The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 14, Issue 1, January- March, 2026
DIP: 18.01.175.20261401, DOI: 10.25215/1401.175
https://www.ijip.in

Research Paper

Exploring Guided Imagery in Enhancing ADL Among Mothers with Postpartum Depression: An Occupational Therapy Perspective

Dr. G. Suganya[1]*, Miss. G. Priskillal[2]

ABSTRACT

Pregnancy is a remarkable and transitional journey for women, it is a time of profound changes anticipation and joy. In women, the postpartum period is a critical transitional phase marked by profound physical, social and emotional changes. This may lead to stress, anxiety, and mood changes that **interfere** with daily life and functional performance. It is estimated that 26% to 84% of women experience **mild depressive symptoms** after child birth (Beck et al.,2006; O'Hara et al., 1991) With its prevalence and potential long-term effects on both mother and child, Studies indicate Southern India has higher rates (26%), followed by Eastern (23%) and Western regions (21%). **Occupational Therapy** helps individuals to solve the problems that interfere with their ability to achieve health and well- being through participation in activities (Canadian Association of Occupational Therapist, 2016). Occupational therapists are trained to address difficulties associated with **role transition** to parenting a newborn.[3] Women with postpartum depression may be unable to perform a household task, care for their new infants and other children, resume marital and social relationships, participate in community activities and provide income for their families. Thus, postpartum depression is a significant public health concern that requires attention and effective support strategies. This study looks at how Guided Imagery (GI) can reduce depression, improve daily functioning, and support overall well-being in mothers. Occupational therapists can include these mind-body practices in maternal care.

Keywords: *Postpartum period, mood changes, mild depressive symptoms, functional performance, Guided Imagery, Occupational Therapy, Role transition*

Postpartum Depression and Its Prevalence

Many women experience an enhanced sense of purpose, resilience and connections with their unborn child in pregnancy journey. They are nurturing not only the **life within** but also oneself-through mindful living, healthy habits and emotional reflection. It is a season of growth and **transformation** where the mother's body, mind and spirit align to create the foundation for the lifelong bond with the child. **Socially and culturally** pregnancy is often celebrated as a milestone. There are many psychological stressors such as worries towards the

[1]Senior Occupational Therapist, GMC&H, Cuddalore District
ORCID ID: https://orcid.org/0000-0002-8852-9878
[2]B.O.T Student GMC&H, Cuddalore District
*Corresponding Author

Received: March 10, 2026; Revision Received: March 18, 2026; Accepted: March 22, 2026

development and health of the foetus, uncertainly regarding the capability of being a good mother for the baby, the delivery and child birth process. **Environmental factors** such as unsafe living conditions due to overcrowded housing, poor sanitation, lack of emotional support, marital conflicts & domestic violence can be the main stressor. Previous pregnancy experience of miscarriage or still birth, low finance to fulfil the daily living may lead to pregnancy- related anxiety. The **postpartum phase is especially demanding** because mothers are required to accommodate new responsibility such as feeding, sleep management infant safety and household tasks. These demands combined with hormonal fluctuation sleep deprivation and changes in family dynamics can make women vulnerable to psychological disturbance particularly postpartum depression.

Perinatal depression is a **nonpsychotic type** of depression that occurs among mothers up to one year after child birth (Stewart et al.,2003)[3]. It is estimated that mothers lack self-efficacy (Goodman, 2004; Lanes er al., 2011) pervasive feelings of sadness, low energy, anxiety, irritability and changes in sleep or appetite and difficulty in bonding with the newborn. These symptoms can severely affect both daily functioning and the vital mother-child bond. This condition may also lead to chronic depression, interruption of mother-infant interaction, suicide and in rare cases, infanticide [5].

Conventional treatments for postpartum depression include medications and psychotherapy. Occupational therapy plays a vital role in identifying functional limitations caused by depressive symptoms and implementing strategies to enhance daily functioning and quality of life. Functional impairment in women with postpartum depression also been associated with poor infant growth and decreased breastfeeding in postpartum period [4] Postpartum depression **disrupts the daily activities** such as selfcare, infant care, social participation

Impact of Postpartum Depression on Occupational Performance:

Activities of daily living (ADL) refers to essential tasks required for independent living, including personal hygiene, grooming, feeding, toileting, mobility and household management. For postpartum mothers, BADL (Basic Activity of Daily Living) &IADL (Instrumental Activities of Daily Living) also expands to include infant care activities such as breastfeeding, diapering, bathing and sleep regulation and household responsibilities and daily routine management. Postpartum depression significantly impairs a mother's ability to perform these activities. Depressed mothers commonly experience: 1. Reduced motivation to engage in daily routines 2. Lack of energy and heightened fatigue 3. Poor concentration and decision-making difficulties 4. Sleep disturbance 5. Feelings of hopelessness and overwhelm and limited interest or pleasure in activities

In the present study, **occupational performance among postpartum mothers** is conceptualized through Barkin Index of Maternal Functioning (BIMF). The items collectively form the basis for judging occupational performance and engagement in BADL and IADL among postpartum mothers experiencing depression. Moreover, this study aims to determine whether guided imagery can reduce depressive symptoms and improves Activities of Daily Living (ADL) by using standardized scales.

Guided Imagery as A Therapeutic Approach

Guided imagery is a gentle but powerful technique that focuses the imagination in proactive, positive ways. It's a mind-body intervention by which a trained practitioner helps a participant to evoke mental images. Simulating or re-creating the sensory perception of sights,

sounds, tastes, smells, movements, and images associated with touch, texture, temperature, and pressure, as well as imaginative or mental content. As defying conventional sensory categories, that may precipitate strong emotions or feelings in the absence of the stimuli, correlating sensory receptors. The practitioner may facilitate this process in person to an individual or a group. This technique stimulates the parasympathetic nervous system, promoting physiological relaxation, reducing muscle tension and lowering stress hormone such as cortisol. Guided imagery has been used in mental health, pain management, stress reduction and rehabilitation settings due to its accessibility.

Principles

The therapeutic use of guided imagery aims to educate the patient in altering their mental images that compound pain, mental equanimity, and optimism. Guided imagery provided in person by a facilitator, or delivered via media, is intended to direct the participant's attention to imagined positive psychologic and physiologic response.

Stages of Guided Imagery

According to the computational theory of imagery, which is derived from experimental psychology, guided imagery comprises four phases:

1. Image generation
2. Image maintenance
3. Image inspection
4. Image transformation

GUIDED IMAGERY WORKS THROUGH SEVERAL MECHANISMS:

a) **Physiological relaxation**: Imagery activates the brain regions responsible for emotional regulations such as prefrontal cortex, limbic system (amygdala, hippocampus, hypothalamus), reducing sympathetic arousal and promoting a sense of calmness. This supports improved sleep, reduces fatigue.
b) **Cognitive restructuring**: Depression often leads to repetitive negative thoughts. Guided imagery replaces these thoughts with constructive, hopeful mental patterns, enhancing emotional regulation.
c) **Emotional grounding:** By visualizing comforting scenarios, mothers learn to manage difficult emotions such as sadness, irritability, and anxiety.
d) **Behavioral Activation:** When guided imagery includes successful completion of daily tasks, it can enhance confidence and encourage mothers in ADL.

Occupational Therapy Perspective

The primary role of therapist is to evaluate fatigue levels, emotional well-being and ADL performance. The major domain of occupational therapy such as a) supporting occupational transition b) managing the experience of motherhood in the context of depression c) enhancing the value-added occupational therapy to existing treatment is also added. Occupational therapy has more scope in postpartum depression by teaching coping techniques (pacing, prioritizing memory aids) creating connections with community (peer group support), emotional health promotions (creating occupational balance), environmental modifications (work simplification), challenging thoughts and emotions (acknowledge benefits of self-care expansive awareness). Increasing the adaptive response in depressive individuals requires replacing the negative process of thinking with a more positive cognitive style (Achterberg,1985; Rossman,2000)[4]. It is thought that good body functioning is accomplished

by positive thoughts. Feeling sadness is associated not only with sickness but also with an inefficient way of thinking (Damasio, 2004).

As Nolen-Hoeksema (1991, 2000) Singer (2006) states, GI contributes to anti-rumination strategies that have a relaxing effect and, consequently, a psychophysiologic and cognitive effect. Results from the empirical literature indicated that GI was effective in improving mood states in individuals with a variety of illnesses. Guided imagery ease through muscular relaxation and positive mental images, relieving the discomfort provoked by symptoms associated with postpartum depression.

REVIEW OF LITERATURE

- Kristin Harrison Ginsberg Jane Alsweiler, Mohsen Alyami, Anna Serlachius (2022) Mindfulness and Relaxation-Based Interventions to Reduce Parental Stress, Anxiety and or Depressive Symptoms in the Neonatal Intensive Care Unit: A Systematic Review describes effectiveness of mindfulness and relaxation-based interventions in reducing stress, anxiety, and depression among parents of infants in the Neonatal Intensive Care Unit (NICU). The review included five studies that met the inclusion criteria and assessed their quality using the Downs & Black Checklist. The findings indicated that mindfulness and/or relaxation-based interventions were effective in reducing anxiety symptoms in NICU parents, with moderate to large effect sizes. Additionally, these interventions showed promise in reducing depressive symptoms. However, the review found limited potential benefits on parental stress. These results suggest that mindfulness and relaxation-based interventions may be valuable tools in supporting the mental health of NICU parents, highlighting the need for further research to explore their efficacy and implementation in clinical settings.
- Multiple Uses of Guided Imagery Stephen D. Krau, (2020): Provides a comprehensive overview of guided imagery (GI) as a versatile mind-body intervention that uses mental imagery to enhance well-being, reduce stress and anxiety, and potentially strengthen the immune system. The article highlights the multiple clinical applications of GI, including stress reduction, pain management, and mental health improvement, with documented effectiveness in settings such as nursing homes and oncology care. Krau also emphasizes the value of incorporating GI into nursing education to promote self-care and stress management skills among students. Overall, the study underscores the multifaceted benefits of guided imagery as a non-pharmacological therapeutic approach, demonstrating its potential to support holistic health and improve both psychological and physiological outcomes.
- Mobile Health Mindfulness Intervention for Women with Moderate to Moderately Severe Postpartum Depressive Symptoms: Feasibility Study Lyndsay A Avalos, Sara aghaee (2020): The study was conducted within Kaiser Permanente Northern California, a large integrated healthcare system, and participants were identified through clinician referral and electronic health records via the system's universal perinatal depression screening program. The intervention was designed to be self-paced, allowing participants to engage with the program at their convenience, which is particularly beneficial for postpartum women who may face challenges attending in-person sessions. The results indicated that the mHealth mindfulness intervention was feasible and acceptable to participants, with high engagement and satisfaction rates. Preliminary efficacy data suggested improvements in depressive symptoms, highlighting the potential of mHealth mindfulness interventions as a scalable and accessible approach to addressing postpartum depression. The study underscores the

importance of developing and evaluating digital interventions that can support maternal mental health, especially in populations with limited access to traditional mental health services.

- Nature-Based Guided Imagery as an Intervention for State Anxiety (2018) Jessica Nguyen Jessica Nguyen1Eric Brymer Eric Brymer: To evaluate the effectiveness of nature-based guided imagery (GI) as an intervention for state anxiety. In this within-subjects design, 48 participants (18 males, 30 females; mean age = 34.54 years) with moderate levels of state or trait anxiety, as measured by the State-Trait Anxiety Inventory, engaged in both nature-based and urban-based GI sessions. The results revealed that both GI conditions significantly reduced state anxiety levels; however, the nature-based GI led to a more substantial decrease in anxiety compared to the urban-based GI. This study is the first to compare nature-based GI with traditional urban-based GI, demonstrating that the incorporation of natural imagery can enhance the anxiolytic effects of GI interventions. The findings suggest that nature-based GI is an effective, cost-effective, and easily accessible intervention for managing state anxiety, with implications for its application in therapeutic settings where direct exposure to nature may not be feasible.
- Feasibility of a Relaxation Guided Imagery Intervention to Reduce Maternal Stress in the NICU (2017) Lois C. Howland, Nancy Jallo, Cynthia D. Connelly, and Rita H. Pickler: The study involved 20 mothers whose infants were born between 24 and 32 weeks of gestation. Over an 8-week period, participants engaged in RGI sessions, and various outcomes were measured, including self-reported levels of perceived stress, state anxiety, and depression, as well as physiological markers such as awakening salivary cortisol levels and cortisol awakening response. The results indicated that RGI was a feasible and acceptable intervention, with participants reporting significant reductions in distress and improvements in physiological stress markers. These findings suggest that RGI may be an effective non-pharmacological approach to support maternal mental health in the NICU setting. The study highlights the importance of addressing the psychological well-being of mothers in high-stress environments like the NICU and provides a foundation for further research into the efficacy of mind-body interventions in this population.
- Preventing Postpartum Depression Part II: A Critical Review of Nonbiological Interventions Cindy-Lee E Dennis, RN, PhD1(2004): The review included 29 studies evaluating interventions such as interpersonal psychotherapy, cognitive-behavioral therapy, psychological debriefing, antenatal classes, intrapartum support, supportive interactions, continuity of care, antenatal identification and notification, early postpartum follow-up, flexible postpartum care, educational strategies, and relaxation with guided imagery. The findings indicated that while these interventions showed promise, no specific approach could be strongly recommended for clinical practice due to methodological limitations and inconsistent results. The review emphasized the need for further research that includes ethnically and socioeconomically diverse women to better understand the differences in depression symptoms, intervention response rates, and health service use.
- Imaging ability and effective use of guided imagery Kristine Kwekkeboom, Karen Huseby-Moore, Sandra Ward (1999) They examined the role of imaging ability in the effectiveness of guided imagery (GI) interventions, focusing on factors that influence therapeutic outcomes. Their study involved 60 graduate students who completed assessments measuring the vividness of visual imagery and absorption, followed by a GI session designed to reduce anxiety related to a stressful task. The findings revealed

that absorption—the ability to become deeply engaged in the imagery experience—was a significant predictor of GI effectiveness, while vividness of imagery did not significantly affect outcomes. This suggests that an individual's capacity for absorption is more critical than image vividness in achieving the benefits of guided imagery. The study highlights the importance of considering psychological traits when implementing GI interventions, enabling more tailored and effective approaches in clinical and therapeutic settings.

METHODOLOGY

In women, the postpartum period is a critical transitional phase marked by profound physical, social and emotional changes. This may lead to stress, anxiety, and mood changes that **interfere** with daily life and functional performance. It is estimated that 26% to 84% of women experience **mild depressive symptoms** after child birth (Beck et al.,2006; O'Hara et al., 1991)

Aim of Study

"To examine the potential benefits of guided imagery as a supportive intervention for improving daily living skills and promoting emotional well-being among mothers experiencing postpartum depression".

Objectives

- To assess the level of postpartum depression using standardized assessment tools.
- To design & implement guided imagery technique on depression levels among postpartum mothers.
- To evaluate the impact of guided imagery in enhancing emotional well-being.
- To examine the effect of guided imagery on occupational performance and engagement in (BADL) and (IADL).

Method of Study

- **Study Setting**: Initial assessment of participant is taken at GMC & H. Follow up is done at respected home setting (after 2 weeks of delivery) for postpartum depression interventions.
- **Study Design:** This study is a quasi-experimental design to explore the effectiveness of guided imagery in reducing symptoms of postpartum depression.
- **Treatment Duration:** 2 session per week for three month duration.

Selection Criteria (Post Partum Depression)

Inclusion Criteria:

- Women participants who are not on sedative medications, score appropriate in MDI & BIMF.
- Age above 18 years, no other complications after delivery
- Language and comprehension (able to read and respond in the study)
- Women, willing to participate in intervention, those physically mobile and able to engage in relaxation techniques.

Exclusion Criteria:

- Current diagnosis of bipolar disorder, schizophrenia or other psychotic disorders, recent suicidal attempt.

- Severe cognitive impairments, intellectual disability or severe hearing impairment.
- Severe medical illness or obstetric complications.
- History of seizures that are triggered by audio/visual stimuli
- Current severe or chronic pain.
- Postpartum mothers without depression but have moderate functioning difficulty in ADL.

Outcome Measures:

- **Major Depression Inventory (MDI):**
- **Postpartum Depression Screening Scale (PDSS):**
- **Barkin Index of Maternal Functioning (BIMF):**

Intervention Assessment:

1. **Participant Identification:** Postpartum mothers admitted in the Gynaecology ward. Eligibility was verified based on the inclusion and exclusion criteria of the study.
2. **Informed Consent:** The purpose and procedure of the study were clearly explained to each participant. Confidentiality was assured. Those willing to participate provided written consent.
3. **Screening and Baseline Assessment:** Initially, the **Major Depression Inventory (MDI)** was administered to screen postpartum mothers for depressive symptoms and to categorize the severity of depression. Based on the MDI scores, mothers identified with mild, moderate, or severe depression were considered eligible for further assessment. As functional difficulties may be present during the postpartum period even in the absence of clinically significant depression, along with MDI, the **Barkin Index of Maternal Functioning (BIMF)** was administered.

Postpartum mothers who did not meet the criteria for depression but demonstrated **mild to moderate functional difficulties on BIMF were excluded from the study as the focus was on postpartum depression.** Following this Postpartum Depression Screening Scale (PDSS) was administered to the eligible participants to confirm postpartum-specific depressive symptoms. Pre-test scores of MDI, BIMF, and PDSS were recorded prior to the intervention.

Exploratory analyses examined whether changes in depression and maternal functioning differed by **type of delivery**. Mothers who had a normal vaginal delivery and those who underwent caesarean section both showed marked reductions in PDSS scores and increases in BIMF scores, with no statistically significant differences between the two groups.

Change in PDSS and BIMF scores by Type of delivery

Outcome	Type of delivery	Mean change ± SD	Interpretation
PDSS (post–pre)	Normal	-25.60 ± 15.00	Larger symptom reduction
	Caesarean	-21.75 ± 8.84	Similar improvement
BIMF (post–pre)	Normal	12.47 ± 4.60	Clear increase in functioning
	Caesarean	10.38 ± 2.33	Comparable increase

Participants with high PDSS scores indicating significant postpartum depression and reduced maternal functioning as per BIMF were selected for the **guided imagery intervention** phase. After completion of the intervention, post-test assessment was carried out using PDSS and

BIMF to evaluate changes in depressive symptoms and maternal functioning. Same standardized tools (PDSS, BIMF) were re-administered to all participants. The obtained scores were recorded as post-test data for analysis. Each participant was assigned a unique identification code to maintain privacy. The collected data were securely stored and used only for research purposes.

Data Analysis

A Quasi-experimental study was designed consisting of 45 postnatal mothers screened at government medical college and hospital, cuddalore district. All participants were assessed by Major depression inventory. Then, Barkin Index of Maternal Functioning & Postnatal Depression Screening administered based on inclusion and exclusion criteria. Out of 45 screened mothers 23 participant of postnatal mothers were diagnosed with mild, moderate and severe depression with low, moderate functioning of activities of daily living. Screening also identified 3 postnatal mothers out of 45 without depression but with moderate ADL difficulties. However, they were excluded since the study focused exclusively on postpartum depression. The diagnosed postnatal mothers were trained by guided imagery techniques. Stronger relationships were observed between PDSS and BIMF scores. Higher depressive symptoms were strongly associated with lower maternal functioning at both time points, with large negative correlations between PDSS pre and BIMF pre, and between PDSS post and BIMF post. This indicates very strong relationship between depressive symptoms and maternal functioning.

Correlation Matrix

Variable	Age	PDSS pre	PDSS post	BIMF pre	BIMF post
Age	1.00	0.35	0.40	-0.46	-0.51
PDSS pre	0.35	1.00	0.99	-0.63	-0.63
PDSS post	0.40	0.99	1.00	-0.61	-0.61
BIMF pre	-0.46	-0.63	-0.61	1.00	0.99
BIMF post	-0.51	-0.63	-0.61	0.99	1.00

After the training program the pre and post values of postpartum depression and activities of daily living functioning were observed and assessed. After the intervention, the distribution shifted toward higher levels of functioning: several mothers moved from low to moderate functioning, and some from moderate to high functioning. Overall, most participants were functioning at least at a moderate level post intervention, reflecting a clear upward shift in everyday maternal role performance.

Changes in maternal functioning categories

Functioning category	Pre n (%)	Post n (%)
Low	8 (34.8)	5 (21.7)
Moderate	9 (39.1)	10 (43.5)
High	6 (26.1)	8 (34.8)
Total	23 (100)	23. (100)

Limitations

1. **Sample Size:** The study included participants of GMC&H Cuddalore district postpartum mothers, which may limit the generalizability of the findings. Mothers without depression but with ADL difficulties were not included in the intervention,

therefore comparison between depressed and non- depressed mothers could not be analyzed.

2. **Single Setting**: The study was conducted in one hospital/community, limiting applicability to other populations or regions
3. **Short Intervention Duration**: The guided imagery intervention was conducted June – December about 2 session per week for one month. which may not reflect its long-term effects on activity of daily living (ADL).
4. **Self-Reported Data**: Some ADL improvements were based on participants' self-reports, which could introduce response bias.
5. **Confounding Variables**: Factors such as family support, sleep quality, and concurrent therapies were not controlled, potentially influencing the outcomes**.**
6. **Exclusion of Severe Cases**: Mothers with severe psychiatric symptoms or significant comorbidities were excluded, limiting the relevance of findings across all severity level.

CONCLUSION

The study investigated the effectiveness of guided imagery in reducing the postpartum depression and enhancing maternal functioning among the postpartum mothers. It concludes that guided imagery is an effective therapeutic intervention for postpartum mothers with depression. The improvement in BIMF score demonstrate that guided imagery not only lowers depressive symptoms but also enhance the functional ability of mothers in performing daily activities and maternal activities. Integrating guided imagery into maternal health services may enhance maternal role performance. Overall, the intervention produced consistent positive outcomes across all demographic and obstetric values. It shows the effectiveness of guided imagery.

REFERENCES

1. American Occupational Therapy Association (2023) Research update: Post partum depression and sleep.
2. Beddoe & Lee (2008) Mind–body interventions during pregnancy: A review. Journal of Obstetric Gynecologic & Neonatal Nursing, 37(2), 165–175.
3. Functional status outcomes in mothers with and without postpartum depression Journal of midwifery and women's health (2008) volume 53(4).
4. Gable, & Guo, L. (2023) Development of Powerly An unguided mobile app intervention to prevent postpartum depression and anxiety.
5. Holmes, Blackwell, Burnett Heyes, Renner, & Raes (2016). Mental imagery in depression: Phenomenology, potential mechanisms, and treatment implications. Annual Review of Clinical Psychology, 12, 249–280.
6. Kashfi, Zare & Sharif, F. (2015). The effect of relaxation training with guided imagery on stress, anxiety, and depression in pregnant women.
7. Sheydaei, Akbarzadeh, & Zare, N. (2017). Effect of mindfulness training on reducing symptoms of postpartum depression. Journal of Midwifery and Reproductive Health, 5(2), 874–883.
8. Zeighami Mohammadi, & Ramezani, (2017). Evaluating the effect of progressive muscle relaxation training with guided imagery on postpartum depressive symptoms. Iranian Journal of Psychiatry and Behavioral Sciences, 11(3), e11225.

Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Suganya, G. & Priskillal, G. (2026). Exploring Guided Imagery in Enhancing ADL Among Mothers with Postpartum Depression: An Occupational Therapy Perspective. *International Journal of Indian Psychology*, *14*(1)*,* 1737-1746. DIP:18.01.175. 20261401, DOI:10.25215/1401.175