

# The Relationship between emotional intelligence and marital satisfaction with postpartum depression

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## ABSTRACT

**Background and Objective:** Postpartum depression is an important factor that can affect both emotional intelligence and marital satisfaction. The present study was conducted to investigate how emotional intelligence and marital satisfaction are related to postpartum depression among postpartum women referring to Hafez Hospital in Shiraz. **Methodology:** This correlational study was conducted in 2015 and on 147 postpartum women, who were selected via purposive sampling method. The required data were collected through the *ENRICH Marital Satisfaction Scale*, the *Schutte Self-Report Emotional Intelligence Test*, and the *Edinburgh Postpartum Depression Scale*. Then, using the SPSS software, the collected data were analyzed through both descriptive (mean & SD) and inferential (Pearson correlation test & simultaneous regression analysis) statistical methods. **Results:** According to the results of this study, emotional intelligence, and marital satisfaction had a significant negative correlation with postpartum depression; managing emotions and utilizing emotions were negatively correlated with postpartum depression; marital communication, conflict resolution, equalitarian roles and children and parenting had significant negative correlations with postpartum depression; the two emotional intelligence subscales of managing emotions and utilizing emotions could significantly predict postpartum depression; the three marital satisfaction subscales of marital communication, conflict resolution, and equalitarian roles could significantly predict postpartum depression. **Conclusion:** Increased emotional intelligence and marital satisfaction can reduce the level of postpartum depression.

**Keywords:** Emotional Intelligence, Marital Satisfaction, Postpartum Depression, Mothers

## Introduction

Due to social transition from traditional to industrial, technological advances and changes in people's mood as a result of chemicals spread, people confront various stressful situations every day. Such changes and stressors have also affected families' behaviors and couples' levels of financial, emotional and marital satisfaction. From Sely's (1987) point of view, stress is a series of general human reactions to incompatible or unexpected external factors, or in other words, it is a disorder in human adaptation system to the external environment. Stress is a part of human being; stress is a necessary condition in the lives of all living things for appropriately responding to life-threatening situations <sup>[1]</sup>.

Although pregnancy is the most joyful stage of women's lives, it is full of stress <sup>[2]</sup>. Research has shown that emotional sufficiency increases the ability to withstand stress. According to the results of studies on couples' relationships, it seems that elements of Emotional Intelligence (EI) can affect the level of marital satisfaction. Intimate relationships between couples require communication skills, such as understanding issues from the viewpoints of their spouses, emphasizing with them when experiencing something, and being aware of their needs. Schutte, Malouff, and Bobick <sup>[3]</sup> found that those who received higher scores in EI and those who gave their spouses higher scores were experiencing significantly higher levels of marital satisfaction. Bricker <sup>[4]</sup> found a significant relationship between EI and marital satisfaction. Pandey and Anand <sup>[5]</sup> examined EI and its relationships with marital adjustment and general health among 32 Indian couples; they reported that EI was positively correlated with both marital adjustment and general health of their examined couples. Other studies, conducted by Abdullahi, Kaafi and Shah Qolian <sup>[5]</sup> and Talebi and Ghobari Bonab <sup>[6]</sup>, also confirmed what Pandey and Anand reported.

The aim of the present study was to examine the role of EI and marital satisfaction in the incidence of postpartum depression (PPD). Accordingly, the researchers of this study tried to found

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the relationships between the three psychological constructs of EI, marital satisfaction and PPD.

## Methodology

This study was a basic research in terms of objectives and was a correlational research in terms of methodology. The population included all postpartum women, who referred to Hafez Hospital over the period of September to December 2015. From among the whole population, 150 women were selected via purposive sampling method to be examined in the present study. Issues and information related to the theoretical foundation of the study were collected using resources available within the libraries and on the internet, and the required data were collected through the following questionnaires:

### 1. The ENRICH Marital Satisfaction Scale

To examine the marital satisfaction of the examined women, the ENRICH scale was used. The ENRICH scale has been used as a valid research tool in numerous studies on marital satisfaction.

Olson et al. <sup>[7]</sup> have used this scale to examine marital satisfaction; they believe that the ENRICH scale is related to changes that occur in the different stages of a person's life cycle. This scale is also sensitive to family-based changes. Each of the subscales of this scale is related to an important marital domain. By evaluating these domains, one can describe the potential marital problems or determine their weights in a marriage. This scale can also be used as a diagnostic tool for couples seeking marital consultation to strengthen their marital relations. According to Nasiri Zarch et al. <sup>[8]</sup>'s research, the reliability of the present research's scale was calculated using Cronbach's alpha (0.83).

### 2. The Schutte Self-Report Emotional Intelligence Test (SSEIT)

The 33-item SSEIT has been developed by Schutte et al. <sup>[3]</sup> to measure the subscales of EI, which has been made based on Salovey and Mayer's model <sup>[9]</sup>.

The scale includes the EI subscales (i.e., emotion perception, utilizing emotions, managing emotions); but, it also has a total score as the overall EI score. Each item is answered and scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items 5, 8, and 28 are scored in reverse order. In this test, there are 13 items for measuring emotion perception; 10 for managing emotions; and 10 for utilizing emotions. In the present study, the reliability of the scale was calculated using Cronbach's alpha (0.73).

### 3. The Edinburgh Postpartum Depression Scale (EPDS)

The EPDS was designed by Edinburgh in 1994. This scale is considered a valid scale to be applied by psychologists and

psychiatrists. The parallel-form reliability of this scale has been confirmed by the American Psychological Association ( $r=0.851$ ).

The EPDS includes ten items, each of which is answered and scored on a 4-point Likert scale and based on the severity of symptoms. In the present study, the reliability of the scale was calculated using Cronbach's alpha (0.84).

## Results

The results of inferential statistics for testing the study's hypotheses (i.e., there are significant relationships between EI and PPD, and between marital satisfaction and PPD) showed the Pearson correlation coefficient of -0.22 between EI and PPD ( $p=0.01$ ), and the Pearson correlation coefficient of -0.32 between marital satisfaction and PPD ( $p=0.01$ ) (table 1). Therefore, PPD was negatively correlated with both EI and marital satisfaction.

The results of inferential statistics for testing the study's hypothesis concerning the existence of significant correlations between PPD and subscales of EI showed the Pearson correlation coefficient of -0.13 between PPD and managing emotions ( $p=0.5$ ), the Pearson correlation coefficient of -0.2 between PPD and utilizing emotions ( $p=0.01$ ), and the Pearson correlation coefficient of -0.14 between PPD and emotion perception, which was not statistically significant (table 2). Therefore, PPD was negatively correlated with the two EI subscales of managing emotions and utilizing emotions.

The results of inferential statistics for testing the study's hypothesis concerning the existence of significant correlations between PPD and subscales of marital satisfaction showed the Pearson correlation coefficient of -0.17 between PPD and marital communication ( $p=0.03$ ), the Pearson correlation coefficient of -0.17 between PPD and conflict resolution ( $p=0.03$ ), the Pearson correlation coefficient of -0.21 between PPD and equalitarian roles ( $p=0.01$ ), and the Pearson correlation coefficient of -0.21 between PPD and children and parenting ( $P=0.01$ ). The observed correlations between PPD and other subscales of marital satisfaction were not statistically significant (table 3). Therefore, PPD was negatively correlated with the marital subscales of marital communication, conflict resolution, children and parenting and equalitarian roles.

To test the predictive power of EI subscales in predicting the risk of PPD, simultaneous multiple regression analysis was conducted. Based on the results, it was concluded that among the predictive variables (emotion perception, managing emotions & utilizing emotions), the two subscales of managing emotions and utilizing emotions had a linear relationship with the criterion variable (PPD) ( $F=4/29(3,143)$ ,  $P\leq 0/01$ ). Therefore, the two EI subscales of managing emotions and utilizing emotions could significantly predict PPD. The coefficient of determination ( $R^2$ ) was 0.287, indicating that almost 29% of PPD variance could be predicted by the two mentioned EI subscales (table 4).

To test the predictive power of marital satisfaction subscales in predicting the risk of PPD, simultaneous multiple regression

analysis was conducted. Based on the results, it was concluded that among the predictive variables (the subscales of marital satisfaction), the three subscales of marital communication, conflict resolution, and equalitarian roles had a linear relationship with the criterion variable (PPD) ( $F=7/77(3,143)$ ,  $P\leq 0/05$ ). Therefore, the three marital satisfaction subscales of marital communication, conflict resolution and equalitarian roles could significantly predict PPD. The coefficient of determination ( $R^2$ ) was 0.388, indicating that almost 39% of PPD variance could be predicted by the three mentioned subscales of marital satisfaction (table 5).

**Table 1. Correlation coefficients between PPD and EI, and PPD and marital satisfaction**

PPD		
Indices	Correlation Coefficient	Significance Level
Variables		
EI	-0.226**	0.01
Marital Satisfaction	-0.323**	0.01

**Table 2. Coefficients between PPD and EI's subscales**

PPD		
Indices	Correlation Coefficient	Significance Level

Variables		
Emotion Perception	-0.146	0.07
Managing Emotions	-0.136*	0.04
Utilizing Emotions	-0.204**	0.002

**Table 3. Coefficients between PPD and marital satisfaction's subscales**

PPD		
Indices	Correlation Coefficient	Significance Level
Variables		
Personality Issues	-0.140	0.09
Marital Communication	-0.170	0.03
Conflict Resolution	-0.171	0.03
Financial Management	-0.106	0.20
Leisure Activities	-0.063	0.45
Religious Orientation	-0.430	0.60
Equalitarian Roles	-0.21	0.01
Family and Friends	0.051	0.53
Children and Parenting	-0.21	0.01
Sexual relationship	-0.08	0.33
Idealistic Distortion	-0.02	0.83

**Table 4. Simultaneous Regression results of PPD in terms of EI's subscales (n=147)**

Criterion Variable	Predictive Variables	B	t	P	R	R <sup>2</sup>	F	Df	P
PPD	Emotion Perception	0.1158	1.84	0.066	0.287	0.083	4.29	143.3	Ns
	Managing Emotions	0.207	2.47	0.014					0.05
	Utilizing Emotions	0.174	2.09	0.038					0.05

**Table 5. Simultaneous Regression results of PPD in terms of marital satisfaction's subscales (n=147)**

Criterion Variable	Predictive Variables	B	t	P	R	R <sup>2</sup>	F	Df	P
PPD	Personality Issues	0.90	0.91	0.363	0.623	0.388	7.77	135.11	Ns
	Marital Communication	-0.165	-0.269	-0.363					0.05
	Conflict Resolution	-0.191	-1.06	-0.048					0.05
	Financial Management	0.049	0.549	0.584					Ns
	Leisure Activities	0.029	0.307	0.759					Ns
	Religious Orientation	0.039	0.114	0.673					Ns
	Equalitarian Roles	-1.91	-6.31	0.000					0.01
	Family and Friends	-0.060	-0.345	0.730					Ns
	Children and Parenting	-0.128	-0.543	0.125					Ns
	Sexual relationship	-0.055	0.771	0.079					Ns
Idealistic Distortion	0.064	0.695	0.488	Ns					

## Discussion and Conclusion

The purpose of this study was to investigate the relationship between EI and marital satisfaction to PPD. The results indicated that both EI and marital satisfaction were negatively

correlated with PPD. The result of this study concerning the negative correlation between marital satisfaction and PPD was in line with results of other studies, conducted by Arfan and Badar <sup>[10]</sup>, Diana <sup>[11]</sup>, Kiani et al. <sup>[12]</sup>, Shorjang et al. <sup>[13]</sup> and Peivandi et al. <sup>[14]</sup>. The results of this study concerning the negative correlation between EI and PPD was consistent with findings of Manneman, Scott and Eric <sup>[15]</sup>, Jennifer <sup>[16]</sup>, and Salehi et al. <sup>[17]</sup>. They all showed that experiencing positive emotions -such as joy and happiness- was a negative predictor of PPD.

Concerning the significant negative relationship between EI and PPD, a definition of EI must be provided first. According to Salovey and Mayer's model <sup>[9]</sup>, EI is the ability to understand, manage and utilize emotions to facilitate thinking. Based on this model, women with high EI can demonstrate flexibility in relatively critical situations, manage and control positive/negative environmental emotions and biological changes in their bodies, and finally, experience the least significant impairments.

Marital satisfaction, another psychological construct, had a significant negative correlation with PPD. Marital satisfaction is defined as attitudes or general feelings of an individual towards his/her spouse; it is a personal feeling towards the spouse and the overall marital relationship. The optimal and satisfactory formation of this feeling depends on an understanding of the spouse's desires and a relative consensus on his/her life's affairs. Couples with high levels of marital satisfaction are always trying to improve their relationship without any concern. Such couples, as a result of their constructive interactions, can soften their tensions quickly. The demographic and psychological characteristics of pregnant women along with their marital relationships are effective in the formation of their attitudes towards pregnancy and childbirth. This issue can explain the reason behind the observed negative relationship between marital satisfaction and PPD in the present study. In other words, a woman's confidence in the presence of a supportive husband brings her comfort not only in the postpartum period but also during pregnancy.

In this study, it was hypothesized that the IE subscales were also related to PPD and that the IE subscales could predict the occurrence of PPD. The results of testing those hypotheses indicated negative correlations between PPD and two of the IE subscales, i.e., managing emotions and utilizing emotions. Moreover, the mentioned IE subscales could predict changes in the variance of PPD. These results were in line with results of Salehi et al. <sup>[17]</sup> and Ebrahimi et al. <sup>[18]</sup> studies. They showed that negative emotions resulting from gender disappointment were positive predictors of PPD and that the relative risk of PPD was higher in women who used emotion-based strategies than those who used problem-based strategies.

To explain these findings, it can be said that having a high level of EI is a valuable asset that positively affects various mental and psychological conditions. To illustrate the predictive power of utilizing emotions, the results of Salovey, Tylor, and Mayer <sup>[19]</sup> can be cited. They showed that people with higher levels of EI were more successful in communicating with their surrounding

environments and coping with stressful situations because they could understand their emotions, express their emotions timely and effectively, and regulate their moods efficiently.

In the present study, no significant relationship was found between emotion perception (the other IE subscale) and marital satisfaction. To explain this finding, it can be inferred that emotion perception is a construct that focuses on managing and recognizing emotions. On the other hand, emotions (regardless of affectionate and loving behaviors) are the causes of violence, negativity, tensions and conflicts at home. Therefore, there is a possibility that the mentioned issue had not been deeply considered by the examined couples in this study.

In this study, it was also hypothesized that the marital satisfaction subscales were related to PPD and that the marital satisfaction subscales could predict the occurrence of PPD. The results of testing those hypotheses indicated negative correlations between PPD and four of the marital satisfaction subscales, i.e., marital communication, conflict resolution, equalitarian roles and children and parenting. Moreover, the marital satisfaction subscales of marital communication, conflict resolution, and equalitarian roles could predict changes in the variance of PPD. These findings indicated that mothers who had well-balanced interactions with their husbands and those who could resolve their marital conflicts through dialogue and exchange of ideas, did not show much concern over the process of childbirth. These findings were in line with what Bakhshi et al. <sup>[20]</sup> reported in their study.

In general, it can be stated that the overall developmental characteristics of men and women are indicative of the facts that men and women are similar in terms of being human and that they are created to achieve the same goal. But, since men are men and women are women (i.e., they are different in terms of gender), there are still some differences between them. Thus, despite the fact that both men and women have equal responsibilities, the types of their duties may be different. However, accepting gender-based differences but not respecting each other's rights will negatively affect the common and transcendental goals of the family and eventually lead to PPD.

The more visible issue in the mentioned hypotheses was the lack of correlation between some of the IE and marital satisfaction subscales and PPD. This issue can be concisely explained by considering that, when a child is born, parents are mostly concerned about the baby's health and well-being. In such a situation, even the worst spouses become caring and supportive parents, and they do not pay much attention to their existing marital problems. Leisure activities (a subscale of marital satisfaction) was among those subscales that did not correlate with PPD. Naturally, parents do not have much time to spend on leisure activities in the postpartum period. Therefore, not having enough leisure activities will not be taken into consideration seriously. In postpartum period, when even physical pressures and after childbirth problems are overlooked, religious orientations and practices do not concern parents too much (even when the mother is highly religious). Such processes may also be relevant to other uncorrelated subscales

with PPD. However, the roles of variable, which were expected to be correlated with PPD, were shown in the present study.

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## Conflict of Interest

No conflict of interest was reported by the authors.

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