



## Investigating Some Spiritual-Personality and Religious Aspects in the Prevention of Postpartum Blues

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### **Abstract**

**Introduction:** If pregnancy is considered as a spiritual situation, can spiritual attitudes and personality dimensions be effective in preventing postpartum blues? The purpose of this article is to investigate Some spiritual- personality and religious aspects aspects in preventing postpartum blues are 2019.

**Methods:** This is a review and library study. Articles by searching the PubMed, Scopus, Google Scholar, Magi ran databases, jurisprudential point wives, keyword religious injunctions: traits such as trust in God, patience, Forgiveness, Prayer and worship, ... and the personality type, Searched without time limit. At the end of the search, out of 60 articles, 31 articles were reviewed.

**Results:** In this article, the possible preventive factors of postpartum blues and mood disorders were divided into 5 general areas: is 1: Personality and Personality Type 2 - Improving the spiritual health of a pregnant mother by relying on features such as trust in God, patience, and patience ...3. Positive knowledge and attitude towards religious instruction in pregnancy. 4- Family communication and family structure and support. 5. The role of health care providers in maternal mental health care is discussed.

**Conclusion:** Five personality, religious, family, and religious attitudes of health personnel have been identified as effective factors. It seems that implementation of educational protocols based on religious teachings should be considered in prevention and treatment programs.

**Keywords:** *Spirituality; Personality; Prevention; Postpartum Blue; Pregnancy; Health; Religious*

### **Introduction**

Maternity is an enjoyable developmental process in a woman's life, which can result in considerable happiness in parents. However, it can be accompanied with tensions and worries due to creating physical and mental changes. In this context, mental pressure can be considered as the mothers' global experience in the pregnancy period. Anxiety can in turn exert devastating effects on the health of

the pregnant mother, her fetus, and the whole family (1). Punamaki et al. conducted a study in 2007 and reported that both clinical problems and anxiety during the pregnancy period could reduce the infant's health level (2). In the same vein, the results of a study conducted in Turkey in 2006 showed that depression and anxiety during the pregnancy period could result in postpartum depression (3). The closer the women get to the end of the pregnancy period, the higher their fear and anxiety will be (3). Finally, during the third trimester, the women's potentials are decreased due to the feeling of loneliness resulting from physical restrictions, reduced social activities, decreased daily contacts with others, fear from delivery, fear from infant's unhealthiness and birth of an abnormal infant, and fear from inability to keep and breastfeed the infant, providing the ground for their mental problems during pregnancy and after delivery (4-7).

Stress during pregnancy, delivery, and breastfeeding could lead to undesirable outcomes, such as miscarriage, nausea and vomiting, preeclampsia, weight reduction, preterm delivery, low birth weight, neonatal infections, and mental disorders including postpartum blues and depression. Religious beliefs and spirituality have been introduced as constructive coping strategies for improvement of psychological health (8-10). During the pregnancy period, individuals are faced with various stresses, including worries about acceptance of the maternal role, bodily changes and physical symptoms, and anxiety about the delivery process and appropriate growth and development of the infant (7). Evidence has indicated that 70% of women experience mood changes after delivery.

Postpartum blues has been explored since the 1950s (11-12). However, emotional care for pregnant women has been neglected in the field of gynecology and obstetrics. Several prospective studies have demonstrated that the mother's depression, anxiety, and stress during the pregnancy period could increase the risk of a wide range from undesirable outcomes in the infant, including emotional problems, hyperactivity, attention deficit, and cognitive impairment and might affect the infant's physical-social growth and brain development (13).

The prevalence of postpartum blues has been estimated to be 31.3% in Nigeria (14) and 58% in India (15). The lowest prevalence of postpartum blues has been reported in Japan (15.3%), while the highest prevalence has been found in the west world. Accordingly, maternity blues have been reported frequently among women in England (85%) and the U.S. (67%) (16). In a previous study, the prevalence of postpartum blues was 59.55%; 76.2% in the control group and 42.9% in the intervention group (17). Considering the high prevalence of postpartum blues, the present study aims to identify the role of therapeutic techniques based on cognitive-behavioral therapy mentioned in religious texts in treatment of mood disorders.

## ***Materials and Methods***

In this review study and library research, PubMed, Scopus, Web of Science, Magiran, Google Scholar, Iran Medex, and SID databases, jurisprudents' opinions, and religious laws were searched using the following keywords without any time restrictions: trust in God, patience, tolerance, forgiveness, prayer, and personality types. Then, all eligible Persian and Latin articles were investigated. The quantitative and qualitative articles written in Persian or English in the recent 18 years (since 2000) were included. At first, repeated articles were omitted. Afterwards, the articles' titles, abstracts, and full texts were explored and the unrelated cases were eliminated. The main inclusion criterion was involving strategies for reduction of postpartum blues. The articles with unspecified sample size and methodology as well as those that lacked sufficient documentation were excluded from the study. The articles whose full texts were not available were removed, as well. After eliminating the repeated articles and those that had assessed the issue incomprehensively, 28 out of the 60 articles were examined (Figure 1).

## Results

In the present study, the probable preventive factors of postpartum blues and mood disorders were classified into five main categories.

### *1. Individuals' personalities and personality types*

Since exposure to several environmental stressors is inevitable, benefitting from some psychological features and skills enables individuals to suffer less under these circumstances. Review of the literature in the field of stress indicated that personality characteristics and stress coping styles were among the major psychological factors in this regard (18). Generally, stressful conditions are associated with numerous factors including personality. Experts have also stated that personality features are among the strongest predictors of stress vulnerability (19). Hence, stress during the delivery process may have its roots in personality. In other words, the mother's personality type is one of the main factors that can affect her mental status as well as the labor process. Consequently, the pregnant mother requires more attention for emotional support and stress management from the beginning stages of pregnancy (20).

### *2. Improvement of the Pregnant Mother's Spiritual- Religious Health by Trust in God, Patience, Tolerance, Forgiveness, Praying, and Mercy*

Religion has been considered to be a source of support for individuals while encounter with problems. Religious beliefs and activities have been defined as a technique using religious resources, such as praying, trust in God, and resort to God, for coping. Religious behaviors, including saying prayers, honesty, belief in God, and reading religious books, can also create hope, encourage the formation of a positive viewpoint towards the existing circumstances, and take individuals out of the disappointing conditions on which they have no control, eventually resulting in a kind of internal tranquility (21). Some researchers have argued that religious beliefs can give depressed individuals a novel attitude towards the world and provide people with a spiritual attachment (22). In this context, numerous verses and sayings have been mentioned dealing with fear, unhappiness, and blues. For instance, a verse in Quran says: "We responded to him and saved him from the distress. And thus do we save the believers" (23). Another verse also maintains: "Do not weaken and do not grieve, and you will be superior if you are true believers" (24).

A cross-sectional study was conducted on the relationship between religiosity and spirituality, and antenatal anxiety among 344 women in western U.S. The results revealed that religiosity and spirituality ( $p=0.006$ ) and social support ( $p=0.0001$ ) were associated with lower anxiety levels. In other words, religiosity and spirituality reduced the level of anxiety among pregnant women (25). Another cross-sectional study also explored the relationship between religiosity and spirituality, and depression among pregnant women. The results indicated that religion and spirituality were effective in protection against depression symptoms (in case of lack of social support) (26).

### *3. Knowledge and Positive Attitude towards Religious Commands During the Pregnancy Period*

In a descriptive-analytical study, 300 pregnant women referred to six selected healthcare centers affiliated to Iran University of Medical Sciences were chosen via multistage sampling. The results demonstrated that 20.6%, 64.7%, and 14.7% of the participants had respectively good, moderate, and weak knowledge about Islamic health teachings during the pregnancy period. Additionally, 6.3%, 77%, and 16.7% of the participants had respectively good, moderate, and weak knowledge in the breastfeeding period. Moreover, 68.3% of the women had a positive attitude and 31.7% had a negative attitude towards

these teachings during pregnancy. Besides, 64% of the women had a positive attitude and 36% had a negative attitude during the breastfeeding period. Furthermore, 91.7% of the participants stated that recitation of the verses of the Holy Quran reduced their anxiety and worries during the pregnancy period. Considering the majority of the participants' moderate knowledge levels and positive attitude as well as the impact of Islamic teachings during pregnancy and breastfeeding, pregnancy care together with Islamic teachings were recommended to be incorporated into educational programs. The healthcare team was also suggested to be trained to increase their knowledge level in this field (27).

#### *4. Family Relationships and Structure and Acquaintances' Support*

Supporting the mother, particularly physically, on the part of the husband, husband's mother, and parents after delivery is of utmost importance. This issue has been emphasized in numerous studies mentioned in the 'Discussion' section. The results of several investigations have indicated that social support was important for women both during pregnancy and after delivery. In fact, the value given to the pregnant woman by her acquaintances and particularly her husband enlightens hope in her heart and provides her with more time to feel relaxed, compare her experiences to those of others, and enjoy the experience. These supports attract the mother's attention to the positive aspects of childbirth and decrease the impact of hormonal and biological changes on her mental status (28-31). Moreover, the mothers who receive emotional and social support after delivery are more self-confident in performing their maternal roles and express greater satisfaction with their motherhood (31). In a previous study, 61.9% of the pregnant women stated that they benefitted from their husbands' emotional supports. However, 59.5% suffered from postpartum blues. This might be attributed to the fact that the pregnant women had not expressed their real opinions because they wanted to satisfy their husbands by their answers to the questionnaire items (17).

#### *5. The Role of Healthcare Providers in Mental Healthcare for Mothers*

This issue has been emphasized in several studies, which have been included in the 'Discussion' section.

### ***Discussion***

The results indicated that the pregnant mother's personality type was among the effective factors in mood disorders. Generally, the amount of perceived stress depends on the person's perception of the risk of the situation. All researchers believe that coping with stress is affected by both state and trait features (32). Stress resulting from physical and mental changes requires coping strategies, and personality factors are effective in the selection of appropriate coping strategies (33).

Resilience has been defined as a process, ability, or outcome of successful compatibility irrespective of threatening conditions (34). This concept is mainly used for description of adaptive performance after incompatibility, stress, and trauma (35). Resilience does not imply the lack of risk factors in life, but refers to the presence of supportive psychological factors attributed to functional processes and techniques that can result in desirable outcomes. For instance, in case individuals are faced with risks and challenges in life, they can reduce the devastating effects of life pressures through such supportive factors as positivism, self-confidence, and control of negative emotions (34). Characteristics associated with individuals' emotional and intellectual adjustment could play a critical role in resilience, as well (35). Resilient individuals are able to adjust their tensions, have situation-dependent tolerance, and can react flexibly and get compatible with unfamiliar conditions (36). Resilient individuals against stress also possess a source of internal control. This implies that they can take the responsibility for their issues and conditions, have positive self-knowledge, and are optimist towards life. These individuals have strong

personalities and higher physical and mental health levels compared to those who are intolerant against life stresses (34). Libera et al. (2016) carried out a research in Poland in order to determine the probable relationship between personality features and the amount of stress experienced by women after delivery. The results revealed a significant relationship between personality features and the amount and structure of stress associated with preterm labor. Indeed, the total stress level and its components were positively associated with neuroticism. On the other hand, the total amount of stress was negatively associated with extroversion and openness to experience. However, no significant relationship was observed between the amount of stress and conscientiousness (19). Neuroticism has been reported to be accompanied with lower health promotion behaviors like sexual risk taking as well as lower physical activities (37-38). It has also been found to predict worse physical and mental health, including coronary artery disease (39).

Sarani et al. (2016) conducted a correlational study in Mashhad in order to explore the relationship between personality features and coping with perceived stress in 500 pregnant women referred to 20 healthcare centers selected via simple random sampling. The results revealed lower stress levels among the women with higher hardiness and optimism. Thus, it was concluded that personality features were associated with coping methods and amount of stress among pregnant women. It was also argued that optimist women were able to accept the changes occurring during the pregnancy period and, consequently, benefitted from better mental health (33).

The current study results indicated that trust in God, patience, tolerance, forgiveness, repentance, praying, absolution, mercy, and thankfulness were effective in mood disorders and mental balance. Up to now, no comprehensive research has been conducted on Islamic psychology, particularly psychotherapy from Islamic perspective. The Holy Quran and other Islamic resources can provide the ground for such investigations. Paying attention to techniques like trust in God in Surah Al-Ma'idah and Surah Al-Anfal (40) and patience, tolerance, and resilience in Surah Al-Baqarah provides humans with practical strategies, which can be effective in creation of mental balance.

To date, numerous studies have focused on the protective effects of patience and resilience on individuals' compatibility with life stressors. Pregnancy has been considered to be a stressor in life (42). Thus, pregnant women's patience and resilience is expected to empower their positive emotions against negative ones like stress and depression. In this context, resilient groups have shown higher coping abilities and greater resistance against stress (36).

Techniques, such as forgiveness and mercy, have also been mentioned in Surah Al-Hajj and Surah An-Nisa in the Holy Quran (43), which can be effective in mental balance. Forgiveness has been defined as a powerful treatment intervention as well as an intellectual practice in which the patient decides to forgive. The major religions of the world; i.e., Islam, Christianity, and Judaism, have encouraged individuals towards forgiveness. In fact, forgiveness has been introduced as a transcendent value in all religions, which is a sign of compassion, love, and attention with no boundaries. The impact of forgiveness on mental health has been addressed in experimental studies for almost a decade. The results have revealed the effectiveness of forgiveness promoting psychological interventions in improvement of emotional injuries resulted from others' wrongdoings, including drug and alcohol abusers, divorced people, couples, children of divorced parents, and high-risk adolescents. Accordingly, forgiveness interventions could affect individuals' psychological well-being by increasing their self-esteem and hopefulness and decreasing their anger, depression, and anxiety (44-48). Techniques, such as praying, which have been mentioned in Surah Al-Imran and Surah Al-Mu'minun (39) could be a therapeutic method for reduction of mood disorders, as well. Some studies have pointed to treatment through belief in God's healing as an organized psychological method, which plays a key role in treatment of patients and reduction of pain, anxiety, depression, and the resultant tensions (17).

The present study findings indicated that self-esteem was among the effective factors in mood disorders. Self-esteem has been defined as a personal judgement about one's worthiness or worthlessness, acceptance or unacceptance, which manifests in the person's attitude. In fact, an individual may not see

oneself in the same way as others do (50). Self-esteem is among the important and basic issues in psychology and is an important dimension of any person's personality (51). The closer an individual's ideal self is to one's actual self, the happier the individual will be. In other words, a great distance between the ideal self and the actual self will result in dissatisfaction and unhappiness, which can lead to mental problems in the long run (51-52). In this context, Rice has stated that religious beliefs had a positive impact on mental health and self-worth and that taking part in religious and spiritual activities led to positive self-evaluation. Hence, in comparison to physical characteristics, spiritual features were more influential in increasing self-esteem (53). Several other studies explored religious values, hopefulness, and self-esteem among Australian adolescents and revealed a significant relationship between religious values and self-esteem. Moreover, religious beliefs and trust had a better status among various psychological variables (54-56).

The present study results demonstrated that the mother's support by the first degree relatives and her husband was effective in reduction of mood disorders as well as postpartum blues. This has been emphasized in numerous investigations. Such supports attracted the mother's attention to the positive dimensions of childbirth and decreased the impact of hormonal and biological changes on their psychological status. Moreover, the mothers who had received emotional and social support after delivery were more self-confident in playing their maternal roles and reported more satisfaction with their motherhood (57-60). Generally, a pregnant woman's support on the part of her husband is important in improvement of the paternal role and the emotions and relationships involved in pregnancy and childbirth experience, which plays a crucial role in increasing the attachment with the infant and declining the mother's anxiety (61). Family interactions have been emphasized in Surah An-Nisa, verse 19. Numerous Hadiths have also been quoted regarding the behaviors towards one's spouse. For instance, Prophet Mohammad has been quoted: "the best of you are those who are best for their wives, and I am the best for my wives" (62).

The current study findings indicated that healthcare providers played a pivotal role in the mothers' mental healthcare. In Iran, pregnancy care services are restricted to physical care and pregnant women's psychological needs are less taken into account. Nonetheless, pregnancy cares provide a great opportunity for assessment of the mother's care behaviors towards her fetus and infant, and the healthcare team members have the greatest opportunity for contact with the pregnant woman. Hence, healthcare personnel are recommended to perceive the factors associated with postpartum blues and prevent anxiety and depression disorders (63-64), because psychological disorders exert detrimental effects on the parents' capabilities as well as the infant's cognitive health (15). In many cultures, particularly in eastern societies, treatments based on belief in God as a supernatural force are used alongside the classical medical therapies. Western scientific communities have also published articles, which have proved that they could not be indifferent towards the patients' religious beliefs regarding the treatment of women's and children's diseases (65-66).

## **Conclusion**

The study results indicated that postpartum blues was associated with personality, personality types, trust in God, patience, tolerance, forgiveness, praying, absolution, mercy, thankfulness, positive attitude towards religious advice during pregnancy, familial support, and role of healthcare providers in mother's mental health. Religious and Quranic prayers are also of utmost importance in Islamic and traditional medicine. In Iran as an Islamic country, patients demand physicians to pray for their health and resort to religious dimensions, which has its roots in their religious and Quranic beliefs as well as the Islamic and traditional medicine. In this context, measures should be taken to promote pregnant women's mental health. Hence, training and execution of educational protocols based on religious teachings should be incorporated into prevention and treatment programs. In the end, it should be noted that pregnancy care

services in Iran are limited to physical care and psychological, social, and familial aspects of health have been less taken into consideration.

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