

The Mediating Role of Perceived Social Support in the Relationship Between Experiential Avoidance and Rumination Among Pregnant Women with Depression

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ABSTRACT

Purpose: This study aims to examine whether perceived social support mediates the relationship between experiential avoidance and rumination in pregnant women with depression.

Methods and Materials: A descriptive-correlational study using structural equation modeling (SEM) included 250 pregnant women aged 25–35 years diagnosed with depression, recruited from maternal clinics in Tehran, Iran (2019–2020). Participants completed the Beck Depression Inventory-II (BDI-II), the Multidimensional Scale of Perceived Social Support (MSPSS), the Ruminative Response Scale (RRS), and the Acceptance and Action Questionnaire-II (AAQ-II). SEM assessed model fit and mediation effects.

Findings: The model showed a good fit (GFI = 0.92, CFI = 0.93, RMSEA = 0.084). Perceived social support partially mediated the relationship between experiential avoidance and rumination (indirect effect: $\beta = 0.45$, $p < 0.05$; direct effect: $\beta = 0.27$, $p < 0.05$).

Conclusion: Perceived social support reduces the impact of experiential avoidance on rumination, offering a protective mechanism against perinatal depression.

Implications: Midwives should integrate social support interventions, such as peer groups or family counseling, into prenatal care to enhance maternal mental health.

Keywords: perinatal depression, experiential avoidance, perceived social support, rumination, midwifery.

1. Introduction

Pregnancy represents one of the most psychologically vulnerable and emotionally transformative stages in a woman's life. Though often idealized as a time of joy and anticipation, growing bodies of empirical evidence challenge this notion, indicating that a significant proportion of women experience psychological distress during pregnancy and postpartum periods. Perinatal depression, which encompasses both prenatal and postpartum depression, affects approximately 10–20% of pregnant women worldwide and has been linked to a variety of adverse outcomes for both mother and child (Glover, 2014; Vliegen et al., 2014). These outcomes include premature birth, low birth weight, impaired bonding, and developmental difficulties in infants (Fonseca et al., 2018). The growing recognition of perinatal mental health issues necessitates a deeper investigation into the cognitive and emotional mechanisms that contribute to or alleviate depressive symptoms in pregnant women.

Among the cognitive processes implicated in the onset and maintenance of perinatal depression, two have received significant attention: rumination and experiential avoidance. Rumination is characterized by persistent, repetitive thinking about negative emotions or experiences and is considered a maladaptive coping strategy that exacerbates depression by impairing emotional regulation and problem-solving capacity (DeJong et al., 2016; O'Mahen et al., 2010). Pregnant women, particularly those predisposed to depression, may experience rumination in response to internal stressors and life changes, leading to a vicious cycle of negative affect and cognitive inflexibility (Besharat et al., 2016; Schmidt et al., 2016; Zemestani & Fazeli Nikoo, 2019). Experiential avoidance, on the other hand, refers to efforts to escape or suppress unwanted internal experiences such as distressing thoughts, emotions, or bodily sensations. This avoidance has been identified as a psychological vulnerability factor that amplifies depression and impairs emotional resilience (Kashdan et al., 2009; Sedighi Arfaee et al., 2021b; Şİk & Çam, 2023). Research indicates that both rumination and experiential avoidance often co-occur and interact to heighten emotional distress in vulnerable populations such as pregnant women (Bagheri et al., 2021; Nazari et al., 2022).

The theoretical underpinning for the investigation of these two constructs lies in the metacognitive model of emotional disorders, which posits that maladaptive cognitive strategies such as rumination and avoidance not only

maintain depression but also obstruct adaptive emotional processing (DeJong et al., 2016). Empirical studies have confirmed that experiential avoidance correlates with increased psychological symptoms and diminished well-being across various contexts, including pregnancy (Kashdan et al., 2009; Yan et al., 2024). In this light, investigating the antecedents and consequences of these cognitive processes becomes crucial for understanding and intervening in perinatal depression.

Importantly, the presence or absence of protective psychosocial factors can modulate the relationship between these maladaptive processes and depressive outcomes. Among these factors, perceived social support has emerged as a salient buffer. Defined as an individual's subjective assessment of emotional and instrumental support available from family, friends, and significant others, perceived social support is not only protective against psychological disorders but also predictive of better adjustment outcomes during pregnancy (Jamshaid et al., 2023; Noury et al., 2017). High levels of perceived social support have been shown to alleviate the intensity of depressive symptoms by fostering emotional resilience and facilitating adaptive coping mechanisms (Yan et al., 2024). Moreover, it may indirectly influence cognitive styles, thereby moderating the effects of experiential avoidance and rumination on mental health outcomes (Wang et al., 2023).

Despite the promising role of social support, few studies have explicitly examined its mediating role in the relationship between experiential avoidance and rumination among pregnant women. Fonseca et al. (2018) demonstrated that dysfunctional beliefs about motherhood and experiential avoidance jointly contributed to postpartum depressive symptoms (Fonseca et al., 2018). Meanwhile, Wang et al. (2023) reported that rumination mediated the relationship between perceived stress and prenatal depression, highlighting the need to investigate other potential mediators such as perceived social support (Wang et al., 2023). Building on this foundation, the current study proposes that perceived social support may serve not only as a moderator but also as a mediator in the complex interaction between experiential avoidance and rumination.

Furthermore, findings from Iranian studies suggest that sociocultural factors influence both the expression of depression and the perception of social support among pregnant women. For example, research by Sedighi Arfaee and colleagues (2021) emphasized the interplay between experiential avoidance, rumination, and mindfulness in predicting distress tolerance in Iranian elderly populations,

suggesting that similar patterns might be observed in pregnant women in this cultural context (Sedighi Arfaee et al., 2021a). Another Iranian study by Nazari et al. (2023) highlighted how emotion dysregulation, experiential avoidance, and rumination mediated the relationship between emotional schemas and obsessive-compulsive symptoms, further underscoring the relevance of these variables in psychopathological processes (Nazari et al., 2023). These localized insights align with international findings and reinforce the necessity of culturally contextualized research on maternal mental health.

In line with the existing literature, the current study aims to address this empirical gap by exploring the mediating role of perceived social support in the relationship between experiential avoidance and rumination among pregnant women diagnosed with depression. The proposed model assumes that higher levels of experiential avoidance contribute to increased rumination, which in turn exacerbates depressive symptoms. However, when high levels of perceived social support are present, they may serve as a buffer, reducing the negative impact of experiential avoidance and thereby attenuating the degree of rumination.

2. Methods and Materials

2.1. Study Design and Participants

This descriptive-correlational study utilized structural equation modeling (SEM) to examine the mediating role of perceived social support in the relationship between experiential avoidance and rumination among pregnant women with depression.

A purposive sample of 250 pregnant women aged 25–35 years with a Beck Depression Inventory-II (BDI-II) score ≥ 16 , indicating depression, was recruited from maternal and child clinics in Tehran, Iran, between 2019 and 2020. Based on Kline's (2015) guideline of 50 participants per variable, a minimum sample of 200 was required for the four study variables (experiential avoidance, rumination, perceived social support, depression). A sample of 250 was selected to enhance statistical power. Inclusion criteria included second- or third-trimester Pregnancy, minimum middle school education, and no history of substance abuse, psychotropic medication, or concurrent psychological treatment. Exclusion criteria included study withdrawal or invalid questionnaire responses. Participants were identified through medical records and clinical interviews.

After providing written informed consent, participants completed the BDI-II for screening. Those scoring 16 or

higher completed the MSPSS, RRS, and AAQ-II. Confidentiality, voluntary participation, and the right to withdraw were upheld.

2.2. Measures

Beck Depression Inventory-II (BDI-II): This 21-item self-report scale assesses depressive symptom severity (range: 0–63; 0–9 = normal, 10–18 = mild to moderate, 19–29 = moderate to severe, 30–63 = severe). Validated for Pregnancy, it has high internal consistency (Cronbach's $\alpha = 0.93$) and test-retest reliability. A cutoff of ≥ 16 was used to account for pregnancy-related somatic symptoms.

Multidimensional Scale of Perceived Social Support (MSPSS): This 12-item scale measures perceived support from family, friends, and significant others on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). It exhibits strong factorial validity and internal consistency, with Cronbach's α ranging from 0.86 to 0.90. In Iran, the validity was confirmed with a Cronbach's α of 0.85.

Ruminative Response Scale (RRS): This 22-item scale assesses rumination across distraction, reflection, and brooding subscales on a 4-point Likert scale (1 = rarely, 4 = almost always; range: 22–88). Higher scores indicate greater rumination. It has high internal consistency (Cronbach's $\alpha = 0.91$) and was validated in Iran ($\alpha = 0.88$ –0.92).

Acceptance and Action Questionnaire-II (AAQ-II): This 10-item scale measures experiential avoidance and psychological inflexibility on a 7-point Likert scale, ranging from 1 (never) to 7 (always). Higher scores reflect greater experiential avoidance. It has strong construct validity (Cronbach's $\alpha = 0.84$) and was validated in Iran ($\alpha = 0.84$).

2.3. Data Analysis

Data were analyzed using SPSS (Version 26) and AMOS (Version 24). Descriptive statistics, including skewness and kurtosis, as well as the Kolmogorov-Smirnov test, confirmed the normality of the data. Pearson correlations assessed relationships between variables. SEM evaluated the hypothesized model, with perceived social support as a mediator between experiential avoidance and rumination. Model fit was assessed using goodness-of-fit indices: Goodness of Fit Index (GFI), Adjusted GFI (AGFI), Comparative Fit Index (CFI), Normed Fit Index (NFI), Relative Fit Index (RFI), Root Mean Square Error of Approximation (RMSEA), and chi-square/degrees of freedom (χ^2/df).

3. Findings and Results

Table 1 presents descriptive statistics for study variables. Skewness and kurtosis values were within acceptable ranges

Table 1

Descriptive Statistics for Study Variables

Variable	Min	Max	Mean	SD	Skewness (SE)	Kurtosis (SE)	K-S Statistic	K-S p-value
Rumination	23	87	45.27	7.16	-0.277	-0.487	1.217	0.103
Experiential Avoidance	10	61	36.53	6.23	-0.244	-0.007	0.698	0.715
Perceived Social Support	12	59	26.45	7.50	0.089	0.179	0.923	0.362

Table 2 shows correlations among variables. Experiential avoidance was positively correlated with rumination ($r = 0.47$, $p < 0.01$) and negatively correlated with perceived

(-2 to $+2$), and the Kolmogorov-Smirnov test confirmed normal distribution ($p > 0.05$).

social support ($r = -0.39$, $p < 0.01$). Rumination was negatively correlated with perceived social support ($r = -0.41$, $p < 0.01$).

Table 2

Correlation Matrix of Study Variables

Variable	Rumination		Experiential Avoidance		Perceived Social Support	
	r	Sig.	r	Sig.	r	Sig.
Rumination	1	-	-	-	-	-
Experiential Avoidance	0.47	0.01	1	-	-	-
Perceived Social Support	-0.41	0.01	-0.39	0.01	1	-

The hypothesized model, with perceived social support mediating the relationship between experiential avoidance and rumination, demonstrated a good fit (Table 3): GFI = 0.92, AGFI = 0.91, NFI = 0.94, CFI = 0.93, RFI = 0.94, RMSEA = 0.084, $\chi^2/df = 1.72$. The direct path from

experiential avoidance to rumination was significant ($\beta = 0.27$, $p < 0.05$). The indirect effect through perceived social support was more substantial ($\beta = 0.45$, $p < 0.05$), indicating partial mediation.

Table 3

Goodness-of-Fit Indices for the Structural Model

Index	Observed Value	Acceptable Threshold	Result
GFI	0.92	> 0.90	Acceptable
AGFI	0.91	> 0.90	Acceptable
NFI	0.94	> 0.90	Acceptable
CFI	0.93	> 0.90	Acceptable
RFI	0.94	> 0.90	Acceptable
RMSEA	0.084	< 0.10	Acceptable
χ^2/df	1.72	< 3.00	Acceptable

As shown in Table 3, academic self-efficacy significantly predicted both self-compassion ($\beta = 0.519$, $p < .001$) and academic resilience ($\beta = 0.529$, $p < .001$), explaining 26.9% and 27.9% of the variance in those variables, respectively. Additionally, self-compassion had a significant direct effect on academic resilience ($\beta = 0.461$, $p < .001$), accounting for 21.2% of its variance. These findings suggest that academic

self-efficacy directly contributes to both higher self-compassion and academic resilience, while self-compassion also plays an independent role in predicting resilience outcomes.

The structural model illustrated the mediating role of perceived social support in the relationship between experiential avoidance and rumination. Experiential

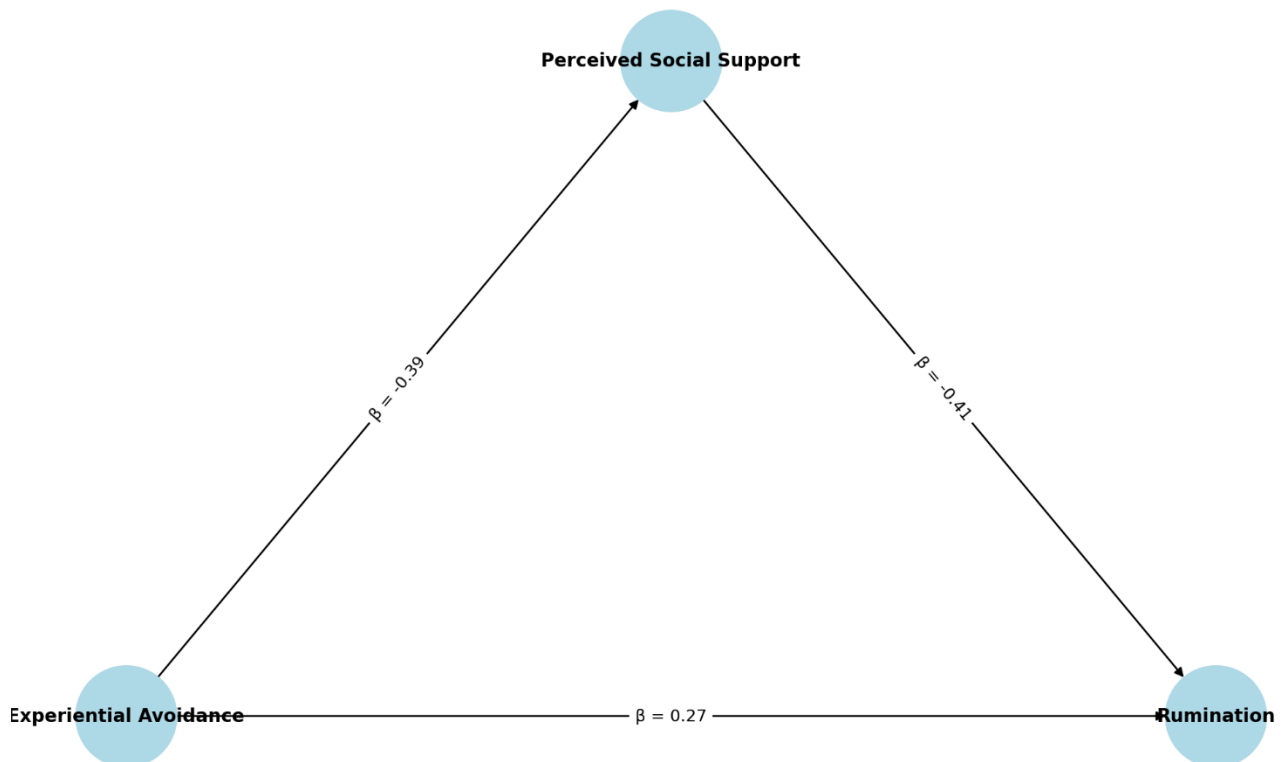
avoidance had a significant negative effect on perceived social support ($\beta = -0.39$), indicating that individuals with higher avoidance tendencies perceived less social support. In turn, perceived social support had a significant negative effect on rumination ($\beta = -0.41$), suggesting that greater

support is associated with lower levels of repetitive negative thinking. Additionally, experiential avoidance directly influenced rumination positively ($\beta = 0.27$), affirming that avoidance contributes to rumination both directly and indirectly through diminished social support.

Figure 1

Final Model of the Study

Structural Model of Experiential Avoidance, Perceived Social Support, and Rumination



4. Discussion and Conclusion

The present study aimed to investigate the mediating role of perceived social support in the relationship between experiential avoidance and rumination among pregnant women with depression. The findings indicated that perceived social support partially mediated the relationship between experiential avoidance and rumination, with both the direct and indirect paths being statistically significant. Structural Equation Modeling (SEM) results demonstrated a good model fit, suggesting that the hypothesized model appropriately captured the relationships among the study variables. Specifically, higher experiential avoidance was associated with greater rumination, and perceived social support significantly reduced the strength of this relationship, indicating that women who perceived greater

support were less likely to engage in repetitive negative thinking, even in the presence of experiential avoidance.

These results align with a growing body of literature emphasizing the role of maladaptive cognitive processes in the onset and persistence of perinatal depression. Experiential avoidance, as a psychological process characterized by rigid efforts to escape from unpleasant internal experiences, has been repeatedly associated with increased emotional distress, including depression and anxiety (Fonseca et al., 2018; Kashdan et al., 2009). Pregnant women, particularly those experiencing psychosocial stress, may find themselves attempting to suppress or avoid negative thoughts, sensations, or feelings, leading to heightened vulnerability to depressive symptoms. This study confirmed these patterns, demonstrating a robust positive correlation between experiential avoidance and rumination ($r = 0.47$, $p < 0.01$), consistent with the

theoretical framework that conceptualizes avoidance as a precursor to repetitive negative thinking (DeJong et al., 2016; Schmidt et al., 2016).

Moreover, the role of rumination in depressive processes has been extensively documented, particularly among perinatal populations. Rumination involves the persistent focusing on symptoms of distress and their possible causes and consequences, rather than engaging in active problem-solving. In the context of pregnancy, this cognitive process may be exacerbated by hormonal changes, physical discomfort, and anticipatory anxiety about childbirth and parenting (O'Mahen et al., 2010; Zemestani & Fazeli Nikoo, 2019). The findings of this study confirm prior research indicating that rumination is a central mechanism in the maintenance of depressive symptoms in pregnant women (Besharat et al., 2016; Nazari et al., 2023). Rumination not only intensifies the severity of negative emotional states but also impairs adaptive coping, thereby contributing to a cycle of sustained depressive affect.

Importantly, the mediating role of perceived social support adds a novel and clinically relevant dimension to this cognitive-emotional model. The significant negative correlations observed between perceived social support and both experiential avoidance ($r = -0.39$, $p < 0.01$) and rumination ($r = -0.41$, $p < 0.01$) highlight the protective function of supportive interpersonal relationships in buffering the impact of maladaptive cognitive styles. These results are in line with previous findings that identified perceived social support as a mitigating factor for perinatal depression and psychological distress (Noury et al., 2017; Yan et al., 2024). Social support not only provides emotional comfort and practical assistance but may also encourage cognitive reframing and validation, thereby disrupting the self-perpetuating loop of avoidance and rumination.

Several theoretical models support this interpretation. The metacognitive model of emotional disorders suggests that perceived support can alter metacognitive beliefs, reducing the salience of ruminative thinking (DeJong et al., 2016). Moreover, individuals with stronger support networks may experience fewer feelings of isolation or inadequacy, which are often antecedents of depressive cognition. For instance, Wang et al. (2023) found that cognitive reappraisal and rumination mediated the link between perceived stress and prenatal depression, pointing to the importance of targeting cognitive patterns through emotional support interventions (Wang et al., 2023). Similarly, Jamshaid et al. (2023) emphasized the significance of perceived support in mitigating depressive

symptoms among Pakistani women, reinforcing the cross-cultural relevance of social support as a mental health resource (Jamshaid et al., 2023).

The partial mediation observed in this study also suggests that while social support reduces the impact of experiential avoidance on rumination, it does not eliminate it entirely. This is consistent with findings by Fonseca et al. (2018), who emphasized that experiential avoidance, as a deeply ingrained behavioral tendency, may not be fully modifiable by external factors such as support alone (Fonseca et al., 2018). However, social support may function as a moderating force that facilitates greater emotional acceptance and lessens reliance on avoidance-based coping strategies.

Furthermore, the significance of cultural context must be acknowledged in interpreting these findings. In collectivist societies like Iran, where familial and community bonds play a central role in daily life, perceived social support may carry different emotional weight and impact compared to individualist cultures. Prior research by Sedighi Arfaee et al. (2021) and Nazari et al. (2022) underscores the influence of cultural values on the expression and regulation of psychological distress (Nazari et al., 2022; Sedighi Arfaee et al., 2021a). This study's findings align with these observations, highlighting that interventions aimed at enhancing social support must be culturally tailored to be effective.

Additionally, the present study contributes to existing literature by employing a robust methodological framework. The use of SEM enabled the simultaneous examination of complex relationships among multiple variables, and the model fit indices (e.g., GFI = 0.92, CFI = 0.93, RMSEA = 0.084) provide strong support for the validity of the proposed model. These results support the theoretical assertion that social support acts as a crucial mediating mechanism in the pathway from cognitive vulnerability to psychological distress in pregnant women.

Limitations

Despite its strengths, the study is not without limitations. First, the sample was restricted to pregnant women from maternal clinics in Tehran, which may limit the generalizability of findings to other regions or cultures with different healthcare systems, socioeconomic conditions, or cultural norms around support and emotional expression. Second, the study utilized a cross-sectional design, which prohibits causal interpretations. Although the hypothesized relationships were statistically significant and theoretically justified, longitudinal data would be needed to confirm

temporal precedence. Third, reliance on self-report measures may introduce social desirability bias or inaccuracies due to misunderstanding questionnaire items. Finally, unmeasured variables such as personality traits, attachment style, or previous trauma may confound the observed relationships.

Suggestions for Future Research

Future studies should consider employing longitudinal designs to assess the stability and directionality of the relationships among experiential avoidance, rumination, and perceived social support across pregnancy and postpartum periods. Including additional mediators or moderators, such as emotional regulation, cognitive flexibility, or spiritual coping, could provide a more comprehensive understanding of how psychological resilience is cultivated. Researchers should also examine the unique contributions of different sources of support—such as partners, family members, peers, and healthcare providers—to determine which relationships are most influential in buffering cognitive vulnerabilities. Cross-cultural comparative studies could clarify the generalizability of findings and help tailor culturally sensitive interventions.

Suggestions for Practice

Clinically, these findings emphasize the need for integrated mental health support in prenatal care. Midwives, obstetricians, and mental health professionals should routinely assess for experiential avoidance, rumination, and perceived social support using validated screening tools. Based on screening results, individualized support plans can be developed. Interventions such as cognitive-behavioral therapy (CBT), acceptance and commitment therapy (ACT), or mindfulness-based interventions can be employed to reduce avoidance and rumination. Simultaneously, healthcare systems should facilitate access to peer support groups, family-based interventions, and psychoeducation sessions that promote social connection. Training healthcare providers in basic psychosocial skills and culturally informed communication strategies would further enhance the quality of maternal care. Ultimately, a dual focus on cognitive processes and social resources offers a promising pathway to improving psychological outcomes for pregnant women.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent. The study received ethical approval from the Islamic Azad University, Central Tehran Branch (IR.IAU.TMU.REC.1399.103). Obstetricians identified eligible participants based on medical records and clinical interviews.

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