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Psychological Resilience And Body Image Dissatisfaction As Predictors Of Depressive Symptoms In Expectant Mothers: Evidence From A Mixed- Methods Antenatal Study

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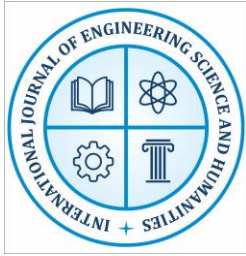
Abstract

Pregnancy involves rapid physiological and social transitions that can challenge mental wellbeing. This study examined whether psychological resilience and body image dissatisfaction predict depressive symptoms among expectant mothers. Using a mixed-methods design, 396 pregnant women across three trimesters completed standardised measures of resilience, body image dissatisfaction, and depressive symptoms. Pearson correlations and multiple regression were used for quantitative testing. Resilience showed a moderate-to-strong negative association with depressive symptoms, while body image dissatisfaction displayed a moderate positive association. In a regression model including both predictors, resilience emerged as the stronger negative predictor of depression and body image dissatisfaction a significant positive predictor, together explaining nearly half of the variance in depressive symptoms. Findings support resilience-buffering models of prenatal distress and confirm body image as an important psychosocial risk pathway. Antenatal mental-health screening, resilience-building interventions, and body-positive counselling may help reduce depressive experiences before childbirth.

Keywords: pregnancy, psychological resilience, body image dissatisfaction, antenatal depression, coping, mixed methods.

Introduction

Pregnancy is not only a biomedical event but also a psychological and cultural passage marked by identity shifts, bodily transformation, changing relationships, and anticipatory anxiety about childbirth and parenting. Research in perinatal mental health shows that this period is a heightened window of vulnerability for depression and distress, even in women without past psychiatric history (Terrone et al., 2023). Antenatal depressive symptoms are clinically important because they predict postpartum depression, impaired maternal functioning, and adverse infant outcomes, including poorer attachment and developmental risk (Simonovich et al., 2021). Yet antenatal depression is not uniform across women; many adapt well despite discomfort,



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uncertainty, and social pressures. This variation pushes us to ask what psychological resources protect expectant mothers and what psychosocial stressors place them at risk.

Psychological resilience is increasingly framed as a key protective capacity in pregnancy. Resilience refers to the ability to maintain or regain mental health despite adversity; in pregnancy this includes flexibly dealing with bodily change, lifestyle disruption, medical concerns, and social role transitions (Van Haeken et al., 2020). Empirical work consistently links higher resilience to lower prenatal depression and anxiety, with resilience acting as both a direct buffer and an indirect mediator through stress appraisal and coping style (Ma et al., 2019; Wang et al., 2024). Intervention reviews further suggest that resilience-enhancing programmes (e.g., mindfulness, psychoeducation, social-support strengthening) can reduce antenatal depressive symptoms (Walker et al., 2022). Still, resilience does not operate in a vacuum. It interacts with pregnancy-specific psychosocial experiences, particularly women's interpretations of their changing bodies.

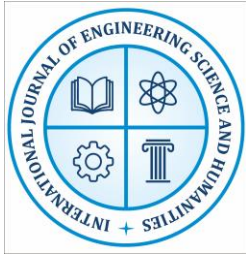
Body image dissatisfaction is now recognised as a meaningful antenatal mental-health risk factor. Pregnancy alters body shape, weight, energy levels, and perceived attractiveness at a pace that is socially visible and often judged. Studies show that many women experience a tension between the cultural ideal of control over body size and the biological inevitability of pregnancy weight gain (Silveira et al., 2015). Systematic evidence indicates that pregnancy body dissatisfaction is positively associated with prenatal and postpartum depressive symptoms, though effect sizes vary by context and measurement (Silveira et al., 2015; Chan et al., 2020; He et al., 2025). Mechanistically, body dissatisfaction can intensify shame, reduce self-esteem, and increase social comparison, all of which are known pathways to depressed mood.

Given these overlapping streams, resilience may reduce depression partly by helping women reinterpret bodily changes as meaningful and temporary, while low resilience could leave women more vulnerable to body-based distress and emotional decline. Yet few studies have tested resilience and pregnancy-specific body image dissatisfaction together in one predictive model, especially in non-Western contexts. The present antenatal study addressed this by examining three core questions:

1. What are the levels of resilience, body image dissatisfaction, and depressive symptoms among expectant mothers?
2. How strongly are these variables related?
3. Do resilience and body image dissatisfaction independently predict depressive symptoms?

Review of Literature

Ma et al. (2019) investigated resilience in a large prenatal cohort, showing that resilience reduced prenatal anxiety and depressive symptoms both directly and through lowering perceived



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stress, strengthening the argument that resilience operates as a psychological shield in pregnancy. Their pathway model supports viewing resilience as an active coping resource rather than a passive trait.

Silveira et al. (2015) reviewed studies on prenatal and postnatal body image and concluded that dissatisfaction is consistently linked to depressive symptoms, even when controlling for demographic variables. Their synthesis highlights pregnancy body image as a distinct psychological experience rather than a simple extension of pre-pregnancy appearance concerns.

Chan et al. (2020) found that women with higher body dissatisfaction before and during pregnancy had greater antenatal anxiety and depressive symptoms, reinforcing the idea that body-related stress can precede and intensify prenatal distress rather than merely co-occur with it.

Walker et al. (2022) assessed resilience-enhancing interventions for antepartum depressive symptoms and reported promising reductions in distress, though they noted the need for more robust trials. This suggests resilience is not fixed and can be strengthened during pregnancy with clear mental-health benefits.

Wang et al. (2024) used path analysis to show resilience protects against antenatal depression by alleviating stress and enabling adaptive coping. Their findings align with stress-buffering frameworks and justify resilience as a major target for perinatal mental-health policy.

Research Methodology

This paper draws on the thesis mixed-methods antenatal design. Quantitatively, 396 pregnant women across first, second, and third trimesters were recruited through antenatal clinics. Participants completed three validated scales measuring psychological resilience, body image dissatisfaction, and depressive symptoms. Data were screened for missingness, normality, multicollinearity, and other regression assumptions prior to analysis. Pearson correlations were computed to test bivariate relationships between variables. Multiple linear regression was then conducted with depressive symptoms as the dependent variable and resilience plus body image dissatisfaction as predictors. Qualitative interviews (used in the parent thesis) provided contextual support for interpretation, though the focus of this paper is the quantitative predictive model.

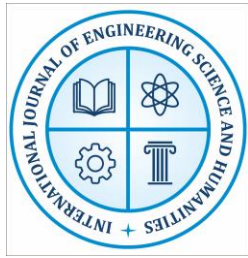
Results and Discussion

Descriptive results

Resilience scores were moderately high, while body dissatisfaction and depressive symptoms fell in the moderate range overall, with substantial individual variability.

Table 1. Descriptive statistics of key psychological variables (N = 396)

<i>Variable</i>	<i>Mean</i>	<i>Median</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
<i>Psychological resilience</i>	34.8	35.0	6.2	18	49



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<i>Body image dissatisfaction</i>	21.4	21.0	5.8	8	36
<i>Depressive symptoms</i>	17.8	17.0	7.4	5	38

Interpretation: The averages suggest that most women show reasonable coping capacity, but body dissatisfaction and depressive symptoms are common enough to matter clinically. The wide ranges indicate a meaningful subgroup at elevated risk.

Correlation matrix

Bivariate relationships were all statistically meaningful and matched theoretical expectations.

Table 2. Correlation matrix of resilience, body dissatisfaction, and depressive symptoms

<i>Variables</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>1. Resilience</i>	1.00	-0.41	-0.56
<i>2. Body image dissatisfaction</i>	-0.41	1.00	0.47
<i>3. Depressive symptoms</i>	-0.56	0.47	1.00

Interpretation:

- Resilience correlated moderately-to-strongly and negatively with depressive symptoms ($r = -0.56$), confirming resilience as a protective factor (Ma et al., 2019; Wang et al., 2024).
- Body image dissatisfaction correlated positively with depressive symptoms ($r = 0.47$), aligning with earlier reviews and cohort studies (Silveira et al., 2015; Chan et al., 2020).
- Resilience was negatively related to body dissatisfaction ($r = -0.41$), suggesting resilient women interpret bodily changes more positively.

Regression model predicting depressive symptoms

Regression assumptions (linearity, independence, homoscedasticity, residual normality, and low multicollinearity) were all satisfied.

Table 3. Regression model summary

<i>R</i>	<i>R²</i>	<i>Adjusted R²</i>	<i>Std. Error</i>
0.68	0.46	0.45	5.44

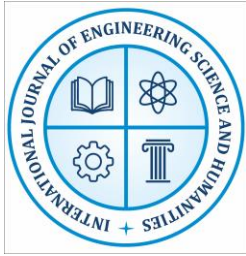
Interpretation: Resilience and body dissatisfaction jointly explained 46% of variance in depressive symptoms, indicating a strong psychosocial model of prenatal depression risk.

Table 4. Regression coefficients predicting depressive symptoms

<i>Predictor</i>	<i>B</i>	<i>SE B</i>	<i>β</i>	<i>t</i>	<i>p</i>
<i>Constant</i>	32.14	1.89	—	17.01	<.001
<i>Resilience</i>	-0.44	0.06	-0.42	-7.32	<.001
<i>Body image dissatisfaction</i>	0.38	0.07	0.31	5.46	<.001

Interpretation:

- Each one-point increase in resilience predicted a 0.44-point decrease in depressive symptoms. Resilience remained the stronger predictor ($\beta = -0.42$).



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- Body dissatisfaction independently predicted higher depressive symptoms ($\beta = 0.31$), showing body image is not merely correlated with mood but contributes uniquely to depression risk.

Integrated discussion

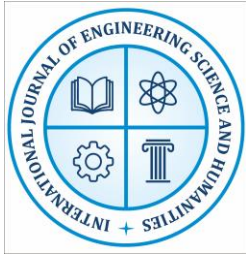
The model supports a layered explanation of prenatal mental health. Resilience acts as a broad coping capacity that buffers against distress, consistent with resilience-stress frameworks and prior evidence (Ma et al., 2019; Van Haeken et al., 2020). At the same time, dissatisfaction with changing appearance operates as a pregnancy-specific stressor that elevates depressive symptoms. This aligns with the direction of large reviews showing body image disturbance to be a meaningful antenatal risk domain (Silveira et al., 2015; He et al., 2025). Importantly, resilience also inversely relates to body dissatisfaction, suggesting indirect protective effects, where resilient appraisal reduces self-criticism and shame about bodily change. The combination of these effects plausibly explains why resilience emerges as the dominant predictor in the regression model.

Conclusion

Resilience and body image dissatisfaction are both significant predictors of antenatal depressive symptoms, together accounting for nearly half of observed depression variance. Resilience is the stronger protective factor, while body dissatisfaction is a substantial independent risk pathway. Antenatal care should therefore treat resilience-building and body-positive counselling as complementary mental-health strategies. Screening for low resilience and high body dissatisfaction during routine check-ups may help identify women at risk before symptoms intensify.

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