

Role of Spiritual Health and Emotional Regulation in Mental Health of Nulliparous Women

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Abstract

Background and Objectives: Pregnancy is one of the important periods of life in women and it is essential to have mental health. Spiritual constructs and life skills play an important role in explaining the psychological empowerment of people. The aim of the current study was to investigate the role of spiritual health and emotional regulation in mental health of nulliparous women.

Methods: In this cross-sectional, analytical study, 100 nulliparous women in Rasht, north Iran were selected by convenience sampling and filled out items on the components of spiritual health and mental health of Lifestyle Questionnaire and the emotional regulation subscale of Emotional Intelligence Questionnaire. Data were analyzed by SPSS using Pearson correlation coefficient and stepwise regression.

Results: The findings showed that spiritual health and emotional regulation were positively and significantly correlated with mental health in the nulliparous women. Spiritual health and emotional regulation could positively and significantly predict 27% of variance in these women's mental health.

Conclusion: The findings of this study highlight the importance of spiritual health, as one of the important spiritual constructs, and emotional regulation, as one of the important life skills, in explaining nulliparous women's psychological health. Thus, constructive steps can be taken to enhance psychological health in nulliparous women by holding courses based on spiritual health promotion and emotional regulation for them.

Keywords: Emotion, Mental health, Pregnant Women, Spirituality.

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Introduction

Pregnancy is an important event in women's life that affects their psychosocial life greatly (1). Because any change in human's life, either pleasant or unpleasant, requires some level of adjustment, lack of mental health causes failure to adjust to new conditions (2). Mental health refers to the ability to have harmonious and coordinated relationship with self and others, recognize and accept realities and be able to adjust to them, and resolve personal conflicts and tendencies in a reasonable and appropriate manner (3). Because pregnant women's mental conditions are influenced by several factors including their feelings about feminine identity, husband's family, agreements and contradictions, sexual intercourse, marital life, and choosing to have or not to have child,

failure to cope with these issues can lead to serious traumas to them (1). Unhealthy mental conditions during pregnancy can be associated with adverse effects such as premature birth and declined infant growth indices; therefore, it is essential to take into account mental health, alongside physical healthcare services, during pregnancy, and identify women with predisposition to mental disorders and deliver necessary healthcare services to them to prevent many associated problems (4-6). Studies on pregnant women in different cultural and socioeconomic conditions indicated that high levels of stress and lack of adjustment to conditions during pregnancy might lead to spontaneous abortion and neonatal abnormalities (2,7).

Besides that, spiritual health refers to a state of being in which individual is positive due to one's knowledge about and behavior toward self, others, God, and nature and he becomes rich in a sense of identity, satisfaction, happiness, contentment, beauty, love, respect, and internal peace as well as coordination and hopefulness in life (8). Spirituality leads to peace, mental safety, life meaningfulness, hopefulness, and life satisfaction. In addition, spirituality helps to enhance psychological capacity and ability to cope with stress and problems, and enhance mental and physical health and longevity (9). Spirituality helps pregnant women enjoy higher internal cohesion and adapt to conditions that they are experiencing more efficiently (10-12).

Emotional regulation is another controversial issue during pregnancy. Generally, emotional regulation refers to all internal and external processes that are responsible for monitoring, assessing, and improving emotional responses. People who have emotional regulation skills can manage their emotions better and have higher levels of control over unpleasant emotions. Emotional regulation causes modulation of and decrease in the severity of emotional distress (13). In addition, emotional states contribute to fetal growth (1). These states cause increase in blood cortisol, which quickly affects the fetus because of high correlation between maternal and fetal blood cortisol levels (14). Cognitive emotional regulation strategies can play a mediating role in pregnant women's mental health such that adopting certain negative strategies for emotional regulation such as rumination and catastrophic thinking is associated with incidence of emotional problems and psychological disorders, and decline in sleep quality in pregnant women (15).

A study demonstrated that emotion-focused coping styles were significantly and positively correlated with postpartum depression (16).

According to the literature, spirituality and emotional regulation skills contribute importantly to the empowerment of different populations. Spirituality and emotional regulation can even be effective in decreasing susceptibility and enhancing adjustment in

different populations of patients including those with chronic diseases (17,18). In addition, spiritual health and emotional regulation are two important factors that can help people who are at special periods of their lives, such as pregnant women, cope with associated challenges more efficiently (12,15).

Given the physical and mental susceptibility of pregnant women and the crucial role of women's mental health in promoting their children's health, our aim was to investigate the role of spiritual health and emotional regulation in the pregnant women's mental health.

Methods

The study population of this descriptive-analytical study consisted of pregnant women in Rasht, Iran in spring and summer 2016 who referred to Al-Zahra Hospital for healthcare and advisory services. One hundred women with inclusion criteria were selected by convenience sampling. The inclusion criteria were volunteering to participate in the study, being nulliparous and 20-35 years old, being conceived for at least two months, not suffering from physical chronic diseases and mental disorders, and not filing for divorce. After the participants were given necessary explanations about the study, the questionnaires were given to them to fill out. In addition, the participants were mentally prepared to participate in the study and ensured that the data used in the study would be kept private.

Lifestyle Questionnaire was constructed by La'ali et al. in 2012 and consists of 10 subscales investigated by a total of 70 items rated by 4-point Likert scale (Always: 3, Usually: 2, Sometimes: 1, and Never: 0). In the current study, two components namely mental health (seven items) and spiritual health (six items) were used. The higher the scores for mental and spiritual health are, the higher the levels of mental and spiritual health are. These two components were validated using the Psychological Well-Being Scale by convergent validity at 0.001 significance level. In addition, the reliability of mental health and spiritual health components was derived 0.88 and 0.84

according to the Cronbach's alpha coefficient and 0.94 and 0.89 by test-retest method, respectively (19). In the current study, the reliability of mental health and spiritual health was derived 0.75 and 0.70, respectively.

Emotional regulation subscale

In the present study, the Schutte Self-Report Emotional Intelligence Test, developed by Scott et al. in 1998, was used to investigate emotional regulation. The items of this subscale are rated by 5-point Likert scale (from Absolutely disagree: 1 to Absolutely agree: 5). The higher the scores are, the higher the levels of emotional regulation are. A study in Iran reported the reliability of this subscale 0.79 according to the Cronbach's alpha coefficient (20). Data analysis was conducted by Pearson correlation coefficient and stepwise regression analysis in SPSS 18.

Result

A total of 100 women with mean age 26.12 ± 2.26 years participated in this study. Table 1 shows the Pearson correlation coefficients between the studied variables.

Table 1 shows the matrix of the Pearson correlation coefficients between the studied variables. As shown, spiritual health and mental health were significantly correlated ($r=0.47$). In addition, emotional regulation and mental health were significantly correlated ($r=0.37$) ($P<0.001$).

Table 1. Pearson correlation coefficients between the studied variables

Variables	Mean	SD	Min	Max	Scores range	Mental health	spiritual health
Mental health	14.95	2.40	11	21	0-21	1	
Spiritual health	12.16	1.73	9	17	0-18	0.47**	1
Emotional regulation	29.44	5.17	24	45	10-50	0.37**	0.36**

Table 2 shows the results of the regression analysis. According to the results of the regression analysis, spiritual health with the observed f 29.21, included in the first step in the model, explained 23% of variance in mental health. In the second step, emotional regulation with the observed f 18.70 was included in the model and found to increase prediction rate to 27%. More clearly, these variables could predict 27% of variance in

the criterion variable, i.e. the pregnant nulliparous women's mental health ($R^2=0.27$). Positive beta for spiritual health and emotional regulation (0.39 and 0.23, respectively) indicated that the predictor variables positively and significantly predicted mental health ($P<0.001$).

Table 2. Prediction of mental health based on the predictor variables

Variables	R	r ²	F	B	Beta	T	Sig
Spiritual health	0.47	0.23	29.21	0.54	0.39	4.25	0.001
Emotional regulation	0.52	0.27	18.70	0.11	0.23	2.55	0.001

Discussion

The aim of the current study was to investigate the role of spiritual health and emotional regulation in the nulliparous women's mental health. The results demonstrated that spiritual health and mental health were positively and significantly correlated in the nulliparous women, which is consistent with some other studies (10-12). A study demonstrated that religious beliefs and practicing rituals could affect pregnant women's health positively (10). Consistent with the current study, a study reported that perceived spirituality was significantly associated with enhanced satisfaction with social support, improved self-esteem, and reduced smoking and risky health behaviors among the pregnant women (11). Overall, spirituality can affect pregnant women positively because spirituality helps these women be connected to a source of guidance, protection, blessing, strength, confidence, and relationship with God and better tolerate difficult situations (12).

To explain this finding, it can be argued that because pregnancy is one of the riskiest periods of women's life, and delivering a healthy infant can be considered the most important asset of a country, addressing the spiritual health and mental health of pregnant women can play a crucial role in the preventive interventions in this field.

Besides that, spirituality and spiritual health help humans adjust themselves to stressful conditions (21). When individuals have a positive recognition and behavior toward self,

others, and the nature and enjoy spiritual health, they can become rich in a sense of identity, satisfaction, beauty, love, respect, and internal peace in life. Such internal peace throughout pregnancy can play a positive and effective role, minimize risk factors during pregnancy, and improve the women's psychological health. Because the need for spirituality, the nature's support, and prayer is intensified due to pregnancy, addressing pregnant women's spiritual health and making arrangements to achieve this purpose can be incorporated into the levels of the primary healthcare for pregnant women. As a result, pregnant women's capacity can be enhanced to help them adjust to stressful conditions due to pregnancy, and life meaningfulness, hopefulness, promotion of the levels of satisfaction with the current conditions in regards to psychological capacities, and the rate of coping with stress and associated problems can be addressed in the pregnant women. All these issues can play a positive role in pregnant women's psychological health (12). Indeed, the pregnant women's mental, spiritual and emotional conditions affect the infants' health and delivery process greatly, and therefore appropriate healthcare and planning can prevent incidence of disorders in this susceptible population.

Furthermore, the current study demonstrated that emotional regulation and mental health were positively and significantly correlated, which is consistent with some studies (15,16,22). A study determined that sleep quality and mental health were significantly associated in the pregnant women via emotional regulation strategies such that using negative and non-constructive emotional regulation strategies such as rumination and catastrophic thinking caused development of depression, anxiety, and mental problems as well as decline in sleep quality (15). A study indicated that educating adaptive coping strategies that lead to emotional regulation in pregnant women could prevent the incidence of psychological disorders such as depression in these women (16).

In addition, according to a review, defective emotional regulation and inability to cope

adaptively with challenging emotions are associated with development and persistence of psychological traumas, and significantly decrease mental well-being in different clinical and non-clinical situations. To explain this finding, we can argue that because the speed and severity of emotions represent one of the normal characteristics of pregnant women, then unpleasant emotional conditions in the environment can intensify such speed and severity, and therefore cause physical and mental pain in these women; these severe and adverse emotional states can affect the fetus directly; therefore, lack of appropriate emotional regulation in the pregnant women develops congenital anxiety in the infants and influences their growth after birth. Inability to regulate emotions causes increase in nightly arousal, sleeplessness, and use of negative emotional regulation strategies such as catastrophic thinking and rumination (23).

This condition in pregnant women leads to increased waking hours and decline in the quality of rest and sleep and therefore perceived mental health. In addition, emotional regulation is considered a skill to enable pregnant women to better manage and modulate their emotions especially unpleasant and stressful emotions, if necessary (15,16). Consequently, the severity of emotional distress is significantly decreased and higher levels of health and well-being are achieved. Moreover, association between emotions and mental health is reciprocal such that any emotional turmoil causes mental disorder that intensifies emotional distress. Therefore, emotional regulation can prevent incidence of emotional turmoil and subsequently helps to experience higher levels of mental health.

According to the regression analysis results, spiritual health and emotional regulation could positively and significantly predict 27% of variance in the pregnant nulliparous women's mental health; more clearly, the results of the regression analysis in the current study demonstrated that the pregnant women's mental health could be positively explained concurrently by spiritual health, as an important construct of spirituality, and emotional regulation, as a key psychological

skill. However, spiritual health's contribution to predicting mental health was more marked than emotional regulation's, representing the significance of spiritual health as one of the influencing factors to improve humans' quality of life in different periods of life. Through strengthening connection between human and a reality beyond him, spiritual health causes individual to consider himself connected to a source of reality and not to develop dysfunction due to stressful difficulties and challenges in life. In addition, assessment, refocusing, and planning enable individuals to be less frequently influenced by negative emotions via modulating and managing their emotions and protect themselves against emotional distress particularly during pregnancy.

The present study was conducted on the pregnant nulliparous women in Rasht in spring and summer 2016, and therefore its findings should be generalized cautiously to other study populations. It is recommended to reduce the risk factors of pregnancy and prevent the adverse consequences of this period through identifying and screening pregnant women with predisposition to psychological disorders and holding training sessions based on spiritual health promotion and emotional regulation skills learning.

Conclusion

The present study demonstrated that spiritual health and emotional regulation were positively and significantly correlated in the pregnant nulliparous women. Spiritual health and emotional regulation help pregnant women experience better psychological conditions and protect themselves against emotional distress and therefore higher levels of psychological health throughout this critical period.

Conflict of interest

The authors declare no conflict of interest.

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