

How to Cite:

Davoodabadi-Farahani, M., & Avrand, M. Y. (2022). Studying the basics and concepts of group counseling based on emotional intelligence and postpartum depression. *International Journal of Health Sciences*, 6(S7), 6704-6721. Retrieved from <https://sciencescholar.us/journal/index.php/ijhs/article/view/13654>

Studying the basics and concepts of group counseling based on emotional intelligence and postpartum depression

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Abstract---Postpartum depression is major depression and the simultaneous presence of 5 symptoms, disruption of physical order and depression characteristics, one of which is depression or a decrease in interest and pleasure in activities. In addition, counseling is considered a facilitating issue to help a person to realize himself and the surrounding environment and live a healthy and productive life through expanding facilities according to his goals. Counseling with an emotional intelligence approach can be effective in cases where postpartum depression appears in women. Emotional intelligence is the ability to understand emotions and feelings to achieve and create emotions to help someone think better and face life's requirements more effectively. Necessary harmony between emotions and feelings is also provided for emotional and intelligence improvement for a person.

Keywords---*depression, emotional intelligence, counseling theories, emotional intelligence models.*

Introduction

Becoming a mother is considered an evolutionary goal and personal development. Transitioning to motherhood is often accompanied by tension and maybe a unique experience in women's lives (1). Postpartum depression is a determining indicator of mothers' physical and mental health. The mother's adaptation is

required in the severe and sudden changes in a mother's life after the birth of a child, which in turn causes the mother to face new problems and concerns (2).

Women should overcome their grief in a short period in postpartum conditions and care for their needy babies (1). Some women quickly adapt to their grief and resume their role as mothers, but some become more involved in psychological problems with time. Therefore, in addition to the biological variables, this context emphasized the role of psychological capabilities such as emotional intelligence (3). Emotional intelligence includes a wide range of psychological abilities, which include the correct evaluation of emotions and emotions in oneself and others, the appropriate expression of emotions, and the adaptive regulation of emotions. The main components of emotional intelligence are the awareness of one's emotions, management of emotions, self-arousal, identification of others' emotions, and regulation of one's relationships with others (4). In general, people with low emotional intelligence have less ability to regulate emotion and less flexibility and cannot endure discomfort, problems, and challenges in their lives, so they are more exposed to injuries such as depression (5). There are no suitable effective drug treatments for postpartum depression due to the mother's particular physiological conditions and breastfeeding, or they are not recommended due to maternal complications or the effect on the infant (6). Therefore, timely advice and guidance are recommended to prevent such complications.

Depression

Depression is a disease that affects the body, mood, and thoughts. Depression affects the person's physical, mental, attitude, and worldview. A depressive disorder is not like a transient sadness. People with depression cannot be cured just by pretending to be in others' situations. Symptoms can persist for weeks, months, or years without treatment. Here are some clinical symptoms of depression

Symptoms of depression

A. Five (more) of the following symptoms have been present in two weeks simultaneously and indicate disruption of the person's previous functioning. At least one of the symptoms should be (1) depressed mood or (2) loss of interest and pleasure.

• Note: Do not consider symptoms related to another medical condition.

1. Depressed mood is present in most hours of the day and almost all days, or the person acknowledges it (for example, feeling sad, hopeless, or empty), or it is visible to others (for example, he has a crying appearance) (Note: in children and adolescents, it can be seen as an irritable mood).
2. Marked reduction of interests or pleasures in all activities in 24 hours and all days (self-acknowledged or observed by others).

3. Significant weight loss without dieting or weight gain (e.g., more than 5% of body weight in one month) and decreasing or increasing in appetite on almost all days (note: in children, failure to achieve the expected weight).
4. Insomnia or oversleeping almost every day.
5. Dizziness or psycho-motor slowness on almost all days (must be confirmed by others, and only mental feeling of restlessness or slowness of the individual is not enough).
6. Daily fatigue and lack of energy.
7. Excessive or disproportionate feelings of worthlessness or guilt (which can be delusional) almost all days (not just guilt or self-blame for being sick).
8. Decreasing the ability to think and concentrate almost daily (one's subjective feeling or observation by others).
9. Recurrent thoughts of death (not just fear of death), recurrent suicidal thoughts without any specific plan, or having a specific plan to attempt suicide or have attempted suicide once.

B. The above symptoms should clinically cause significant discomfort or decrease in social, occupational, or other essential aspects of the person's work.

C. The above period is not caused by the physiological effects of a substance or another medical condition.

Note: Criteria A-C indicates a major depressive episode.

Note: Reactions to significant losses (such as bereavement of loved ones, financial bankruptcy, damage from natural disasters, medical illnesses, or severe disabilities) can include intense feelings of grief, rumination related to the overwhelming loss, insomnia, loss of appetite, and weight loss which is listed in Criterion A, and looks like a major depressive episode. Although such symptoms are usually considered understandable and appropriate to the situation, always consider the possibility of major depression and natural reactions to a significant loss. The decision and diagnosis of these cases are based on Ballinger's clinical judgment and according to the personal history of the disease and the cultural norms of expressing sadness for the loss that occurred in his society.

D. Current major depressive episode due to schizoaffective disorder (7)

Etiology of depression

Biological factors

- Biological amines.
- Norepinephrine

- Serotonin (8)

Psychological theories of depression

Psychodynamic theories:

Older psychoanalytic theories of mood disorders were allocated to issues of trauma, loss, and feelings of rejection. Subsequent psychodynamic theories focused on the intrapsychic processes as the basis of mood disorders and less emphasized the loss. John Bowlby, the famous British psychoanalyst, believed that people would become depressed in adulthood if raised by parents who failed to establish stable and secure relationships. They start new relationships in which they overvalue to support their spouses when they grow up. When such relationships are cut off, the person with depression is overwhelmed with feelings of inadequacy and loss (9).

Learned helplessness:

The learned helplessness model is an essential model of the behavioral approach to depression. One of those symptoms is that depressed people see themselves unable to influence their environment. You may have studied the phenomenon of learned helplessness in your introductory psychology class, which psychologist Martin Seligman defined. Seligman et al. investigated fear conditioning and avoidance learning in dogs in their controversial and disturbing experiments. They put a group of dogs in a cage with no way to escape and gave them electric shocks. A warning light was brightened before each shock was delivered. Later, the experimenters put the dogs in a room with the ability to escape the surprise if they jumped over an obstacle signaled by a warning light. Initially, Seligman assumed that dogs would jump over this barrier immediately to escape painful consequences. Surprisingly, he observed that the dogs lay helplessly until the experimenter finally stopped the shock instead of running away

On the other hand, dogs not exposed to shock jumped over the obstacle after learning that this escape was available (10).

Behavioral and Cognitive Theories

One of the oldest behavioral theories of depression was that depressive symptoms result from decreased positive reinforcement. This view states that depressed people leave their lives because they no longer have incentives to be active. For example, the condition of a successful athlete who now suffers an injury can send him into a state of depression.

According to behavioral models, stressful life events are the third factor involved in depression because they disrupt a person's ability to perform basic and relatively automatic patterns of behavior. These patterns are called "scenarios," which include repetitive tasks that people do every day, such as getting dressed in the morning and going to work. Changes in scenarios resulting from different life events lead to mood changes involved in depression. An important factor determining whether a person will become depressed is how these conditions or

events disrupt the person's scenarios. The distress is greater when there is more disturbance. The problems of such disorders are not only involved in depression. People feel more self-conscious when they lose the cues that repetitive tasks and their surroundings provide. This increase in self-awareness can make a person find more fault with himself, accept responsibility for unfortunate consequences, and withdraw from others (11).

Beck states that the main reason for the unhappiness of depressed people is the content of their thought. Depressed people feel sad because they believe they have been deprived of something important, which threatens their self-esteem. Moreover, they are convinced that they are responsible for this loss. Their skewed work attitudes make them feel worthless and helpless, and their efforts are condemned to failure (11).

Postpartum Depression

Women suffer from depression twice as men. Many hormonal factors increase the rate of depression in women, such as menstrual changes, pregnancy, abortion, postpartum stage, pre-menopause, and menopause. Women will face more stress because of their responsibility for work and household affairs, being single parents, and taking care of children and old parents (40). Many women become vulnerable after the birth of a child. This hormone and vulnerability are added with the responsibility of a new life, which can be the factors that cause postpartum depression. A state of sadness is common among mothers, but the resulting depression is a disease that should be intervened (12).

However, the reason for this disease is not yet known; there are multiple theories to understand postpartum depression in terms of etiology, which include biological factors (such as hormonal causes such as a sudden drop in estrogen concentration and increased urinary cortisol excretion, neurotransmitters and genetic theories), psychological factors (such as personality theories)) and social factors (such as social support, life tensions, culture, and level of preparation for the birth of a baby) (13). A study was conducted in Kerman, in which depression was higher in primiparous mothers, mothers with a history of abortion and child death, and unwanted pregnancies. In addition, a significant relationship was shown between the importance of the child's gender from the mother's point of view and the number of children with an increase in the prevalence of depression (14). In addition to the harmful effects on the mother-child relationship, postpartum depression also disrupts the relationship with the spouse. The husbands of depressed women often become depressed, which sometimes leads to separation and divorce if they are not treated (15).

Counseling

Counseling is one of the guidance techniques considered at the heart of the guidance program. The organization and survival of a guidance program cannot be effective without the practical effects of counseling services. Following Adler's psychology, Dink Meyer believes that counseling is a good relationship between client and counselor. In this relationship, the clients examine their life goals and succeed in recognizing their abilities and limitations. Counseling can teach them

how to establish a healthy and constructive relationship with the people around them and logically satisfy their needs (16).

Counseling Approaches

Different estimates are presented about the number of different theoretical approaches to counseling and psychotherapy. Their number is often estimated to be more than 300 ways. In textbooks, ten to twenty main approaches are usually mentioned: psychoanalysis, cognitive behavioral psychotherapy, family therapy, marital and sexual therapy, humanistic psychotherapy, hypnotherapy, and eclectic approaches (17). Some psychologists divide psychotherapy and counseling approaches into three areas:

1. Psychoanalytic/psychodynamic approaches
2. Humanistic approaches
3. Cognitive behavioral approaches

Each approach is a definition of human behavior. The psychoanalytic or psychodynamic approach is structural that emphasizes gaining insight from the patient to change. The humanistic approach is supportive and emphasizes freedom of choice and self-responsibility. The cognitive and behavioral approach is educational that emphasizes management and behavior change. These three practical approaches consider differently human nature and emotional and behavioral problems (18).

Counseling based on the Cognitive Approach

Cognitive therapy is used in a broad group of diseases. First, it was used by Beck to treat depression. Then, the beneficial results of this treatment method in all types of anxieties have been investigated, and a promising result has been reported. This method focuses on cognitive errors and ineffective thoughts in the treatment process. These evaluated thoughts are challenged and replaced with efficient thoughts, and cognitive errors are corrected. There are three main stages in this treatment method:

- a. Identifying cognitive errors or own thoughts
- b. Evaluating and challenging thoughts
- c. Replacing dysfunctional thoughts with appropriate thoughts

Cognitive errors have many subcategories. These subcategories and divisions sometimes do not have clear boundaries and overlap. Perhaps, cognitive biases and cognitive distortions are more common among the types of divisions and terms in cognitive errors (18).

Group Process in the Cognitive model of Therapy

There are some definitions for group processes in which the critical "factors" are more precisely specified. For example, Burlingham et al. (2004) defined the "group process" as the changing theoretical mechanisms that operate in the group, such as group evolution and development, therapeutic factors, group size, length of group sessions, and interpersonal feedback. This model assumed that therapist-related factors (such as leader characteristics and attention to group process), patient-related factors (such as interpersonal skills and empathy), and structure-related factors (such as duration and frequency of sessions) affect treatment outcomes in interactions with the group process.

Emotional Intelligence

In the last few years, psychologists did not clearly answer what factors can essentially predict a person's success and happiness. Much research concluded that a person's emotional ability is not only more important than his mental ability but also plays a significant role in success, work, relationships with others, and the person's physical health (20).

Mayer and Salovey developed the meaning of this term in 1990. They consider emotional intelligence to be a type of social intelligence that includes the ability to control one's and others' emotions, distinguish between them, and use this information to function effectively in the environment and face the demands of life, which consist of Gardner's intrapersonal and interpersonal components and summarized them in five areas as follows:

Self-awareness: Awarding the self, the ability to introspect and recognize the feelings as they are.

Emotion Management: Controlling emotions and feelings in the desired way and identifying these emotions' origin, and finding how to manage and control fears, emotions, and anger.

Self-motivation: directing and guiding emotions towards the goal, emotional self and delaying desires, and stopping efforts.

Sympathy: Being sensitive to others' interests and feelings, tolerating their views, and appreciating the differences between people with their feelings towards objects and affairs.

Relationship Arrangement includes managing the other's emotions and having social skills.

Emotional intelligence includes abilities such as motivating a person, persevering against desperation, controlling impulses, adjusting mood, and avoiding destructive stress to prevent mental disorders. In other words, emotional intelligence is the person's ability to positively identify and express his and others' emotions. Emotional intelligence is a set of non-cognitive capabilities and skills that allow a person to cope with environmental demands and pressures (57).

A person's ability to adapt to life depends on the integrated functions of his emotional and intellectual abilities. Emotional intelligence should combine two of the three states of mind: cognition and emotion or intelligence and emotion.

Emotional intelligence is the ability to use one's and others' feelings and emotions in individual and group behavior to obtain maximum results and satisfaction.

Goleman defines emotional intelligence as a kind of life skill by preparing a long list. He listed self-restraint, perseverance, the ability to control impulses, delaying the satisfaction of needs, regulating mood, controlling anxiety to facilitate thinking and thinking about one's and others' feelings among the abilities in emotional intelligence.

Emotional intelligence is the ability to monitor one's and others' emotions, recognize and distinguish one's and other's emotions, and use emotional knowledge to guide one's and others' thinking and communication (22).

Emotional intelligence is non-cognitive intelligence that includes a set of emotional and social abilities and skills. These skills increase a person's ability to succeed in dealing with environmental pressures and demands (23).

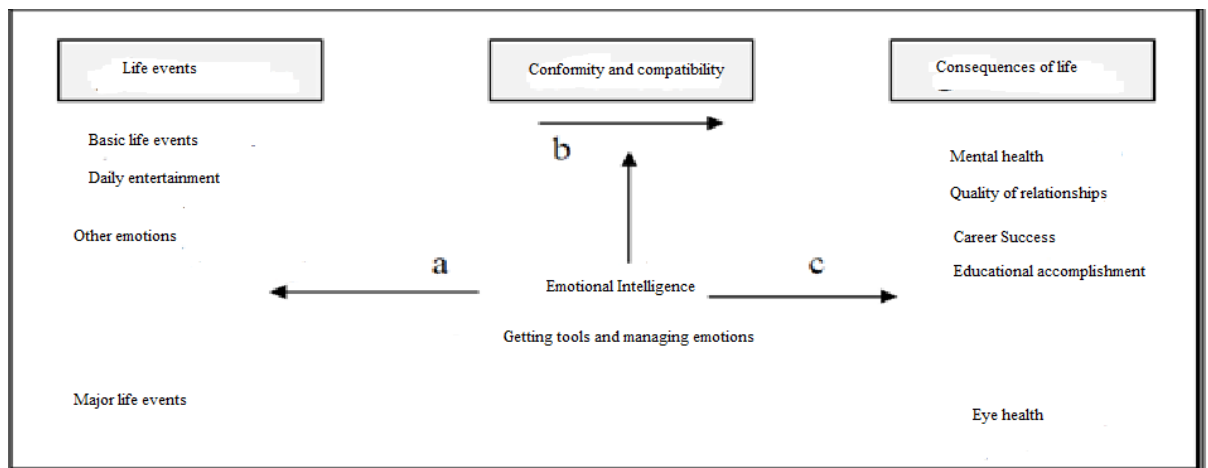


Figure 1- The importance of emotional intelligence in life

Dimensions and Components of Emotional Intelligence

John Mayer and Peter Salovey have described the following four dimensions of emotional intelligence:

Self-awareness: The essential ability related to emotional intelligence is the individual's awareness of emotions and feelings. Self-awareness allows people to recognize their strengths and limitations and gain confidence in their worth. Self-aware managers and leaders use self-awareness to investigate their psyches. Intuitively, they know how to influence others through direct understanding.

Social Awareness: It includes the vital ability of empathy and organizational insight.

Managers with social awareness make the excitement, emotions, and feelings of others more practical than feeling them. They show that they are aware of the situation and also have expertise in knowing the process of administrative policies. Therefore, socially aware leaders know precisely that their words and actions affect others. They are also sensitive enough to change their words and behavior if they negatively impact them.

Relations management: The ability related to emotional intelligence includes communicating clearly and persuasively, resolving differences, and creating strong bonds between people. Leaders with the ability to manage relationships use this skill to spread their enthusiasm and resolve differences through humor and kindness. Although leadership combined with the ability to manage relationships is effective, it has limited use.

Self-control: It is the ability to control excitement, emotions, and honest and correct behavior in authentic and adaptable ways. Self-controlled leaders are not allowed to have occasional bad moods throughout the day. They use the ability of self-control to avoid bad moods and humor in the work environment and office or to explain its origin and cause logically to people. Therefore, they know the origin of these bad moods and how long they may last.

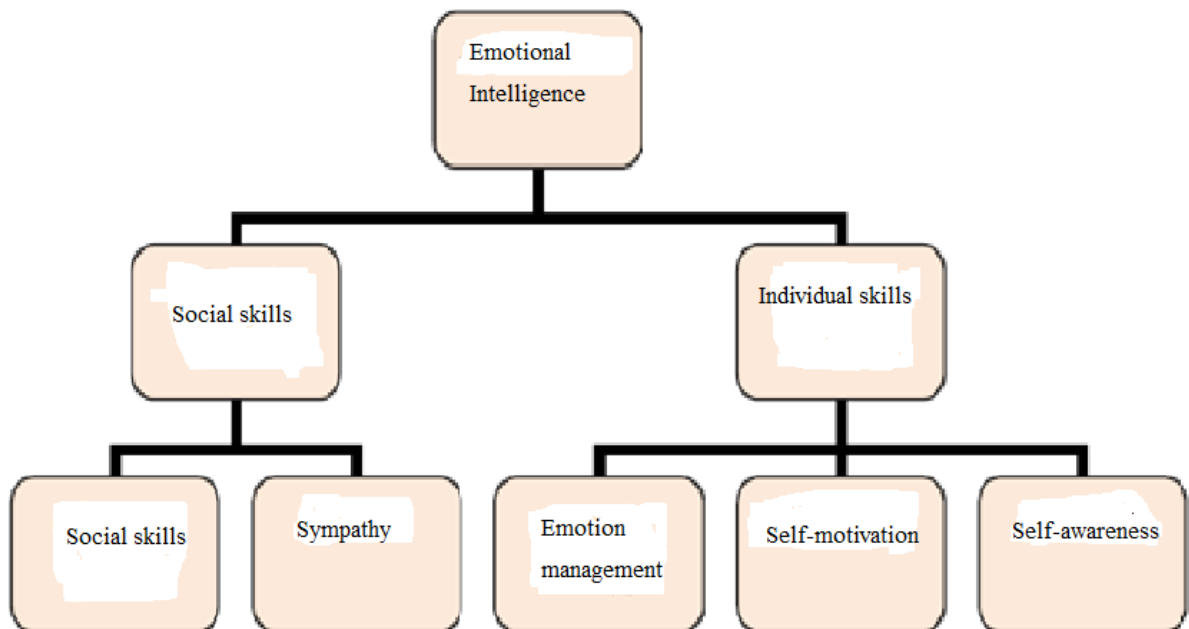
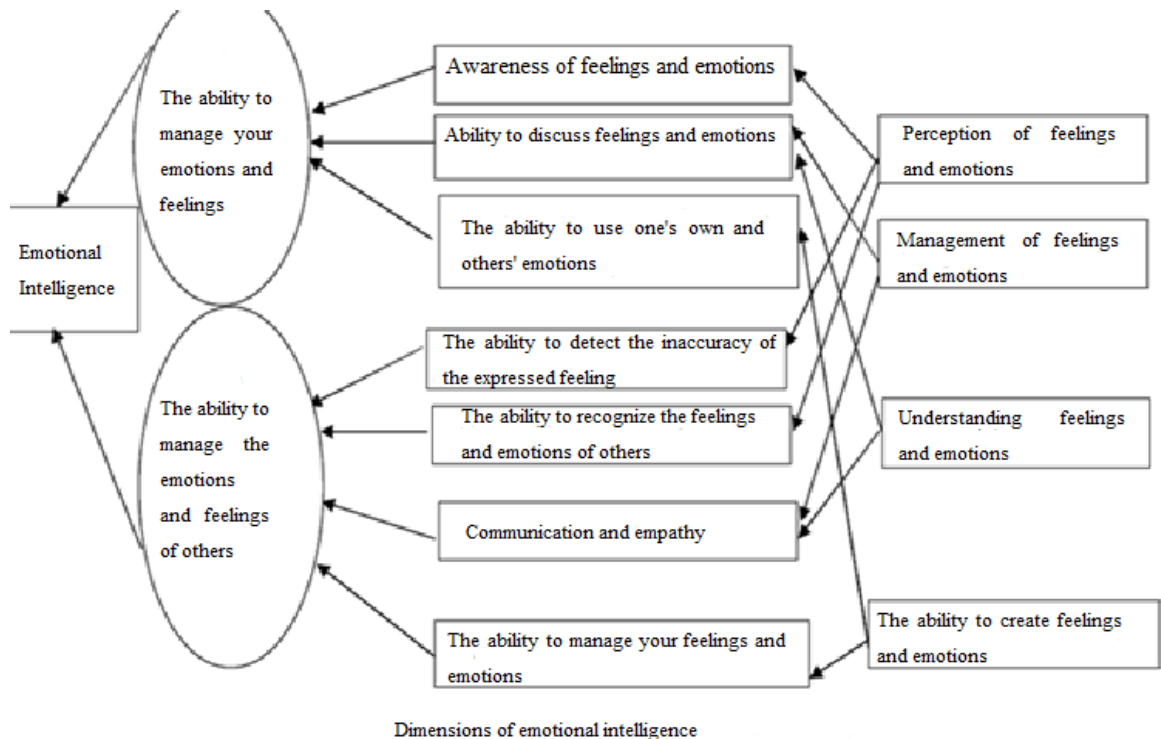


Figure 2- Dimensions of emotional intelligence according to Goleman

Jordan shows the dimensions of emotional intelligence as a model. This model explained more sub-indexes based on the dimensions of Mayer and Salovey. Their

relationship is also expressed with emotional intelligence related to self and others, which constitutes emotional intelligence.



Theories and Models of Emotional Intelligence

Currently, there are two main views on emotional intelligence. Therefore, these two views regulate the definitions and models of emotional intelligence.

These views are:

- The initial view of emotional intelligence, which defines it as a type of intelligence, is based on skills that include emotion and excitement.
- The mixed perspective combines emotional intelligence with other abilities and personality traits such as motivation and states of consciousness.

Capability Approach (information processing)

The initial model of emotional intelligence included three areas or ranges of abilities, which were:

1-Evaluation and expression of emotion: evaluation and expression of emotion in oneself are determined by two verbal and non-verbal dimensions. The evaluation

of emotion in others is also determined by the sub-dimensions of non-verbal perception and empathy.

2-Regulation of excitement in oneself and others: Regulation of emotion in oneself means that a person has the meta-emotional experience, control, evaluation, and action on his mood. Regulating emotions in others means that a person interacts effectively with others (for example, calming emotions that trouble others).

The ability to manage the emotions and feelings of others, awareness of feelings and emotions, the ability to manage emotions and feelings, perception of feelings and emotions, ability to discuss feelings and emotions, the ability to understand feelings and emotions, recognizing other's feelings, communication and empathy, The ability to create feelings and emotions, and the ability to manage the feelings and emotions.

3-Using of excitement: It means using emotional information in thinking, acting, and solving problems

Mixed Approach

Some researchers use emotional intelligence to describe abilities that show some aspects of personality. Mayer, Salovey, and Caruso (1997) distinguished the capability model from the mixed model of emotional intelligence. The mixed model includes a wide range of personality variables that is entirely cognitive in contrast to Mayer and Salovey's ability model. A completely different aspect of these two models is the difference between the concepts of emotional intelligence. This distinction is also evident in the different measurement perspectives and operational definitions expressed by the emotional intelligence information with indicators between the "attributes" of the mixed model theorists and capability. The concept of "information processing" relates to situational behavior such as empathy, courage, and optimism. The concept is derived from the framework of personality, which is an "attribute" of abilities such as the ability to recognize and express emotions. The concept is measured through self-report questionnaires that measure specific behavior. This perspective is dominated by personality variables such as empathy and impulsiveness and structures with a potential correlation, such as motivation, self-awareness, and hope. Meanwhile, it focuses more on the components of emotional intelligence and its relationship with traditional intelligence (24).

Salovey and Mayer's approach based on the ability model of emotional intelligence

Peter Salovey and John Mayer used the term emotional intelligence for the first time in 1990. Since then, more studies have been conducted on the importance of this structure. The theory of emotional intelligence combines the critical ideas of intelligence and emotion. The theory of intelligence states that intelligence includes the ability to perform abstract reasoning. Mayer and Salovey's concept of emotional intelligence is the basis for intelligence models. Therefore, there are competitions to define emotional intelligence within the standard criteria for new intelligence. Meyer and Salovey's (2002) model also states that emotional

intelligence includes two areas, experiential (the ability to receive responses and manipulate emotional information without understanding its necessity) and strategic (the ability to understand and regulate emotions without necessarily understanding good feelings). Each area is divided into two branches (four branches in total) (25).

The first branch is emotional perception which includes the ability to emotional self-awareness and expresses excitement and emotional needs to others correctly. Emotional perception also includes distinguishing between true and false emotional experiences.

The second branch is emotional internalization which is the ability to distinguish between different emotions, one of which is feeling, and the other is the ability to recognize emotions.

The third branch is emotional understanding, which is the ability to understand complex emotions (such as feeling two emotions in the same state) and recognize the change from one to another (25).

Finally, the fourth branch is emotional management, which connects or separates one emotion from another in a given situation.

Bar-On mixed model of emotional intelligence

Bar-On's model of emotional intelligence is related to having the talent to act and success in performance. This issue is process-oriented rather than result-oriented (Bar-On, 2002). This topic focuses on many emotional and social abilities, including being aware and expressing oneself, communicating with others, and developing thoughts, emotions, and personal growth. Emotions are used to understand emotions. Emotions are understood and experienced. Emotions automatically begin to affect emotional cues about relationships, cognition, and understanding. Emotions enter the cognitive system, and excitements and emotional information are examined. Dealing with strong emotions and the ability to adapt to change and solving are among issues with a social and personal nature. Bar-On's model presents five components of emotional intelligence: intrapersonal component, interpersonal component, adaptability, stress management, and general mood. Some sub-components are shown in the table below (26) among these components.

The first Bar-On emotional intelligence scale was started in 1980 by asking why some people are more successful in life than others. This year, the author presented the definition and measure of non-cognitive intelligence (Bar-On, 1988, 1992, 1996, c19996, a1997, b 1997). The first scale of emotional intelligence was created after 17 years of research. His emotional intelligence scale has five scales or aspects (intrapersonal skills, coping with pressure, adaptability, and work creativity) and fifteen subscales.

The mixed model of emotional intelligence

Goleman's model illustrates four primary constructs of emotional intelligence. The first is self-awareness, which is the ability to read one's emotions and recognize human influence while using inner feelings as a guide for decision-making. The second construct is self-regulation, which includes personal emotions and impulses and adapting to situational changes. The third structure is social consciousness, which includes the ability to feel, understand and influence others' emotions, including social networks. The Final structure is relationship management which requires the ability to be a source of inspiration, to influence and grow others, and it conflicts with ordering (25).

Geleman categorized part of emotional skill within each emotional intelligence construct. Emotional skills are not innate talents but are learned capacities that need to be strengthened to achieve outstanding performance. Goleman believes that intelligent people are born with a general emotionality that determines their potential for learning emotional skills. Organizing skills under different constructs is not random or appears to be in group branches that support and facilitate each other. The table below shows Goleman's conceptual model of emotional intelligence

Table 1- Goleman's model of emotional intelligence

	Self Individual competence		Other: social competence	
Recognition	Emotional self-awareness Accurate self-assessment self confidence	Self-awareness	Sympathy Service orientation Organizational awareness	Social Awareness
Regulating	Self control Reliability vigilance compatibility History of progress innovation	Self-discipline	Conflict Management Leading Change of organizer Guarantee Working group and cooperation Relationship	Regulating relationships

Conducted research

Sayadi et al. (2019) conducted a study to investigate the effectiveness of cognitive rehabilitation on the emotional regulation of women suffering from postpartum depression. The research sample included 40 women suffering from postpartum depression selected by the available sampling method. The groups were compared in terms of age, education, and the severity of depression. The groups' emotional

regulation in the pre-test and post-test phases were also evaluated. According to the results of data analysis, cognitive rehabilitation in the experimental group compared to the control group caused a significant change in emotional regulation scores. This effect also continued in the follow-up phase (27).

Majd al-Islami et al. (2017) conducted a study to determine the correlation of emotional intelligence and its components with postpartum depression. In this descriptive-correlational study, the quota sampling method selected 190 pregnant women referred to Sabzevar health centers. The instruments included demographic and obstetric characteristics, depression, Edinburgh, and emotional intelligence questionnaires. The Edinburgh questionnaire was completed 1-4 months after delivery, and other questionnaires were completed in the last three months of pregnancy. The average age of mothers was 27.58 ± 5.49 years. 55% had high emotional intelligence, and 21% had postpartum depression. The depression level in women with high and very high emotional support was lower than in women with moderate emotional support. There was a negative and significant correlation between emotional intelligence and its components with postpartum depression (28).

Alipour et al. (2016) investigated the effect of emotional intelligence training on mental health in patients admitted to the heart department of Shahid Modares Hospital in Tehran. In this semi-experimental research, 30 people were selected by the available sampling method and randomly replaced in two control and intervention groups. People in this intervention group were trained with emotional intelligence content. Both experimental and control groups were evaluated based on the general health questionnaire before and after the training. The results showed that the emotional intelligence training course increased the level of mental health and social functioning and reduced the level of depression and physical symptoms in the experimental group. The level of anxiety in these patients had no effect (29).

Alishahi and Saroqd (2015) investigated the relationship between Shiraz's emotional intelligence and postpartum depression. This study's statistical population included all pregnant women (one to three months have passed since their delivery) in Shiraz city in 2014. The statistical sample was 206 people referred to health centers in Shiraz (Fateme Al-Zahra, Vali Asr, Wal-Fajr, Shohada El-Ghebanal). This number of samples was selected by the purposive sampling method. Beck's depression questionnaire (1987) and Shott's emotional intelligence questionnaire (1998) were used to collect the data. Pearson correlation tests and regression tests were used to analyze the data. The research results showed a significant negative relationship between emotional intelligence and the level of depression. In addition, the level of depression after childbirth has decreased with the increase in women's emotional intelligence. Emotional intelligence can negatively predict postpartum depression (30).

Golshani et al. (2014) investigated the effect of life skills training during pregnancy on the mental health of pregnant mothers. This study's statistical population includes the urban and rural pregnant women of Bostanabad. First, the files of pregnant mothers in urban and rural health centers were examined and selected by the available method to select the statistical sample. Then, 30

people were non-randomly replaced in the experimental group and 30 in the control group. Life skills were presented to the experimental group in 20 sessions of one and a half hours. In two stages, pre-test and post-test, information about the research variables was obtained from the experimental and control groups using the General Health Questionnaire (GHQ-28). Data analysis was done by covariance analysis. The results showed that life skills training effectively increases the mental health of pregnant mothers in the experimental group. In addition, the results showed that life skills training affects anxiety and sleep disorder, depression, physical dimension, and social function(31).

Goodman et al. (2015) investigated psychological counseling intervention for postpartum depression. This study evaluated 4000 women during 4-6 weeks postpartum in 80 community centers in Shenzhen, China. Sampling was done by random cluster method. Participants were evaluated using the Edinburgh Postpartum Depression Scale. Women in the intervention group were treated by e-mail, psychological counseling, and mobile phone to prevent postpartum depression, while the control group was treated with the usual methods. Postpartum depression scores in these two groups were re-evaluated in the sixth month after delivery. The results showed that the people who received the different counseling reported less postpartum depression than those who did not receive any intervention(32).

Fathi Ashtiani (2016) investigated the effectiveness of psychological counseling in preventing postpartum depression. In this study, 71 people participated in the control and 64 in the intervention groups. Participants in the study group received cognitive-behavioral counseling in the last trimester of pregnancy. The post-test was evaluated two weeks after childbirth. The results showed that those who received counseling showed less anxiety, depression, and postpartum depression (33).

Mao et al. (2014) investigated the effectiveness of emotion management training in preventing postpartum depression. This study divided 240 women into two intervention and control groups. The people in the intervention group were given emotional management counseling for nine weeks in the 32nd week. According to the results, early counseling reduces the possibility of postpartum depression (34).

Conclusion

Counseling is a helping issue that helps a person to know himself and the surrounding environment and live a healthy and productive life by expanding facilities according to his goals. Counseling can be in groups or individually. People do not have a specific emotional or psychological problem in the group type, but these groups are formed to increase knowledge, insight, and prevention (18). The catalytic nature of the group's reaction makes the individual consider the other's perception about himself and gain complete awareness of his essence (35). Cognitive counseling improves a person's performance by improving perception, problem-solving, alertness, flexibility, and conceptualization (36).

Previous studies have confirmed the effectiveness of cognitive group counseling and programs based on emotional intelligence on depression. Ashaghi et al.'s study (2016) indicated that group counseling positively improved depression (37). Kamerova Manesh et al. (2016) also reported that cognitive group counseling effectively satisfied mothers' natural childbirth satisfaction (38). On the other hand, Mousavi et al. (2017) found that emotional intelligence training reduces depression (39). Santofet et al. (2019) conducted a review study. They concluded that cognitive therapies have a moderate to large effect on depression by reviewing 34 studies (40). In addition, Jones et al. (2013) concluded that cognitive behavioral therapy during pregnancy prevents postpartum depression (41). The majority of studies in this field have emphasized the treatment of postpartum depression. Preventing or reducing postpartum depression should be among the priorities of mothers' health due to its high prevalence and overall effects on the family and society.

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