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Indian Psychiatric Society Publication

Spirituality and Mental Health

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2 CHAPTER

Spirituality in Pregnancy and Maternal Mental Health

Mrugesh Vaishnav, Suresh Sathe, Parth Vaishnav

INTRODUCTION

During pregnancy, spirituality play as a vital role, in supporting a mother's mental health, bringing a sense of purpose and peace. It aids in building emotional and mental well-being by lowering the levels of anxiety and stress strengthening the relationship between a mother and her child. Spiritual practices can be a source of strength for women by serving as a source of comfort along the whole journey.

PSYCHIATRIC DISTURBANCE DURING ANTENATAL PERIOD

Perinatal mental health is a pressing issue for maternity care providers worldwide, and it influences maternal health policy, professional assistance, and education. Depression and anxiety are the most frequent mental health issues during pregnancy, with roughly 12% of women suffering depression and 13% experiencing clinical anxiety at some point; many women experience both. Poor mental health is estimated to impact 15–25% of women during their childbearing years especially in underdeveloped countries.[1]

Maternal mental health during pregnancy has been linked to negative outcomes like premature labor, low-birth weight and early neonatal developmental difficulties, adolescent neurodevelopmental issues, and young adult mental and social problems.[2]

Prevalence of prenatal depression internationally indicated a range of 15–65%. Self-harm during pregnancy is a complicated cause of maternal deaths, particularly in females who have had mental health problems in the past.[2] A global survey found that the prevalence of suicide thoughts during pregnancy and after birth ranged between 5 and 14%.[3]

Indian Prevalence

The overall prevalence of prenatal depression ranged from 3.8 to 65%, whereas the overall anxiety ranged from 13 to 55%. Depression and anxiety are frequently co-occurring conditions, but the time of their onset is unknown. Few studies have found that high levels of prenatal anxiety can predict postpartum depression. Among the numerous psychosocial characteristics, insufficient social support was discovered to be a significant predictor of anxiety.[4]

Risk Factors

The most prominent risk factors identified in a meta-analysis of studies were pressure to have a male child, unemployment, financial difficulties, a history of miscarriage, marital conflict or poor relationship with the spouse, and a lack of recreational opportunities. Another key risk factor for prenatal depression

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that has been verified by several research is the presence of a prior history of abortion.[4]

Impact of Antenatal Depression and Anxiety

Aside from the potential impact on her children, a woman's mental health during pregnancy is strongly linked to other aspects of her health in general. A lack of social support directly correlates with the chance of experiencing despair, anxiety, and self-harm during the term. It is exacerbated by hormonal changes and can manifest as a period of increased risk in the presence of psychological health problems such as anxiety, sadness, and self-harm.[5]

Antenatal anxiety is characterized by overwhelming demands, fears, and doubts regarding pregnancy, labor, the newborn's well-being, and the couple's future parental and caring obligations.

Depression is the most common mental health condition during pregnancy, connected with side symptoms such as a discouraged state of mind, low confidence, lack of interest, perceptions of uselessness, peevish temperament, loss of food, feelings of weakness, and poor concentration abilities.[5]

SPIRITUALITY DURING PREGNANCY AND CHILDBIRTH

Given the numerous physical and psychological changes of pregnancy, severe health problems may emerge if this period is not managed effectively (WHO, 2018).[5] Antenatal care is a comprehensive approach to care that includes physical, psychological, social, and spiritual care.[2] Spiritual midwifery reflects the existential relevance and meaningfulness of process of birth.[1] Wojujutari (2018) explored the topic of ritualizing pregnancy and labor as a spiritual experience, including the five facets of spirituality (moral, majestic, mystical, concerns of meaning, and merging with the other or something outside of self).[6]

Offering spiritual support during labor decreases cesarean section incidence and the usage of intrapartum analgesia and prevents many problems and assistive treatments.[3] Nodoushan et al. (2020) discovered that the majority of pregnant women had high levels of stress and low levels of spiritual and psychological well-being increase the risk of preterm delivery and unsafe births.[7] There is an inverse link between spirituality and stress during pregnancy.[2]

In Brazil, Piccinini et al. (2021) found that negative religious and spiritual coping were associated with higher levels of depressive, anxious, and stress symptoms as well as worse physical and psychological quality of life.[8]

- *Spiritual experiences:* Athan et al. (2015) discovered that women who held attributions of God as loving, knowable, and residing within the self-experienced lower levels of anxiety, depression, and perceived stress, as well as higher levels of social support.[9]
- *Spiritual intelligence:* Spiritual intelligence is another concept associated with spirituality. Results of the study by Wojujutari et al. (2018) showed the significant moderation role of the spiritual intelligence on the relationship between psychological well-being and maternal psychosocial adjustment.[6]
- *Spiritual well-being:* Spirituality is regarded a vital aspect of the quality of life and a central factor for mental health during pregnancy.[10]
- *Maternal–fetal attachment:* The link between maternal–fetal attachment and spiritual well-being revealed a

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positive correlation.[11] In a study among primiparous women and their infants, maternal religious attitudes affect fetal mental health by employing particular newborn mental health indicators.[12]

- *Postpartum depression:* Spirituality was regarded one of the linked factors that reduce the prevalence of postpartum depression.[2] Higher levels of spirituality linked to better maternal mental health and emotional wellness after childbirth; psychosocial resources of mastery, self-esteem, and optimism.[13]
- *Social support and religious devotion:* Social support and religious devotion influence depression symptoms during pregnancy and after childbirth. The effect of spirituality on mother mental health throughout pregnancy and in the postpartum period is significantly visible.[14]

PSYCHOLOGICAL WELL-BEING DURING PREGNANCY AND CHILDBIRTH

Stress during pregnancy affects women's physical and psychological well-being. Spirituality provides pregnant women with the ability to mitigate stress and its consequences and adapt well during difficult times.[2]

There is a substantial influence for spirituality and psychological well-being in lowering pregnancy-specific stress.[15] Dilgony et al. (2016) also validated the same results[16] as spiritual well-being predicts pregnancy-related stress.[17] In contrast, Mann et al. (2010) revealed that religiousness and spirituality related to greater reported stress.[18]

- *Psycho-spiritual transcendence:* Women regarded their experiences of agony after childbirth as a time for psycho-spiritual transcendence, highlighting the need to engage spirituality in maternity care.[2] Submission to God makes it easier to overcome pregnancy and childbirth; spiritual stories boost confidence and motivation. Women possess a powerful ability to improve their spirituality.[15,19]
- *Life satisfaction*: Positive strong correlations between life satisfaction, social support, and spiritual well-being, accounting for the mediating role of social support.[20]
- *Spiritual counseling:* A substantial benefit of spiritual care education on postpartum stress disorder was seen in women with preeclampsia along with improved sleep quality and reduced the severity of insomnia throughout pregnancy.[2] Giving spiritual care during antenatal care can be useful in sustaining maternal psychological well-being.[2]

ECOLOGY OF BIRTH

The ecology of childbirth conceptual framework highlights human relationships with one another and the environment **(Fig. 1)**. The framework of ecology consists of six components—contextuality, embodiment, relationality, temporality, spatiality, and mystery.[1]

- *Context:* Cultural and spiritual characteristics, people (family and carers), venues of care, and how care is administered all contribute to the setting in which childbirth takes place. It is clear that the circumstances of delivery experiences will always influence childbirth feelings.[1]

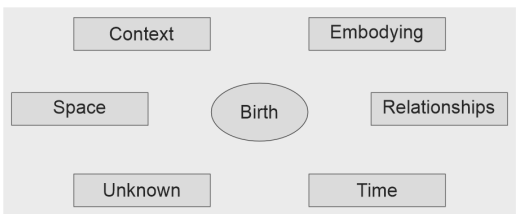

Fig. 1: Ecology of childbirth.
Source: Crowther S, et al.[1]

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- *Space:* Bennington (2010) highlights various levels of energy that arise throughout delivery experiences, including environmental energy, location and space of birth, and the sociocultural milieu that surrounds birth. Mitchell's (2012) study emphasizes women's desire to find space in their delivery experience to relax and assimilate their experiences.[21]
- *Embodying:* Maternity care professionals must be aware of the physical and emotional demands of pregnant women.[2,22] Disregarding physical demands interferes with relationships and the ability to adapt to the changes that occur during childbirth[5] especially if there is lack of familial support, poverty, and a traumatic birth.[22] Mitchell (2012) discovered that physical connection and touch are significant.[23]
- *Relationships:* Equally important is relationships and kinship as weaker interpersonal connections are connected with lower chance for spiritual growth.[2] Women who felt alone, detached, uncared for, and unsupported by family were left feeling powerless and helpless.[22]
- *Clock time and felt time:* Temporality is a component of the delivery experience, consisting of clock time and felt time. Women need time to reflect on their past, present, and future relationships.[17] Childbirth is a unique time that requires inward development and invites women to become themselves. Being called to be externalized early may disrupt the "going inside" process of transformation and impair emotional wellbeing.[17]
- *Unknown:* Mitchell's (2012) study demonstrates how mothers struggle to find time for themselves to assimilate what is happening to them throughout the unpredictable childbearing year. Time is required to treat spiritual welfare, and how recognizing this requirement may lessen risk and need for scientific interventions.[23]

A NEW CONCEPTUAL MODEL (FIG. 2)

Orem (2001) recognizes three components of well-being—contentment, pleasure, and happiness. Orem's conceptual approach

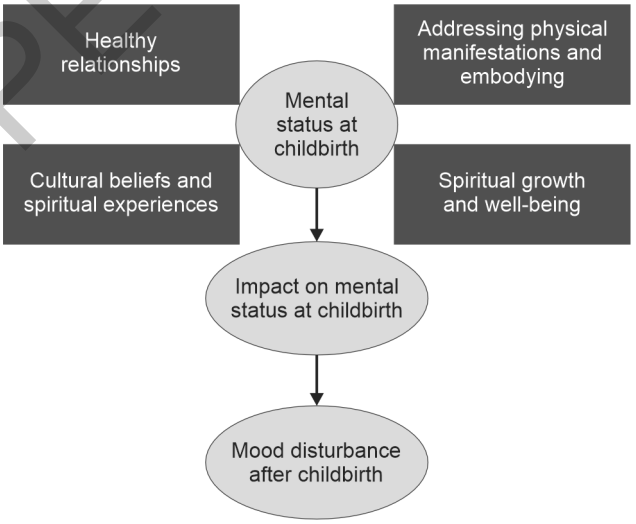

Fig. 2: A conceptual model.
Source: Crowther S, et al.[1]

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allows us to think about delivery in a broader context than the narrow biomedical focus. A new conceptual model has formed based on the four themes highlighted using the ecology of childbirth framework.[1]

SPIRITUALITY AND COPING

Spirituality is an important subject to explore; it is more than just an esthetic aspect of human life; it is regarded as a fundamental component of human well-being and holistic treatment. Several difficulties, such as cesarean section, the usage of intrapartum analgesia and supportive techniques, and the prevalence of postpartum depression, should be minimized when offering spiritual support.[24]

THE STRUCTURAL MODEL

Pregnancy-specific Stress

The psychological and physical changes linked with them can generate various levels of anxiety and stress in women.[15] Almost 25% of women suffer some level of stress during their pregnancy which can contribute to complications during pregnancy and childbirth.[25] Stress and anxiety levels fluctuate throughout pregnancy.[26] Preterm birth, low birth weight, spontaneous miscarriage, and newborn abnormalities are some of the negative pregnancy outcomes that can result from these strains and tensions, depending on their duration and intensity.[25]

Spirituality and Stress Management

Increasing spirituality is advocated as a stress management and treatment method, as it constitutes a healthy lifestyle.[27] Monotheistic spirituality promotes health and gradually reduces hazardous behaviors.[28] Spirituality can relieve stress by making people feel peaceful, in control, independent, and purposeful.[15] Spirituality dramatically affects both physical and mental health.[15] Spirituality protects against stress during pregnancy.[29]

Health and Well-being

Health and well-being are fundamental components of an individual's identity, influencing all elements of life.[30] Individuals with a low sense of well-being adversely evaluate their life events and experience more negative emotions such as worry, melancholy, and rage.[31] There is a substantial relationship between life skills, anxiety, depression, and mental health and well-being.[32]

Spirituality and Psychological Well-being

Pregnancy-related stress can result in irreparable repercussions such as miscarriage, preterm delivery, and hypertension. Spirituality and psychological well-being influence pregnancy-related stress in beneficial manner.[15]

Fear of childbirth appears to stem from uncertainty about the birth process.[33] A quarter of women fear labor to varying degrees because they fear pain, losing control, and episiotomy which may have an negative impact on the mother and the infant.[34-37]

Social and Psychological Factors

A wide range of variables, including psychosocial, spiritual, and demographic traits, are linked to negative experiences and a fear of giving birth.[38,39] Mothers who have greater spiritual well-being and social support are better able to tolerate the pain of labor, which in turn reduces fear and improves the childbirth experience.[40-42]

Negative Impact of Religiosity

Religious beliefs could have the opposite effect by pushing people to stop receiving treatment or delaying their prompt referral for

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illness prevention.[43] Individuals with stronger spiritual beliefs had a worse prognosis and worse condition than other patients.[44]

MATERNAL ANXIETY

Pregnant women's fear and experience of birthing are correlated with their spiritual well-being and perception of social support. Therefore, reducing fear and the negative effects of labor can be achieved by implementing programs that provide spiritual and familial support, resulting in a happy childbirth experience.[36]

Maternal Anxiety and Pain

A woman's pregnancy is a wonderful time in her life and a physiological phenomenon as giving birth is a significant event in her life.[45] When it comes to enduring the pains of pregnancy and labor, every pregnant lady behaves differently from other pregnant women **(Fig. 3)**. Numerous variables influence this response **(Box 1)**.[46]

Pregnant women typically experience anxiety, insomnia, frequent awakenings, sleep deprivation at night, and effective sleep deprivation starting in the 12th week of pregnancy and continuing for the first 2 months following delivery. These issues with sleep patterns either result from anxiety or are the cause of anxiety.[47]

Maternal Anxiety and Fetal Cortisol

Anxiety is a psychological state brought on by coping with perceived or actual stressors.[48] The health of the mother and fetus may be significantly impacted by anxiety reduction techniques throughout pregnancy.[49]

The mother's anxiety and depressive state during her pregnancy raise the fetal levels of cortisol and adrenal secretion, which directly affects the mood of the child

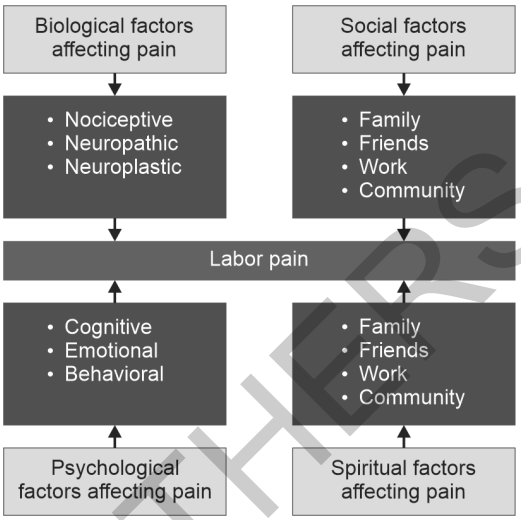

Fig. 3: Labor pain in pregnant mother.
Source: Dehestani H, et al.[45]

BOX 1: Factors affecting maternal anxiety during pregnancy.

- Education
- Economic situation
- Unplanned pregnancy
- History of miscarriage
- Vaginal bleeding
- Fever

Source: Ding X, et al.[46]

negatively.[45] Maternal anxiety influences the fetal heart rate variability.[50] Stress and bad experiences of mothers had during their pregnancies negatively affect the newborn's psychological development, motor–behavioral development, and physical growth.[51] Over 80% of pregnant women with low-risk pregnancies feel anxious at some point throughout their pregnancy.[52]

Dealing with Maternal Anxiety

Yoga, gentle physical activity, and massage might help lessen anxiety in mothers while also improving the quality of pregnancy outcomes.[53] Learning relaxation skills can help women prioritize their overall

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health, leading to healthy childbirth and childrearing.[54] Family physicians frequently overlook patients spiritual well-being.[55]

Women who have experienced physical harm and suffering also prefer to be religious because religion enables them to cope with the anguish and sorrow brought on by their illness.[56]

Women with Childhood Maltreatment Histories

A mother experiences major changes during the postpartum period, which makes her more susceptible to psychopathology. If mother who has gone through a lot of physical, emotional, and social changes could lower her quality of life and put her at risk for postpartum depression; especially mothers who experienced traumatic events and maltreatment in past.[57]

RELIGIOSITY AND SPIRITUALITY

Spirituality and religiosity are related, although they differ both conceptually and experimentally. It was proposed that spirituality typically refers to broader views and experiences, whereas religiosity concerns actions connected to formal traditions. It is possible to be spiritual without being religious, and vice versa. While many people identify as both religious and spiritual, not all do.

- *Religiosity and spirituality (R/S) and mental well-being*: A favorable correlation between R/S and mental well-being. In diverse communities and cultures, higher R/S was linked to improved mental health, like decreased prevalence of anxiety, sadness, and other stress-related mental diseases.
- *R/S and quality of life:* Given that many traditions place a high value on motherhood, childbirth, and the family, R/S encounters may be particularly pertinent for postpartum women. R/S may operate as modifying or directing elements to help avoid postpartum depression and/or improve quality of life.
- *R/S and postpartum phase:* A high correlation between postpartum mental health issues and women's childhood trauma experiences, such as abuse, neglect, or severe household dysfunction. R/S may be protective against postpartum depression symptoms.
- *R/S and resilience:* R/S were proposed as potential strategies to support stress resistance in trauma survivors from early life and may occasionally act as a moderator on the emergence of posttraumatic reactions in victims of childhood abuse.
- *R/S and childhood abuse:* A history of childhood abuse is a known risk factor for postpartum mental health and since R/S has been found to be one possible defense against abuse.
- *R/S and forgiveness:* The findings of Jonathan E Handelzalts et al. shown benefits for forgiveness rather than a more general feature of religion on postpartum depression and life quality.[57]

FEAR OF CHILDBIRTH

During reproductive years, a woman must cross an existential threshold by becoming pregnant and giving birth.[58] Women's expectations and experiences with pregnancy and childbirth range from joy and belief to fear and anxiety.[59] Fear of childbirth (FOC) is a prevalent issue among pregnant women because birthing is an unpredictable process that cannot be entirely controlled or known in advance.[37]

Research indicates that 26–45% of pregnant women experience moderate FOC,[37] while 8–27% experience severe FOC.[37]

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In a study, nearly 10–14% of Turkish pregnant women have FOC at a clinical level, according to studies conducted there.[37]

Fear of childbirth has multiple causes and is influenced by psychological, obstetric, and sociodemographic factors. According to studies, factors influencing FOC include age, education level, planned versus unplanned pregnancies, history of miscarriages and treatments, and knowledge about childbirth.[37] Another obstetric trait linked to FOC is parity. Research indicates that nulliparas encounter FOC as a result of insufficient experience and associated uncertainty,[60] multiparas who have had difficult birth experiences in the past also suffer from FOC.[37]

The idea that pregnancy and labor are spiritual experiences and that women must prepare for childbirth by maintaining their spiritual health has gained prominence in recent years.[61] According to King (2008), spirituality is the ability to use spiritual elements including self-reflection, understanding the purpose of life, understanding oneself, and achieving higher spiritual states.[62]

Though spirituality was first linked to religion because religious leaders emphasized it, it is now a more expansive term than just religious observance.[37] Religion is a system that provides adherents with a way of life through the concept of god and sacred ideals. Religion is a ceremonial teaching, not spirituality.[63] One way to characterize religion is as a facet of spirituality, but religion cannot be the exclusive domain of spirituality. Whether or not they adhere to the official requirements of a particular religion, everybody have a spiritual side.[37]

SPIRITUAL WELL-BEING

Spiritual well-being facilitates coping with stress and increases psychological well-being by positively affecting mental health. It is reported in the literature that those with high spirituality levels better adapt to conditions and difficulties of life.[37] Spiritual well-being is linked to psychological health, happiness, and stress levels. Anxiety of birth diminishes as spiritual well-being rises.[37]

Fear of Childbirth and Psychological Well-being

Psychological well-being is described as spiritual, emotional, and mental well-being and is linked to positive feelings that impact mental and physical health.[44] Pregnant women are more likely than nonpregnant women to face psychological issues such depression and anxiety, which have a positive correlation with FOC. Women with high levels of psychological well-being can manage their challenges even when they are not in the best mental or emotional states of their lives.[37]

Fear of Childbirth and C-sections

Fetal discomfort, hemorrhage, interrupted delivery, protracted or quick delivery, and issues with mother–infant attachment are all known effects of FOC. FOC has been shown to have a negative impact on birth satisfaction, negatively impact acceptance of the role of pregnancy and motherhood, and increase preference for optional C-sections when there are no medical indications.[37]

Predictors of Fear of Childbirth

Predictors of FOC, relationships with prevalence, some psychosocial factors, sociodemographic and obstetric factors, and assessing the impact of childbirth education and health professional support have been the main subjects of research on FOC.[37]

Spiritual Health and Fear of Childbirth

Pregnant women have a higher frequency of false positives (FOC); on the other hand, those

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who have good spiritual and psychological health also have lower FOC. When combined with psychological well-being, spiritual well-being raised the variance explained by FOC to 24% from 18% when considered alone.[37]

By offering customized training programs and prenatal trainings that take into account the concepts of psychological well-being and spiritual well-being that are associated with the FOC, it is possible to ensure an increase in coping with the FOC, a decrease in the desire for optional cesarean sections, and a more positive birth experience for women.[37]

ABORTION

Emotional Sequelae of Elective Abortion

Many women who have abortions face long-term emotional, spiritual, psychological, and interpersonal challenges after the procedure; these issues can include complex grieving, depression, PTSD, and relationship problems. Estimates of these difficulties vary.

The dynamics of postabortion syndromes are further clarified by models of perinatal loss that include development, drive, object interactions, and narcissism. Postabortion sequelae are often generated and concealed in large part by feelings of guilt and shame. It makes sense to at least consider the possibility that guilt and shame, particularly shame, are involved when emotional phenomena are so obscure.[64]

There is no doubt that postabortion syndromes do occur, even though the true (and likely unknown) prevalence of these syndromes is unknown.[65]

Postabortion symptoms are probably underreported by at least as much of a margin because of guilt.[64] Furthermore, ''significant suffering can be present in women who have functioned well for long periods".[66] Clinicians have a significant role in preventing, detecting, and treating this suffering.[64]

Spiritual Intelligence and Postabortion Depression

Miscarriage, also known as spontaneous abortion (SA), is a frequent pregnancy-related problem defined as the loss of pregnancy before 20 weeks gestation in the absence of voluntary medical or surgical intervention to terminate the pregnancy. About 15–27% of women aged 25–29 have SA. The prevalence among women over the age of 45 can reach 75%.[67]

As a major stressor, SA can impair physical and emotional health, to the point where almost all women who have SA experience grief.[67] Post-SA depression normally diminishes in 3–4 months, but it might linger for a year and lead to clinical depression, which requires treatment.[67,68] Although women of diverse races and moral traits show essentially identical responses to SA, their coping techniques differ.[69]

Their religiosity is a major contributing factor to this disparity. Spirituality is utilized as a coping method to deal with and manage challenging situations.[70] Fetal death can generate a major spiritual crisis for the affected women,[71] religious and spiritual principles are employed to deal with abortion.[69] Spirituality can help people respond positively to grief.[72]

ROLE OF HEALTH CARE PROVIDERS

Health Promotion Behaviors

There is indirect, strong positive influence of spiritual well-being on pregnant women's health promotion behaviors via the mediatory function of anxiety and planning–preparation coping. The mechanistic effect of spirituality

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on anxiety or planning–preparation coping, as well as the mediatory effects on healthy behaviors, is well understood. However, there are some assumptions in the interpretation of the impacts.[73]

- First, the level of anxiety is linked to both spirituality and good behaviors. Research has found that spirituality is connected with decreased levels of anxiety and perceived stress.[74] State anxiety predicted poor healthy behaviors of pregnant women, including healthy nutrition, physical activity, and health responsibility.[75]
- Second, spirituality promotes pregnant women's well-being. Individuals with more spirituality manage better with difficult life, have a sense of control, and higher hope.[76] Individuals with higher spirituality have greater social support and less social anxiety.[73]
- Third, improving planning–preparation copings can increase pregnant women's spiritual well-being and healthy behaviors. It appears that spirituality helps women boost their preparation to plan solutions to deal with difficult situations.[77]

Spirituality and Problem-solving

Evidence suggests that spirituality is strongly associated with problem-solving methods among pregnant women.[78] These findings highlight the role of anxiety and coping plans in mediating mechanisms that explain how spiritual well-being influences pregnant women's health-promoting behaviors.

Health care workers could emphasize the beneficial impacts of spiritual well-being on anxiety and pregnant stress reduction, as well as the promotion of healthy behaviors. Educating women and their partners about the significance of spiritual well-being in reducing anxiety and promoting planning–copings may be an effective motivator for improving health promotion behaviors during pregnancy.[73]

SPIRITUAL COUNSELING

Elevated sensations of depression and anxiety during pregnancy are linked to later child overall emotional and behavioral issues.[79] Spiritual counseling can help pregnant women handle their perceived stress and anxiety. As a result, spiritual counseling is advised as a complimentary and helpful solution for managing psychological difficulties in pregnant women.

The Effect of Spiritual Counseling on Stress and Anxiety in Pregnancy

A randomized controlled trial by Masoumeh Haghighat et al. recruited 112 pregnant women who visited health centers in Maragheh, Iran, between 2016 and 2017.

The participants were divided into two groups—control and intervention **(Table 1)**. Before and 4 weeks after the intervention, individuals were interviewed and given a sociodemographic questionnaire, the perceived stress scale, and the Spielberger state-trait anxiety inventory (STAI). 55 participants in the counseling group and 56 in the control group were followed up and analyzed until the end of the study.

TABLE 1: Effect of spiritual counseling on stress and anxiety in pregnancy.

Group	*Number of patients*
Control	56
Intervention (spiritual counselling)	55

Source: Haghighat M, et al.[80]

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Results:

Stress ***(Fig. 4)***

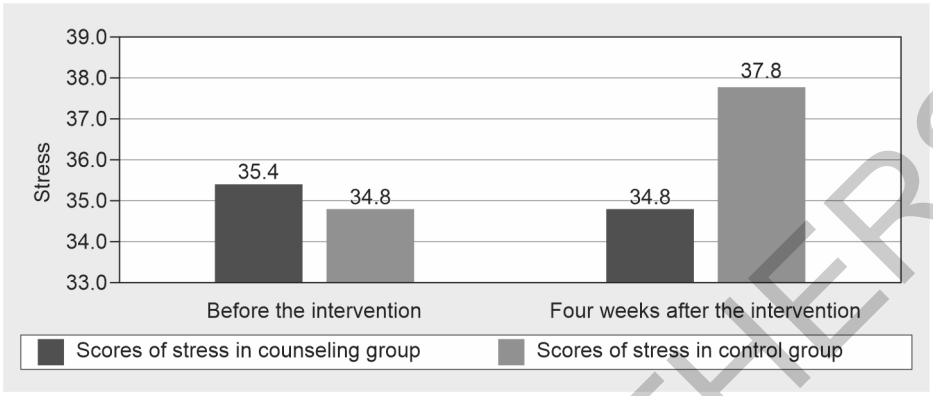

Fig. 4: Stress.

State anxiety ***(Fig. 5)***

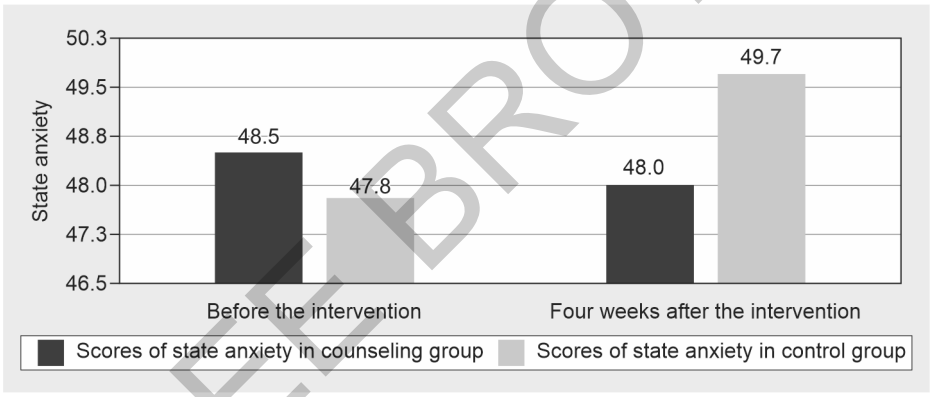

Fig. 5: State anxiety.

Trait anxiety ***(Fig. 6)***

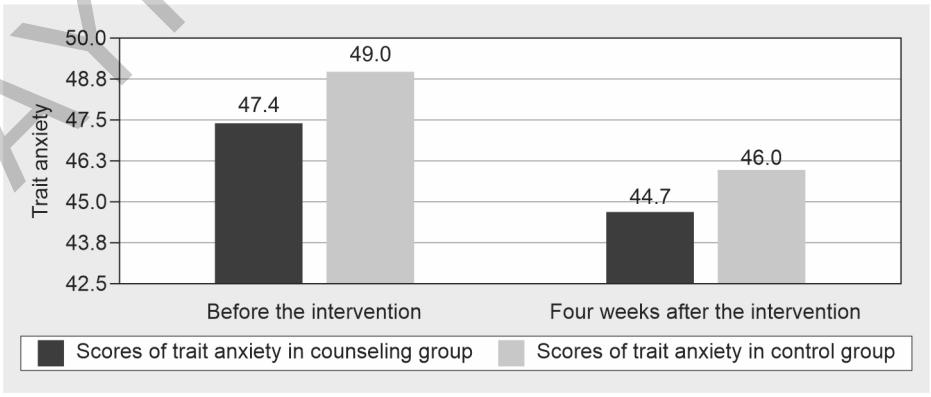

Fig. 6: Trait anxiety.

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Spiritual counseling can control perceived stress and state anxiety of pregnant women. Therefore, spiritual counseling is recommended as a complementary and effective intervention in controlling the psychological problems of pregnant mothers.[80]

SPIRITUAL INTELLIGENCE

Recently, psychologists presented the novel notion of spiritual intelligence (SI) as a crucial role in mental health.[67] SI, one of the seven categories of intelligence, mixes spirituality and intelligence to create a new construct.[67] It is described as the awareness of the world and the role of humans in it.[67] SI involves using one's spiritual resources to make decisions, address existential questions, and solve daily problems. It provides people a profound insight into life events and makes them resistant to their consequences.[67]

Spiritual intelligence not only improves physical health, but also helps people properly cope with unpleasant conditions such as grief. It brings satisfaction in life and enhances life quality and psychosocial functioning.[67]

Effects of religiosity and spirituality on posttraumatic stress disorder have been investigated in some;[67] however, due to heterogeneity in the methodology of these studies, no firm conclusion concerning the impact of spirituality on post-SA mental problems can be reached.[81] Furthermore, the findings of these investigations are contradictory.[43] Some research found a substantial association between SI and mental health among nurses, instructors, and students. As a result, it may also be useful in relieving post-SA psychological difficulties.[67]

Spiritual intelligence acts as a defense mechanism, protecting women from mental health issues after sexual assault. As a result, establishing and implementing SI promotion techniques can help to prevent and treat psychological issues following SA.[67]

MINDFULNESS-BASED CHILDBIRTH AND PARENTING EDUCATIONAL PROGRAM

The mindfulness-based childbirth and parenting educational program increases the self-efficacy of nulliparous pregnant women.[82] This is compatible with the work of Hamzekhani et al.[83] According to the findings of this study, self-efficacy scores increased in the intervention group compared to the pre-study group following the mindfulness-based childbirth and parenting teaching program.[83]

The educational intervention is effective in promoting pregnant women's self-efficacy for childbirth and reducing their perceived pain and anxiety in the first two stages of labor.[84]

Prenatal Scheduled Training Programs

Introduction of prenatal scheduled training programs and the availability of adaptive techniques for nulliparous pregnant women, such as breathing skills, distraction from pain, sedation, and recognition of pain status, might lead to high self-efficacy and reduction anxiety about delivery.[83] In a study by Ip et al., the intervention group got two 90-minute sessions of the instructional program between 33 and 35 weeks of gestation, with follow-up examinations completed 48 hours later. The results showed that there was no significant difference in the perceived self-efficacy of labor in the postintervention period of the control group.[83]

Melender et al. also found in their study that most individuals were afraid because of their previous experience with childbirth, lack of prior information and knowledge about

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Spirituality and Mental Health

This volume is more than an academic endeavor; it is a call to action. By bridging the insights of neuroscience, psychiatry, and spirituality, this book challenges us to rethink the ways we understand and promote mental health. Their work underscores the need for a person-centered approach that goes beyond symptom reduction, recognizing the profound interconnections among the brain, mind, and spirit.

I believe that this book will serve as a valuable resource for clinicians, researchers, educators, and all those interested in exploring the transformative potential of spirituality in mental health—excerpts from the Foreword by Professor Matcheri Keshavan.

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