

A systematic literature review of meaning-oriented resilience as a coping process for pregnancy anxiety and maternal well-being

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ABSTRACT

Pregnancy involves profound physiological and psychosocial changes that increase vulnerability to stress and anxiety. Psychological resilience has been widely recognized as a protective factor for maternal mental health; however, existing research has largely emphasized functional outcomes, with limited attention to meaning-oriented coping processes underlying maternal adaptation. This systematic literature review aimed to synthesize empirical and conceptual evidence on meaning-oriented resilience in relation to pregnancy anxiety and maternal well-being. Following PRISMA 2020 guidelines, systematic searches were conducted in Scopus and Google Scholar, yielding 26 eligible studies analyzed through theory-driven thematic synthesis. The findings indicate that psychological resilience operates as a dynamic coping process that reduces prenatal anxiety and supports emotional regulation and adjustment. Religious and spiritual coping consistently emerged as meaning-oriented mechanisms that strengthen resilience by enabling pregnant women to interpret pregnancy experiences within value-based and existential frameworks. Conceptual evidence suggests that *şabr* represents an active form of meaning-oriented resilience characterized by emotional regulation, endurance, and value-driven perseverance. While most studies focused on symptom reduction, emerging evidence highlights the role of resilience and spirituality in promoting holistic maternal well-being. This review advances a meaning-oriented framework of maternal resilience integrating psychological and Islamic perspectives and supports the incorporation of meaning-based and culturally sensitive approaches within midwifery care to enhance maternal mental health during pregnancy.

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INTRODUCTION

Pregnancy is a critical period marked by substantial physiological and psychosocial changes that increase vulnerability to stress and pregnancy-related anxiety. This issue is highly relevant to midwifery practice, as maternal mental health influences women's adaptation to pregnancy and the quality of antenatal care. Empirical evidence indicates that anxiety and psychological distress during pregnancy are common and may negatively affect maternal well-being if not adequately managed (Biaggi et al., 2016; Howard & Khalifeh, 2020).

Psychological resilience has increasingly been recognized as a protective factor that supports adaptive responses to pregnancy-related stressors. Studies consistently report that higher resilience is associated with lower levels of prenatal stress and anxiety and better psychological adjustment during pregnancy (Verhees, M. W., Janssen, L., & de Weerth, 2021; Wang, Y., Liu, L., & Chen, 2023). However, resilience in pregnancy research is predominantly conceptualized in functional and psychosocial terms, with limited attention to the meaning-oriented processes that shape maternal adaptation.

Religious and spiritual coping, including spiritual well-being, have been linked to reduced pregnancy-related stress and anxiety (Dilmen, B., Yılmaz, M., & Çalık, 2024; Rahmati, M., Khadivzadeh, T., & Esmaily, 2019; Yousefi Afrashteh & Bitarafan, 2021). Despite these associations, most studies emphasize direct outcomes rather than examining how coping operates as a process of meaning-making. From the perspective of Islamic psychology, *ṣabr* conceptualizes resilience as an active process involving emotional regulation, perseverance, and positive meaning attribution in adversity (Rusdi, 2017; Salleh, M. S., Ahmad, R., & Hasan, 2020). Although elements aligned with *ṣabr* frequently appear implicitly in the literature, the construct is rarely articulated explicitly within maternal and midwifery research.

Maternal mental health research remains largely focused on symptom reduction, while maternal well-being as a holistic outcome encompassing emotional, psychological, and spiritual dimensions remains underexplored (Aksoy, M., Karabulutlu, Ö., & Uysal, 2020; Koenig, 2023). Despite growing evidence on resilience and religious coping in pregnancy, no systematic review has synthesized these findings within a meaning-oriented framework relevant to midwifery care. Previous reviews on resilience or religious coping in pregnancy have primarily examined psychological outcomes such as anxiety, depression, or stress without integrating spiritual meaning-making processes or culturally grounded constructs into a unified conceptual framework. Moreover, existing syntheses tend to treat resilience and spiritual coping as separate variables rather than examining their interrelated role in shaping maternal adaptation. Conceptually, understanding resilience as a meaning-oriented process rather than merely a protective factor against psychological symptoms shifts maternal mental health frameworks from deficit-based models toward dynamic systems of adaptive meaning construction. In this perspective, resilience is not confined to reducing anxiety or stress but reflects an active process through which pregnant women interpret and integrate pregnancy-related experiences within personally and culturally meaningful frameworks. Such a reconceptualization expands the scope of maternal mental health beyond symptom protection and underscores the importance of culturally embedded coping systems in sustaining holistic well-being.

This review addresses this gap by integrating empirical and conceptual evidence to inform holistic maternal mental health practice. By situating psychological resilience within a meaning-oriented and culturally contextualized framework, this review offers a novel theoretical synthesis that extends beyond outcome-focused models and provides implications for integrative midwifery practice. This systematic literature review aims to examine meaning-oriented resilience during pregnancy and is guided by four research questions: How is psychological resilience conceptualized and measured in pregnancy research? ; How do religious and spiritual coping function as meaning-oriented coping processes during pregnancy? ; In what ways does *ṣabr* appear

explicitly or implicitly in the pregnancy literature? ; How does meaning-oriented resilience contribute to maternal well-being beyond symptom reduction?

RESEARCH METHOD

Study Design

This study employed a systematic literature review (SLR) in accordance with the PRISMA 2020 guidelines. The review was designed to synthesize empirical and conceptual evidence related to maternal psychological adaptation during pregnancy, with particular emphasis on resilience, meaning-oriented coping, spiritual resources, and maternal well-being, including pregnancy-related anxiety. This approach was appropriate for informing midwifery and maternal health practice, where psychosocial adaptation is a core component of holistic antenatal care.

Search Strategy

A systematic literature search was conducted using Scopus and Google Scholar. The search strategy was guided by the PICOS framework to ensure relevance to clinical midwifery and maternal mental health contexts. Population (P): pregnant women (pregnancy, pregnant women, prenatal) ; Exposure (I): psychosocial and spiritual resources relevant to maternal adaptation, including resilience, psychological resilience, religious coping, spiritual coping, spiritual well-being, and religiosity; Comparator (C): implicit comparison across varying levels of psychosocial and spiritual resources, as commonly applied in observational maternal health studies ; Outcome (O): maternal mental health outcomes, including pregnancy anxiety, psychological stress, emotional well-being, and overall mental health ; Study design (S): empirical studies and review articles published in peer-reviewed journals. Searches were conducted in the TITLE-ABS-KEY fields using Boolean operators (AND/OR). The core search combined terms related to maternal resilience, religious or spiritual coping, and maternal mental health outcomes, with an additional targeted search to capture studies conducted in Islamic or Muslim maternal populations: (resilience OR "psychological resilience" OR "maternal resilience") AND ("religious coping" OR "spiritual coping" OR "spiritual well-being" OR "spiritual health" OR religiosity OR spirituality) AND (stress OR anxiety OR "mental health" OR well-being OR wellbeing) AND (Islam* OR Muslim* OR "Islamic religiosity") To enhance clinical relevance and screening efficiency, searches were limited using Scopus filters: publication years 2010-2025, document types article or review, English language, journal sources, and subject areas Medicine, Nursing, Health Professions, and Psychology. The 2010-2025 time frame was selected to reflect contemporary developments in resilience theory, which increasingly conceptualize resilience as a dynamic, context-dependent, and process-oriented construct rather than a fixed personality trait. Since 2010, resilience research has expanded to incorporate biopsychosocial and meaning-oriented perspectives, including spiritual and culturally grounded dimensions. Restricting the review to this period ensured alignment with current theoretical frameworks and clinical applications in maternal and midwifery care.

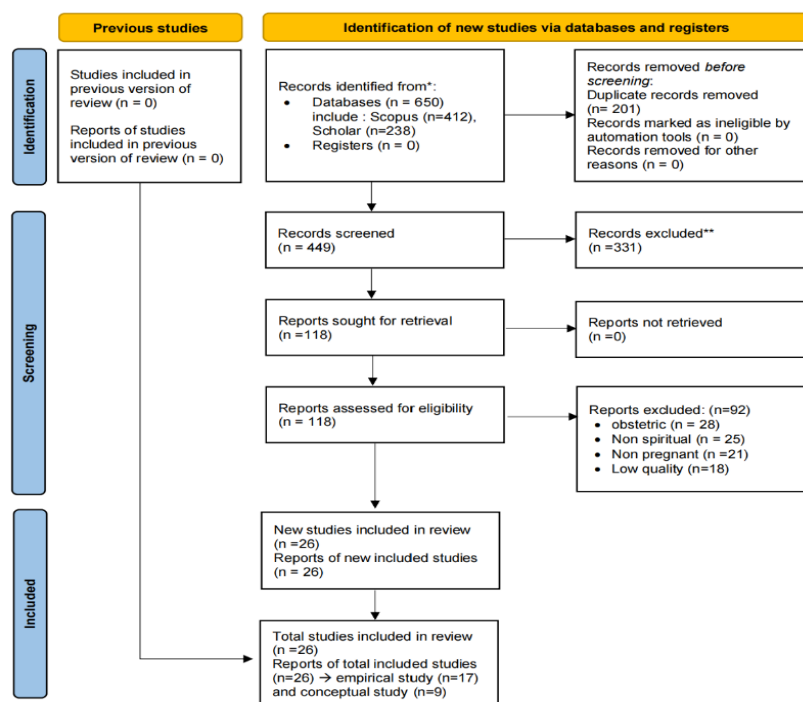


Figure 1. PRISMA 2020 flow diagram of the systematic literature review process

Eligibility Criteria

Inclusion Criteria

Studies were included if they met one or more of the following criteria: 1) Empirical studies involving pregnant women that examined maternal psychological adaptation, including resilience, religious or spiritual coping, spiritual well-being, or maternal mental health outcomes (pregnancy anxiety, psychological stress, emotional adjustment, or maternal well-being); and/or ; 2) Conceptual, theoretical, or review articles that, although not limited to pregnant populations, provided conceptual insights relevant to meaning-oriented resilience and psychosocial adaptation during pregnancy, including religious or spiritual coping, meaning-making processes, patience, or constructs conceptually aligned with *şabr*. Eligible studies employed quantitative, qualitative, or conceptual designs, were published in peer-reviewed English-language journals, and appeared between 2010 and 2025. The inclusion of conceptual and theoretical literature was intended to support the development of a clinically meaningful framework for maternal resilience, rather than to generate direct obstetric outcome estimates.

Exclusion Criteria

Studies were excluded if they: 1) Focused exclusively on biomedical, obstetric, or neonatal outcomes without addressing maternal psychological or psychosocial dimensions; 2) Examined coping strategies without religious, spiritual, or meaning-oriented components relevant to maternal adaptation; 3) Involved non-maternal populations without clear conceptual relevance to pregnancy-related resilience; or 4) Were non-peer-reviewed publications, including editorials, commentaries, theses, or conference proceedings.

Study Selection

All identified records were exported to a reference management tool, and duplicate records were removed. Study selection was conducted in two stages: title and abstract screening, followed by full-text eligibility assessment. Any discrepancies were resolved through discussion and consensus.

Data Extraction

Data were extracted using a standardized form, capturing authorship, year of publication,

country or clinical context, maternal population characteristics, study design, assessment instruments, key psychosocial and spiritual variables, and principal findings relevant to maternal resilience and well-being during pregnancy.

Quality Appraisal

The methodological quality of empirical studies was assessed using criteria adapted from the Joanna Briggs Institute (JBI) checklists for observational studies commonly used in maternal health research. Conceptual and theoretical articles were appraised based on conceptual clarity, coherence, and relevance to the meaning-oriented maternal resilience framework. Quality assessments informed the interpretation of findings but did not serve as exclusion criteria.

Data Synthesis

Given the diversity of study designs and outcomes, a qualitative thematic synthesis was conducted. Findings were organized into themes aligned with the research questions, including: (1) conceptualization and assessment of maternal psychological resilience during pregnancy; (2) religious and spiritual coping as meaning-oriented psychosocial processes; (3) manifestations of *şabr* as active maternal resilience; (4) contributions of meaning-oriented resilience to maternal well-being; and (5) integration of Western psychological theories and Islamic perspectives in understanding maternal adaptation during pregnancy.

Ethical Considerations

Ethical approval was not required, as this study analyzed publicly available published literature and did not involve human participants, clinical interventions, or identifiable personal data.

RESULTS AND DISCUSSIONS

Overview of Included Studies

A total of 24 studies met the eligibility criteria and were included in this systematic literature review. As summarized in Table 1, the included studies were published between 2017 and 2025 and represented a diverse range of geographical contexts, with the majority conducted in Muslim-majority countries, particularly Iran, Turkey, Indonesia, Lebanon, and China, alongside several global and Western conceptual and review-based works. Most studies employed quantitative designs, primarily cross-sectional, while a smaller number used qualitative or conceptual/theoretical approaches. This distribution reflects the predominance of quantitative research on resilience and spiritual coping in pregnancy, while highlighting the relative scarcity of integrative conceptual frameworks within maternal mental health literature.

Across the reviewed literature, pregnant women constituted the primary study population, with a few studies focusing on postpartum women or general adult populations to inform conceptual models relevant to maternal resilience. The most frequently used instruments included standardized measures of resilience, spiritual well-being, religious coping, stress, anxiety, and mental health, such as the Connor-Davidson Resilience Scale (CD-RISC), Spiritual Well-Being Scale, and Religious Coping Scale. Collectively, the studies examined the roles of spirituality, religiosity, religious meaning, and resilience-related constructs in relation to maternal mental health outcomes during pregnancy.

Table 1. Included studies on resilience, spiritual coping, and maternal mental health (n = 24)

No	Author (Year)	Country/Region	Population	Study Design	Key Variables	Main Findings
1	Verhees, M. W., Janssen, L., & de Weerth (2021)	Europe	Pregnant women	Quantitative (Cross-sectional)	Resilience, stress, anxiety	Resilience mediates the relationship between stress and pregnancy-related anxiety
2	Wang, Y., Liu,	China	Pregnant	Quantitative	Social support,	Resilience mediates

No	Author (Year)	Country/Region	Population	Study Design	Key Variables	Main Findings
	L., & Chen (2023)		women	(Mediation analysis)	resilience, mental health	the effect of social support on maternal mental health
3	Bizri et al. (2025)	Lebanon	Pregnant women	Quantitative	Religious meaning, resilience	Religious meaning significantly strengthens psychological resilience
4	Yousefi Afrashteh & Bitarafan (2021)	Iran	Pregnant women	Quantitative	Spiritual well-being, resilience, self-compassion	Spiritual well-being positively predicts resilience
5	Dilmen, B., Yılmaz, M., & Çalık (2024)	Turkey	Pregnant women	Quantitative	Spirituality, pregnancy anxiety	Higher spirituality is associated with lower pregnancy-related anxiety
6	Ghodrati, F., & Tayebi (2023)	Iran	Pregnant women	Quantitative	Religious coping, anxiety	Positive religious coping decreases prenatal anxiety levels
7	Rahmati, M., Khadivzadeh, T., & Esmaily (2019)	Iran	Pregnant women	Quantitative	Religious coping, pregnancy-related stress	Religious coping is associated with lower prenatal stress
8	Faramarzi, M., Pasha, H., & Khafri (2018)	Iran	Pregnant women	Quantitative	Spiritual-religious coping, anxiety	Religious coping significantly reduces pregnancy anxiety
9	Speed & Fowler (2017)	Iran	Pregnant women	Quantitative	Religiosity, pregnancy stress	Higher religiosity is associated with lower pregnancy stress
10	Kalok, A., Ahmad, N. A., & Abdullah (2024)	Asia (Malaysia)	Pregnant women	Quantitative	Spirituality, resilience	Spirituality significantly predicts higher resilience
11	Keten Edis & Bal (2023)	Turkey	Pregnant women	Quantitative	Spiritual well-being, stress	Spiritual well-being is associated with reduced prenatal stress
12	Aksoy, M., Karabulutlu, Ö., & Uysal (2020)	Turkey	Pregnant women	Quantitative	Spiritual health, maternal well-being	Spiritual health enhances overall maternal well-being
13	Khodakarami (2018)	Iran	Pregnant women	Quantitative	Spiritual well-being, psychological health	Spiritual well-being improves psychological health outcomes
14	Isik et al. (2024)	Turkey	Pregnant women	Quantitative	Spiritual well-being, mental health	Spiritual well-being is associated with better mental health
15	Nurbaeti et al. (2021)	Indonesia	Postpartum women	Quantitative	Religiosity, depression	Religiosity reduces postpartum depressive symptoms
16	Yılmaz et al. (2025)	Turkey	Pregnant women	Qualitative	Religious meaning, pregnancy experience	Pregnancy is experienced as spiritually meaningful and value-based
17	Park (2018)	Global	General population	Theoretical model	Meaning-making, stress	Meaning-making facilitates psychological adaptation to stress
18	Pargament et al. (2011)	Global	General population	Psychometric review	Religious coping	Religion functions as a meaning system in

No	Author (Year)	Country/Region	Population	Study Design	Key Variables	Main Findings
19	Rusdi (2017)	Indonesia	Conceptual	Theoretical paper	Şabr, resilience	stress adaptation Şabr conceptualized as an active psychological resilience process
20	Salleh, M. S., Ahmad, R., & Hasan (2020)	Global	Conceptual	Conceptual analysis	Islamic resilience	Islamic values support adaptive resilience mechanisms
21	Schnitker (2012)	Western contexts	Adults	Quantitative	Patience, well-being	Patience enhances psychological well-being
22	Schnitker & Emmons (2007)	Western contexts	Adults	Quantitative	Patience, self-regulation	Patience reflects emotional self-regulation and adaptive coping
23	Koenig (2023)	Global	General population	Systematic review	Spirituality, health	Spirituality is associated with improved mental well-being
24	Abu-Raiya et al. (2019)	Global	Muslim adults	Review / Empirical	Religious coping	Religious coping functions as a protective psychological factor

Across empirical studies, psychological resilience consistently emerged as a central adaptive resource protecting pregnant women from pregnancy-related stress and anxiety. Resilience functioned not merely as an individual trait but as a dynamic coping mechanism that mediated the effects of psychosocial stressors and social support on maternal mental health outcomes. Higher levels of resilience were associated with lower anxiety, improved emotional regulation, and better psychological adjustment throughout pregnancy, underscoring its pivotal role in maternal adaptation to physiological and psychosocial changes.

A substantial body of literature further demonstrates that spiritual well-being, religiosity, and religious coping operate as meaning-oriented coping processes that significantly strengthen resilience and reduce prenatal distress. Positive religious coping strategies were repeatedly linked to lower levels of pregnancy-related anxiety and stress, while higher spiritual well-being predicted enhanced emotional stability and overall psychological health. These meaning-based resources enabled pregnant women to reinterpret pregnancy challenges within broader existential and value-driven frameworks, fostering acceptance, hope, and sustained coping.

Conceptual and qualitative evidence highlights meaning-making as a fundamental mechanism underlying adaptive coping during pregnancy. Pregnancy was frequently perceived as a spiritually meaningful life event or form of worship, which promoted emotional regulation, perseverance, and psychological endurance. Within Islamic psychological perspectives, şabr was conceptualized as active endurance characterized by regulated emotional responses, value-based perseverance, and purposeful coping, closely aligning with contemporary resilience and self-regulation models in psychological science.

Taken together, the reviewed studies indicate that resilience in pregnancy is deeply embedded within meaning-oriented coping systems. Spiritual and religious resources not only directly alleviate anxiety and stress but also enhance psychological resilience, which in turn supports maternal well-being as a multidimensional outcome encompassing emotional health, psychological adjustment, and adaptive functioning. This integrated evidence supports the conceptualization of meaning-oriented resilience as a core coping process through which pregnant women navigate pregnancy-related challenges and maintain mental well-being.

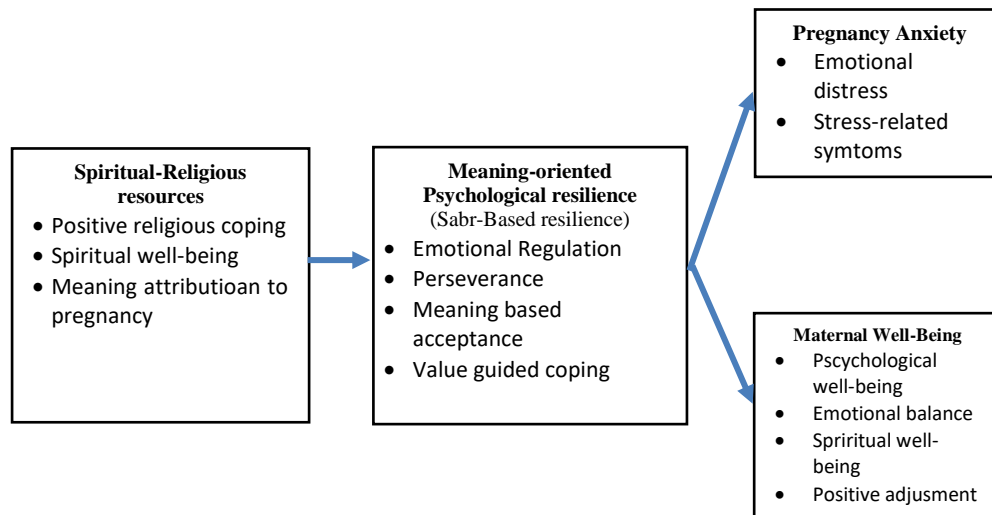


Figure 2. Conceptual model of meaning-oriented psychological resilience in pregnancy

Figure 2. Conceptual Model of Meaning-Oriented Psychological Resilience in Pregnancy

Figure 2 presents a conceptual framework intended to guide future empirical testing. The model conceptualizes psychological resilience during pregnancy as a latent, meaning-oriented construct (şabr-based resilience), reflected in emotional regulation, perseverance, meaningful acceptance, and value-based coping (RQ1–RQ3). Religious and spiritual resources—including positive religious coping, spiritual well-being, and meaning attribution to pregnancy—are positioned as indirect contributors that appear to strengthen meaning-oriented resilience (RQ2). Enhanced resilience, in turn, is associated with lower pregnancy-related anxiety and improved holistic maternal well-being, encompassing psychological, emotional, spiritual, and adaptive functioning dimensions (RQ4). The model is conceptual and does not imply direct causal pathways but rather reflects thematic synthesis of the reviewed literature.

RQ1. Psychological Resilience During Pregnancy

Psychological resilience was consistently defined as positive adaptation to pregnancy-related stress and primarily measured using standardized instruments such as the Connor-Davidson Resilience Scale (CD-RISC). Higher resilience was associated with lower prenatal anxiety and psychological distress and frequently functioned as a mediating or protective factor across cultural contexts (Verhees, M. W., Janssen, L., & de Weerth, 2021; Wang, Y., Liu, L., & Chen, 2023; Kalok, A., Ahmad, N. A., & Abdullah, 2024).

RQ2. Religious and Spiritual Coping as Meaning-Oriented Processes

Positive religious and spiritual coping—including spiritual well-being—were consistently associated with reduced prenatal stress and anxiety and improved psychological adjustment. Qualitative findings suggested that pregnancy was often interpreted through religious meanings, such as a test or act of devotion, which appeared to support emotional stability and sustained coping (Ghodrati, F., & Tayebi, 2023; Rahmati, M., Khadivzadeh, T., & Esmaily, 2019; Yilmaz et al., 2025).

RQ3. Manifestations of Şabr in Pregnancy Research

Although şabr was not explicitly operationalized in empirical pregnancy studies, its defining elements—endurance, acceptance, emotional regulation, and value-based perseverance—were implicitly reflected in constructs related to religious coping and resilience. Conceptual literature describes şabr as an active psychological capacity for sustained coping under adversity, characterized by purposeful engagement rather than passive endurance (Rusdi, 2017; Salleh, M. S., Ahmad, R., & Hasan, 2020).

RQ4. Meaning-Oriented Resilience and Maternal Well-Being

While most studies emphasized symptom reduction, a smaller subset examined broader maternal well-being outcomes. Higher levels of spiritual well-being and religiosity were associated with improved psychological functioning and overall maternal well-being during pregnancy (Aksoy, M., Karabulutlu, Ö., & Uysal, 2020; Khodakarami, 2018).

Discussion

This systematic review confirms psychological resilience as a central adaptive resource supporting maternal mental health during pregnancy. Across the included studies, higher levels of resilience were consistently associated with reduced prenatal anxiety, stress, and psychological distress (Verhees, M. W., Janssen, L., & de Weerth, 2021; Wang, Y., Liu, L., & Chen, 2023; Bizri et al., 2025), reinforcing resilience as a dynamic psychological coping process rather than a static personal trait. Contemporary resilience theory conceptualizes resilience as an ordinary, adaptive system emerging from the interaction of regulatory, relational, and meaning-oriented processes rather than an exceptional individual characteristic (Ann S. Masten., 2018). This perspective complements interdisciplinary models that describe resilience as a multidimensional and context-sensitive process rather than merely the absence of psychopathology (Southwick et al., 2014). From a psychological standpoint, resilience reflects emotional regulation, cognitive appraisal, and self-regulatory capacity—constructs consistent with foundational resilience frameworks and measurement models such as the Connor-Davidson Resilience Scale (Connor & Davidson, 2003). Within midwifery care, these adaptive processes are clinically relevant, as emotional stability and coping capacity directly influence antenatal engagement, maternal confidence, and adjustment to pregnancy-related changes. However, most existing studies have approached resilience primarily through functional outcomes such as symptom reduction, with limited exploration of the meaning-oriented mechanisms that sustain maternal adaptation over time. This functional emphasis mirrors broader trends in perinatal mental health research (Howard & Khalifeh, 2020), where resilience is often operationalized as an outcome rather than as a value-driven psychological process embedded in personal belief systems.

The consistent association between religious and spiritual coping and lower prenatal distress (Rahmati, M., Khadivzadeh, T., & Esmaily, 2019; Ghodrati, F., & Tayebi, 2023; Faramarzi, M., Pasha, H., & Khafri, 2018) provides important insight into the meaning-oriented dimensions of resilience. Empirical findings demonstrate that spirituality and positive religious coping facilitate emotional adjustment by enabling women to interpret pregnancy experiences within coherent belief systems and value frameworks (Aksoy, M., Karabulutlu, Ö., & Uysal, 2020; Kalok, A., Ahmad, N. A., & Abdullah, 2024). Psychologically, these processes support cognitive reframing, emotional acceptance, and sustained coping under stress, which align with the meaning-making model (Park, 2018) and religious coping theory (Pargament et al., 2011). In midwifery contexts, such meaning-oriented interpretations contribute to emotional stability, trust in the childbirth process, and sustained engagement with antenatal care. These findings reinforce broader psychological models emphasizing the integration of stressful life events into personal meaning systems as a central pathway of adaptation.

The concept of *ṣabr* offers a culturally grounded framework for understanding meaning-oriented resilience in pregnancy. Although not explicitly measured in empirical maternal studies, its defining components—endurance, emotional regulation, acceptance, and value-based perseverance—were consistently reflected across research on religious and spiritual coping. Within Islamic psychological scholarship, *ṣabr* is described as an active psychological process involving purposeful engagement with adversity rather than passive suffering (Rusdi, 2017; Salleh, M. S., Ahmad, R., & Hasan, 2020). These characteristics closely correspond to Western psychological constructs of patience and adaptive perseverance (Schnitker, 2012; Schnitker & Emmons, 2007), both of which have been linked to resilience and psychological well-being. This conceptual convergence suggests that *ṣabr* represents a culturally embedded form of meaning-oriented

resilience that bridges psychological theory and spiritual coping frameworks, offering an integrative lens for understanding maternal adaptation across diverse contexts. Such culturally grounded resilience processes reflect what resilience scholars describe as “ordinary adaptive systems” shaped by contextual and relational resources (Ann S. Masten., 2018).

Although maternal mental health research has predominantly focused on symptom-based outcomes such as anxiety and distress (Alderdice et al., 2012; Biaggi et al., 2016), a growing body of evidence highlights the contribution of spiritual well-being and resilience to broader maternal well-being (Aksoy, M., Karabulutlu, Ö., & Uysal, 2020; Yousefi Afrashteh & Bitarafan, 2021). This holistic perspective aligns with psychological models of flourishing and with midwifery philosophies of woman-centered care, which emphasize emotional, relational, and existential dimensions of maternal health alongside physical outcomes. Conceptualizing maternal well-being beyond symptom reduction allows for a more comprehensive understanding of adaptation during pregnancy and acknowledges the role of internal meaning systems in sustaining psychological health. Conceptually, maternal well-being cannot be equated with the mere absence of anxiety or psychological distress. Contemporary psychological frameworks distinguish between symptom reduction and positive mental health, emphasizing that well-being encompasses emotional stability, adaptive functioning, relational engagement, and the integration of life experiences into coherent meaning systems. In the context of pregnancy, this distinction is particularly significant, as adaptation involves not only managing stress but also developing confidence, purpose, and meaningful engagement with the maternal role. Thus, reducing anxiety represents only one dimension of maternal mental health, whereas well-being reflects a broader and more holistic state of psychological and existential adjustment. This distinction aligns with eudaimonic models of well-being, which emphasize meaning, personal growth, and value-based functioning rather than solely the absence of negative affect.

From a clinical midwifery perspective, these findings have direct implications for antenatal practice. Integrating meaning-oriented resilience into routine antenatal counseling may support pregnant women in reframing emotional challenges in adaptive and personally meaningful ways, thereby strengthening psychological coping. Continuity of care models provide an optimal framework for identifying and nurturing value-based coping resources over time, fostering trust and emotional safety within the midwife–woman relationship. Additionally, psychosocial screening approaches that assess not only distress but also resilience, spiritual well-being, and meaning-making processes may enhance early identification of women who could benefit from targeted psychological or culturally sensitive interventions. Such integrated approaches reflect holistic midwifery care principles and support the development of maternal mental health practices that are both psychologically informed and culturally responsive. Overall, this synthesis extends previous symptom-focused models by articulating resilience as a culturally embedded, meaning-oriented adaptive system within maternal mental health research.

CONCLUSION

This systematic literature review identifies psychological resilience as a central adaptive resource supporting maternal mental health during pregnancy. Rather than functioning solely as protection against anxiety and stress, resilience emerges as a dynamic, meaning-oriented process involving emotional regulation and value-based interpretation of pregnancy experiences. Religious and spiritual coping consistently appear to strengthen resilience by enabling pregnant women to integrate pregnancy within coherent belief systems, thereby supporting emotional stability and engagement in antenatal care. Although *ṣabr* has not been directly operationalized in empirical maternal studies, its core elements—endurance, emotional regulation, and value-driven perseverance align closely with contemporary resilience frameworks. Practically, psychosocial screening in midwifery care should extend beyond symptom detection to include assessment of resilience, spiritual well-being, and meaning-oriented coping. Strengths-based and culturally

sensitive screening approaches may enhance early identification of women who could benefit from supportive and continuity-based care. Future research should quantitatively test the proposed şabr-based resilience model through instrument development, structural modeling, and longitudinal designs to clarify its mediating role in maternal well-being and its applicability across cultural contexts.

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