey but are not substitutes for medical care or professional art therapy. The framework also enables collaboration between healthcare professionals, artists, educators and community organisations to provide more holistic, patient-centred care. Visual arts programmes can be implemented in hospitals and healthcare settings to aid emotional well-being and communication between patients and health professionals in fertility clinics, maternity services and women's health centres (Forte et al. 2023). The framework also enables new ways of fine arts education and interdisciplinary research by linking creative practice with healthcare. The ABHF-WR is a conceptual model that offers a theoretical basis for future empirical research. However, further efforts are required to examine the model's applicability in various cultural contexts and reproductive health care settings.

6 FUTURE RESEARCH DIRECTIONS

This paper proposes the ABHF-WR (the Healing Framework for Women's Reproductive Well-being) as a conceptual framework for integrating fine arts into women's reproductive health care. The framework draws on interdisciplinary knowledge from the fine arts, medical humanities, psychology, and patient-centred healthcare, but its propositions are theoretical and need empirical validation. Future research should evaluate, improve and extend the framework to different healthcare settings and populations.

6.1 Conclusion

Women's reproductive health includes physical treatment and emotional, psychological and social well-being. This paper suggests that the fine arts may be adjuncts to biomedical care, providing opportunities for emotional expression, reflection, identity reconstruction, social connection, and therapeutic communication. For this purpose, the paper proposes a new interdisciplinary framework, the ABHF-WR that connects fine arts and gynaecology. The framework provides a theoretical foundation for the integration of creative practice into women's reproductive health care and encourages collaboration between health care practitioners, artists, educators and researchers. The framework is conceptual and needs empirical testing in diverse healthcare and cultural settings, but it opens a new avenue for research and practice. In conclusion, this paper demonstrates that healing is not just about treating disease but involves a more holistic, compassionate, and patient-centred approach to supporting women lived experience, emotional well-being, and quality of life.

ACKNOWLEDGEMENT

No outside funding was received for research for this study. The authors acknowledge with gratitude the valuable support, collaboration, and academic contributions that strengthened the development of this conceptual paper.

FUNDING

No external funding was received for this work. The authors self-funded this research.

AUTHOR CONTRIBUTIONS

All authors made equal contributions towards the production of this paper.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in the research, authorship, and/or publication of this article.

REFERENCES

- Abdul Kadir, N., Morat, B. N., Shaari, S. N., & Sulaiman, S. (2025). *Design deficiencies in campus communal spaces: Barriers to student interaction and well-being*. *Ideology Journal*, 10(2), 172–183. <https://doi.org/10.24191/idealogy.v10i2.843>
- Corriero, A., Giglio, M., Soloperto, R., Varrassi, G., & Puntillo, F. (2024). *Harnessing the healing power of creativity: exploring the role of art in healthcare through art, dance, and music therapy*. *Advancements in Health Research*, 1(1). <https://doi.org/10.4081/ahr.2024.17>
- Costantini, R. A. (2020). "I've never told anyone this, but..": First Tellings of College-Aged Women's Reproductive Healthcare Experiences. *Health Communication*, 35(14). <https://doi.org/10.1080/10410236.2019.1662557>
- El Arab, R. A., Alzghoul, H., Abu-Mahfouz, M. S., Aldarwish, Z., Abbadi, M., Ghashi, E., Alsaffar, G., Alasmkh, W., & Seweid, M. M. (2025). Nurses' Perspectives on the Sleep Quality of Hospitalized Patients in Al Ahsa, Saudi Arabia. *Nursing Reports*, 15(2). <https://doi.org/10.3390/nursrep15020054>
- Emin, E. I., Emin, E., Papalois, A., Willmott, F., Clarke, S., & Sideris, M. (2019). Artificial intelligence in obstetrics and gynaecology: Is this the way forward? *In Vivo*, 33(5). <https://doi.org/10.21873/invivo.11635>
- Forte, S., Ferrari, F. A., Majd, H. S., Cisotto, F., & Ferrari, F. (2023). Enhanced Recovery after Surgery (ERAS) in Gynecology: State of the Art and the Problem of Barriers. In *Clinical and Experimental Obstetrics and Gynecology* (Vol. 50, Issue 1). <https://doi.org/10.31083/j.ceog5001014>
- Kabakci, A. G., & Bozkir, M. G. (2021). Effectiveness of platelet-rich plasma treatment in perineal trauma: A case report. *Clinical and Experimental Obstetrics and Gynecology*, 48(3). <https://doi.org/10.31083/j.ceog.2021.03.2464>
- Łuczak-Wawrzyniak, J., Skrzypczak, J., & Szczepańska, M. (2002). Healing is a form of art--thesis based on daily work observation at a Gynecology-Obstetrics Hospital. In *Ginekologia polska* (Vol. 73, Issue 10).
- Mayes, L. (2025). Beyond the stethoscope: Dance, creativity and the healing arts in medical education. *Australian Journal of Adult Learning*, 65(3).
- Nguyen, D., Chen, D., Torres, A., Lee, J., Pham, C., Amir, A., & Elul, T. (2025). Observation of art enhances medical students' cultural and gender awareness, recognition, and clinical empathy. *Indian Journal of Medical Ethics*, 10(4). <https://doi.org/10.20529/IJME.2025.059>
- Paiča, I., Mārtinsons, K., & Taube, M. (2025). Development and preliminary validation of the visual method '3D emotion composition' for evaluating emotional experience in depression. *Acta*

- Psychologica*, 256. <https://doi.org/10.1016/j.actpsy.2025.105042>
- Pang, X., & Li, Y. (2025). Retrospective study on the impact of evidence-based nursing in obstetrics and gynecology operating room on patients' negative emotions and quality of life. *Medicine (United States)*, 104(30). <https://doi.org/10.1097/MD.00000000000043177>
- Rebecca, C. F. (2024). Art in Health Communication: Bridging the Gap between Patients and Providers. *Research Invention Journal Of Biological And Applied Sciences*, 4(2). <https://doi.org/10.59298/rijbas/2024/422831>
- Riedel, P., Baeckert-Sifedine, I. T., & Iversen, C. V. (2011). Between hope and anticipatory stress? Psychological differences between couples with recommended intracytoplasmatic sperm injection or intrauterine insemination. *Human Reproduction*, 26.
- Sousa, A., & Nunes, A. (2022). Communicating Medical Content Now and Then: Fact or Fiction? In *From Cognitivism to Ecologism in Language Studies*.
- Stoll, M. (2023). What Are You Going Through? *Barnboken*. <https://doi.org/10.14811/clr.v46.833>
- Voices of the women's health movement. (2012). *Choice Reviews Online*, 50(01). <https://doi.org/10.5860/choice.50-0317>