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Management of Postpartum Depression, Gender Disappointment, and Subjective Well-being among mothers through Interpersonal Therapy

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Abstract

Objectives*: Gender Disappointment is one of the leading issues that contributes to psychological problems, including high Postpartum Depression and low subjective well-being among women. To resolve Gender disappointment and postpartum depression and to improve well-being, an intervention, "Group Interpersonal Therapy," was implemented.*

Method*: This qualitative study was conducted to treat Postpartum Depression and Gender Disappointment among mothers through Group Interpersonal Therapy. 30 mothers were chosen through criterion-based purposive sampling (aged 20-40) from a public hospital in Kohat.*

Results*: Group interpersonal therapy decreases the disappointment among mothers for their Child's gender and decreases their Postpartum Depression and increases their well-being. Group Sessions were conducted, comprising 8 sessions. After conducting group sessions, themes were extracted through thematic analysis, and theme 1 was understanding of gender disappointment and postpartum depression. Subthemes were 1) Awareness, 2) Identifying the problem area, 3) Coping skills development, 4) group understanding and listening to each other, and 5) Relapse prevention and positive outlook. Theme 2 was Mental health and support, and it consists of three subthemes: 1) Stressors, 2) Psychoeducation, and 3) Support. Theme 3 was Healing, and the subthemes of Theme 3 were Coping and Interpersonal Functionality, and the second subtheme was Recovery and subjective well-being.*

Conclusion*: Implementation of the interpersonal therapy is one of finest solutions for those mothers who are suffering from postpartum depression, with the primary cause being disappointment towards their child's gender and improves their well-being.*

Keywords: Gender Disappointment; Well-being; Interpersonal Therapy

Introduction

When you expect your child to be one sex and they are the opposite, it can be difficult to deal with gender disappointment. Mental health conditions, including anxiety, despair, and postpartum depression, can be exacerbated by extreme gender disappointment (Frost, 2022).

Almost everywhere in the globe, gender dissatisfaction is widespread and not unusual. One of the issues existing in India about disappointment for the birth of a girl child is still less in the literature, since it has a crushing impact on women's mental health and can result in post-traumatic depression if left unchecked (Shaban et al., 2013).

Even though being a parent is exciting, pregnant parents experience disappointment about the gender, yearn for a certain gender secretly, but they are blessed with a child they did not wish for. Despite their wish for a healthy kid, expectant parents silently experience sadness (cone-of-silence) when a baby of an undesirable gender is born because they feel embarrassed to publicly show their displeasure. A baby boy is preferred far more in Asian nations, especially China and India (Kansal et al., 2010).

According to numerous written reports, women who give birth to a child of an unwanted gender experience gender disappointment. If this phenomenon is ignored for an extended length of time, it can exacerbate the disappointment and ultimately result in PTSD (Shaban et al., 2013; Tamaki et al., 1997; & Creedy et al., 2000). New moms experience incubus/nightmare, avoid hospital surroundings, avoid ladies with pregnancy, and do everything else that makes them miss their

disappointing pregnancy (Forray et al., 2009). In certain cases, this can even result in suicide (Sit et al., 2015).

First, in France, de Tychey et al. (2008) investigated how PPD affected French mothers' quality of life and if the child's sex had an effect on PPD and/or quality of life. The researchers evaluated the short-term effects of the birth by comparing the frequencies of PPD and quality of life evaluations in a sample of 181 women, using interviews and surveys to gather data and the SF-36 to measure health-related quality of life. Mechanical functioning, physical role, discomfort, mental well-being, psychological role, interactions with others, vitality, general well-being, and standardized physical and mental components were among the aspects of life quality that were evaluated. The findings showed that PPD had a significant negative relationship with every aspect of life quality, meaning that having PPD was linked to a lower quality of life and not having PPD was linked to a higher quality of life.

Overall, there was no correlation in the child's sex and postpartum depression among the participants, indicating that mothers' dissatisfaction with their baby's sex decreased after childbirth, even though Fiala et al. (2017) discovered that the male sex of the baby was a "mild protective factor for developing antepartum depression".

Additionally, WHO (2015) suggests that adults with minor depressive disorders and pregnant and lactating women with moderate to severe depression disorder should get CBT, which is a scientifically approved therapy, and IPT as their first line of treatment. For these two populations, medications that treat depression should be avoided if feasible. Therefore, CBT or IPT must be available everywhere in the world.

Sullivan's interaction psychoanalysis serves as the foundation for group interpersonal psychotherapy (g-IPT) (Sullivan, 2013) and Bowlby's attachment theory (Bowlby, 1988 & Fonagy, 2018) emphasizes therapeutic connection, life changes, and interpersonal interactions. As with g-IPT, the treatment can be given both individually and in groups (Moreau et al. 1991). The treatment's initial goals were to improve interpersonal skills, reduce interpersonal conflicts, and treat depressed symptoms. As of right now, g-IPT is acknowledged as a useful preventative measure as well as a successful treatment for several mental health conditions. The idea that interpersonal adversities, such as loss, conflict, role changes, loneliness, and social isolation, can cause and worsen depression is at the heart of g-IPT. By illuminating the relationship between the beginning of symptoms of depression and interpersonal challenges and developing skills to better handle these problems, the treatment aims to help patients recover from the present depressed episode. g-IPT is especially relevant to the difficulties women may face during and after pregnancy because of its focus on interpersonal role shifts, conflicts, loneliness, and decreased social support (Sockol, 2018).

Research Question

RQ1: How successfully does an interpersonal therapy intervention help women who are dealing with gender disappointment, postpartum depression, and subjective well-being?

Objective

1. To assess the effectiveness of Interpersonal Psychotherapy intervention for women with gender disappointment, postpartum depression, and Subjective Well-being.

Rationale

In addition to the existence or absence of depressive symptoms, maternal mental health also includes women's general life satisfaction and perspectives. Subjective well-being, which relates to a person's assessment of their life in terms of happiness, life satisfaction, and the capacity to successfully navigate life's obstacles, is a significant but comparatively understudied feature in this respect. In general, women with greater resilience and coping skills are better able to handle postpartum challenges and keep a more optimistic attitude on life.

However, some moms face gender disappointment after giving birth in sociocultural environments like Pakistan, where there may be strong expectations for a specific kid gender. Such encounters may exacerbate emotional anguish and exacerbate postpartum depression symptoms. Women who experience both gender disappointment and postpartum depression frequently report feelings of melancholy, diminished self-worth, social disengagement, and decreased life satisfaction. Their overall subjective well-being and adjustment to motherhood may be adversely affected by these psychological challenges.

Although postpartum depression is becoming acknowledged as a major mental health issue for mothers, little study has looked at how psychological therapies affect women's overall feeling of well-being and life satisfaction. Restoring positive functioning, emotional resilience, and life happiness is largely overlooked in Favor of lowering depressed symptoms in most of the current research. However, recovery from depression is characterized by improvements in interpersonal functioning, psychological adjustment, and a revitalized sense of purpose and well-being in addition to the absence of symptoms.

Therefore, it is crucial to implement therapy strategies that improve mothers' subjective well-being in addition to reducing depression symptoms, especially for women who are feeling gender disappointment. Numerous therapies worked on such a dilemma. However, to work on culture-based phenomena, such as gender disappointment, the leading cause of postpartum depression and disturbing one's well-being, remains a research gap.

One study looked into the possibility of lowering the incidence of postpartum major depression in pregnant women by administering a preventive intervention based on interpersonal psychotherapy principles. Thirty-seven public assistance-receiving pregnant women with at least one postpartum depression risk factor were randomized to either a treatment-as-usual condition or a four-session group intervention. Out of the ladies, 35 finished the study. To check for postpartum major depression, structured diagnostic interviews were used. In the study, none of the 17 women who received only the intervention developed severe postpartum depression within three months after giving birth. In contrast, 6 out of 18 women (33%) in the treatment-as-usual group did experience severe depression during that time. This suggests that a brief, four-session group intervention based on interpersonal therapy was effective in preventing major postpartum depression among low-income women over the first three months after childbirth (Zlotnick et al., 2001). To sum up, the research identifies a significant gap: a lack of clinical data supporting the use of IPT to treat PPD in conjunction with culturally particular stresses, such as gender disappointment, and a lack of incorporation of well-being outcomes into intervention studies.

Methodology

Research Design

A Qualitative method was used, specifically thematic analysis, to generate themes of implemented Group Interpersonal Therapy (WHO, 2016)

Population

All women with postpartum depression, gender disappointment in public sector hospitals, were the target population of the study.

Sample

Women with an age range between 20 and 40 years were included through criterion-based purposive sampling. n=30 women were included for therapeutic intervention.

Inclusion Criteria

The inclusion criteria for the study were: (a) participants' age range between 20 and 40 years, (b) Postnatal Mothers were included.

Exclusion Criteria

The exclusion criteria were (a) Participant below 20 years or above 40 years b) Parents with an intersex child

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For assessing postpartum depression, the Edinburgh Perinatal/Postnatal Depression Scale (EPDS) will be utilized. This scale comprises 10 brief statements. A mother selects one of four possible responses that best reflect her feelings over the past week. Most mothers can complete the scale in under five minutes without difficulty. Responses are scored on a scale of 0, 1, 2, and 3 depending on the severity of the symptom. Items 3 and 5 through 10 are scored in reverse (i.e., 3, 2, 1, and 0). The cumulative score is determined by adding the scores from all 10 items. Mothers who score above 12 or 13 may be experiencing depression and should seek medical advice. A thorough clinical assessment by a healthcare provider is necessary to confirm a diagnosis and create a treatment plan. The scale reflects how the mother felt during the preceding week, and it may be beneficial to administer the scale again after two weeks. The split-half reliability of the scale was determined to be 0.88, and the standardized alpha coefficient was 0.87 (Cox, 1987). The internal consistency of the EPDS was measured at 0.83 (Bunevicius, 2009).

WHO-5 Well-Being Index (WHO-5)

The WHO-5 is a brief version that assesses well-being. It includes five positively phrased items evaluated on a 6-point Likert scale, from 0 (none of the time) to 5 (all of the time). The raw score, which ranges from 0 to 25, is then multiplied by 4 to obtain a final score from 0, indicating the worst possible well-being, to 100, signifying the best possible well-being. The WHO-5 demonstrated good internal reliability, with a Cronbach's alpha of 0.858. The corrected item-total correlations varied from 0.636 to 0.718, with an average of 0.675. The inter-item correlations among the WHO-5 items were also notably high, ranging from 0.486 to 0.680 (Omani-Samani et al, 2019 & Topp et al., 2015).

Gender Disappointment Inventory (GDI)

This scale comprises 15 items. For this purpose, 5 point likert scale was used. The response options were 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. Items specified for reverse scoring are: # 06, # 09, and # 15. A high score indicates high gender disappointment and vice versa. To construct items for this scale, focused group interviews were conducted and analyzed through IPA, and literature, journals, research articles, and books were also thoroughly reviewed. Content Validity for items was reviewed by 12 Professional Psychology experts. Each expert rated each item on a 4-point Likert scale. I-CVI scored .83 to 1.0, and the S-CVI/Ave was .89, indicating excellent content validity. The alpha coefficient value for the Gender Disappointment Inventory is .91. This value suggests that the scale has good reliability.

Implementation of Group Interpersonal Therapy (IPT)

The study used Group Interpersonal Therapy (IPT), a form of therapy that was modified by the World Health Organization (WHO, 2016) to treat depression in low- and middle-income countries. Group IPT is a brief form of structured psychotherapy that deals specifically with how depression affects interpersonal relationships, including problems such as dissatisfaction with a child's gender. It is delivered in a group format to facilitate understanding and support.

Structure of the Intervention

Duration: The intervention had eight sessions, with each session lasting 90 minutes per week.

Format: The sessions were implemented as closed groups, with 6-10 participants per group.

Facilitation: There were two facilitators per group, and they worked with the WHO Group IPT manual.

Focus: The participants were encouraged to focus on one or several interpersonal problem areas related to depression, and these areas are:

- Grief (complicated bereavement)
- Role disputes (conflicts with significant others)
- Role transitions (changes in life, such as marriage, parenthood, illness, or migration)
- Interpersonal deficits (feelings of loneliness and isolation, or poor social skills)

Session-by-Session Activities

Session 1: Introduction and Psychoeducation

- Overview of the group process, the importance of confidentiality, and the parameters of our work together.
- Psychoeducation about depression: what the symptoms are, what the causes may be, and what the treatment options are.
- Discussion of how interpersonal problems may contribute to depressive symptoms.
- Encouraging trust among the group members through introductions and activities.

Session 2: Identification of Problem Areas

- Examine participants' personal history and current challenges.
- Identify one or two key interpersonal problem areas.
- The facilitators will assist participants in selecting a primary focus area for therapy.
- Group discussion will be encouraged to alleviate stigmatization.

Session 3: Goal Setting and Prioritization

- Participants set personal goals based on the areas they identified as problems.
- Collaborative planning about ways in which the goals can be dealt with in the course of therapy.
- Introduction to basic coping strategies.
- Skills exercise: expressing feelings clearly and directly.

Session 4: Communication Skills and Role Plays

- Emphasis placed on the importance of improving interpersonal communication.
- Role-play exercises to help students practice assertive communication, conflict resolution, and asking for help.
- Students receive feedback and encouragement from peers.
- Discussion of real-life situations where the communication skills learned can be used.

Session 5: Exploring Interpersonal Problem Areas in Depth

- A focused discussion of the participants' chosen problem areas.
- Sharing personal experiences with fellow members of the group, aiming for universality.
- Training in problem-solving and negotiation skills.
- The facilitators help the members relate what was learned in the group sessions to their everyday lives.

Session 6: Strengthening Social Support Networks

- Identify existing social support and gaps.
- Group activity: map personal support networks.
- Discussion: building relationships, reducing isolation.
- Strategies for managing role disputes and transitions.

Session 7: Consolidation and Relapse Prevention

- Review of skills learned and progress toward goals.
- Discussion of relapse prevention strategies.
- Development of a personal coping plan for future stressors.
- Mutual support and reinforcement by group members.

Session 8: Termination and Closure

- Reflect on overall progress since the therapy began.
- Discuss coping strategies, communication skills, and support networks.
- Share farewell messages and consolidate group identities.
- Facilitators discuss the resources available in the community.

Thematic Analysis

The thematic analysis process has been carried out in line with the guidelines provided by Clarke, Braun, and Hayfield (2005). The process started by coding the raw data extracts collected from the participants. The data extracts were grouped into a coding framework, and the initial codes were grouped into sub-themes and developed into themes representing the overall essence of the data. Coding tables were developed in the process. At various stages of the thematic analysis process, thematic maps were developed to show the process of how the themes developed, merged, or were integrated. The process of thematic analysis involved a stepwise approach to enriching the interpretive process, as proposed by (Braun and Clarke, 2006).

Ethical Consideration

The researcher contacted the participants with high gender disappointment and postpartum depression and explained the study's purpose to them. They were reassured that their information would remain confidential. Participants were given an informed consent form and told they could leave the study at any time. Additionally, the researcher emphasized that all data collected during therapeutic intervention would be kept confidential. Ethical approval was taken from the Ethical Committee of the International Islamic University, Islamabad.

Results

Table 1: Emergent Themes and Sub-Themes from Thematic Analysis

Main Theme	Sub-Themes
Theme 1: Understanding of Gender disappointment and Postpartum depression	1) Awareness, 2) Identifying the problem area, 3) Coping skills development, 4) Group understanding and listening to each other, and 5) Relapse prevention and positive outlook.
Theme 2: Mental Health and Support	1)Stressors,2)Psychoeducation 3)Support.
Theme 3: Healing	1)Coping and Interpersonal Functionality 2) Recovery and Subjective Well-Being.

Theme 1: Understanding of Gender Disappointment and Postpartum Depression

Subtheme 1.1: Awareness

A major theme in all the group sessions was the participants' awareness of the existence of postpartum depression and its link with gender disappointment. The women had earlier thought of their conditions as weakness and not illness. However, after the psycho education, they began to see their conditions as part of the illness of postpartum depression, hence overcoming the stigma they had earlier associated with the illness. As one of the women put it, "I was first considering it as physical weakness, but now I realized that it's not just weakness but depression" (P-16). The gender disappointment of having a daughter instead of a son made the situation even worse, as one of the women put it: "My family was very upset because I gave birth to a daughter" (P-25).

Subtheme 1.2: Identifying the Problem Area

The participants were consistent in the identification of the interpersonal stressors as contributors to the exacerbation of depressive symptoms, with a strong emphasis on role disputes, role transitions, and grief. Role disputes were evident in the marital and familial conflicts. To illustrate this, a participant explained, "As I gave birth to a baby girl, my husband stopped talking to me and mostly he was very rude" (P-18). Role transitions, in the form of struggling to cope with the role of motherhood, were another prominent issue: "Sometimes it feels like I lost my identity by giving birth" (P-25) The issue of grief was also strongly raised, which went beyond the loss of autonomy to include the loss of the "ideal child." This is evident in the words of the mother: "I keep overthinking about son" (P-15). The combination of these problem areas highlighted the cultural pressures on the participants.

Subtheme 1.3: Coping Skills Development

Throughout the sessions, the participants were able to express that they learned how to cope with their emotional and relationship problems. For example, a participant could say, "joining this group, made me capable to say what I want instead of being silent" (P-04). These developments were essential in ensuring the mothers developed a sense of agency. The participants were able to learn how to cope with negative emotions through breathing techniques and cognitive restructuring, which were empowering to them. This theme demonstrated the significance of Group IPT in assisting the participants in learning how to cope in real life.

Subtheme 1.4: Group understanding and listening to each other

Another dominant theme was the feeling of belonging and the sense of support that stemmed from group participation. Sharing experiences with other mothers who were going through the same challenges helped create a sense of community. As the participant said, "I feel I am not alone as i start sitting with these mothers" (P-10). The group also provided a platform where the mothers learned from each other through the sharing of coping mechanisms. A sense of solidarity also helped the mothers feel less lonely, and the therapeutic effect of group cohesion was evident in the accounts of the mothers.

Subtheme 1.5: Relapse Prevention and positive outlook

By the end of the program, the women were feeling hopeful, valued, and confident as mothers. The women reported that the program helped them see themselves in a positive way. One of the women reported, "it made me to believe that i am a good mother and it doesn't matter to have a son"(P-13). The women also reported their long-term plans and ways to continue their progress, which indicates that they were in the prevention stage of relapse. The skills learned, as well as their feelings of hope and self-worth, were beneficial in preventing relapse. This illustrates the powerful positive effect of Group IPT on women struggling with gender disappointment and postpartum depression.

Theme 2: Mental Health and Support

Subtheme 2.1: Stressors

Currently, researchers classify people's experiences with arguing with others, losing their loved ones, and major life changes in one theme: Stressors. The mothers explained how the cultural expectations that a family needs to have a boy made their life at home worse. For example, the mother said, "My family (In-laws) wanted a grandson due to that they stopped helping me, even though I was feeling physiologically weak"(P-08). The mothers also discussed their relationships with their husbands, which made things worse after the birth of their children. For example, the mother said, "I felt alone and it was difficult for me to raise a child and at that time my husband distant himself" (P-02). The mothers also discussed their loss, not only their freedom, but also the lack of having a son. For example, the mother said, "I was in grief that I couldn't fulfill the expectation of my family" (P-11).

Subtheme 2.2: Psychoeducation

The second big idea is that the women began to understand postpartum depression as a condition rather than a reflection of their failure as individuals. This understanding came about through group work, where the women were able to learn about the condition and cease to view it as a reflection of their failures. The second big idea is demonstrated by the words of one of the participants: "joining this group made me differentiate between weakness and depression" (P4). The understanding of the condition reduced the stigma attached to it, and the women were able to view it as something that could be managed. However, it is essential to point out the role of disappointment in the process of healing, as the women were able to understand the role of society in their disappointment. The second big idea is demonstrated by the words of another participant: "I was considering that something was wrong with me for not feeling pleasure about my daughter's birth, but I realized soon that it's not only me, but it's society pressure" (P13).

Subtheme 2.3: Support

The third theme in this stage centered on coping skills and the support people received by being together. The women reported learning new ways of communication, how to manage stress, and how to deal with problems. "I finally learned how to talk to my family and husband about the ongoing problem I am facing" (P14). Other coping skills included how to deal with stress: "when I feel overwhelmed, I stop and tell myself I am doing the best I can"(P-30). The group setting provided a lot of support as well. The mothers found strength in sharing their experiences, and one of the mothers explained: "hearing my fellow mothers, who are facing the same issue made me hopeful that I can get better" (P-28). This section shows how IPT helps the mothers and the added advantage of a group setting.

Theme 3: Healing

Subtheme 3.1: Coping and Interpersonal Functionality

In the last stage of refinement, the research examined how individuals cope with their conflicts with others, their changes of role, their grief, and their seeking help from others. All of this was included under the general term of Interpersonal Functioning. This theme illustrates the social problems that lead to postpartum depression and how this therapy group can help you cope with all of this. For many of the women, their unfinished conflicts with their spouses and in-laws were a major source of stress. One of the women reported, "I argued with my in-laws because they always blamed me for not having a son" (P-21). Others complained about their marital relationships, saying, "People surrounding me behave like a created a daughter and they create a distance" (P-01). Besides their marital relationships, the women also discussed their difficulties as a new mother, their sense of self, and their grief. One of the women reported, "I always miss what I was before giving birth, everything was fine but now the only expectation is to serve child and family" (P-16). Grief was still a big issue, especially about not meeting cultural expectations. One of the women reported, "I feel like respect is connected to giving birth to a son, and it made me feel to lost a chance" (P-26). However, all of this was made easier by being in a group. The women reported how the group was a source of help, saying, "It made me feel lighter when talking and sharing with other mothers about my grief" (P-24).

Subtheme 3.2: Recovery and subjective well-being

The second big idea, which is Recovery and well-being, focuses on the positive changes that the women were able to achieve through the help of group IPT. The women were able to learn new coping strategies, feel more confident, and view themselves in a more positive way as mothers. The woman shared her experience and said, "becoming mother is a blessing and daughter is a blessing" (P-16). She had previously felt bad about herself, but through the help of group IPT, she had gained more confidence in herself and in her ability to be a good mother. Another woman said that she had gained more hope, as in the following quote: "the skills I learned will definitely help me to prevent from falling back to depression" (P-22). The women said that they had gained more in the sense that they had acquired more tools, such as good communication skills, relaxation techniques, and the ability to stand up for themselves, which enabled them to cope with the current stresses in their lives. The women also said that they had gained more confidence in themselves and in their ability to cope, as in the following quote: "First I thought I am poor and powerless, but now I feel I am able to handle challenges better"(P-19). The women also said that they had gained more worth and were able to stand up to their culture, as in the following quote: "I am proud to be a mother of a daughter, I don't

feel guilty anymore" (P-29). The women were able to change from being vulnerable to being empowered, and that was in line with the IPT goals.

Discussion

Themes were extracted, and theme 1 was understanding of gender disappointment and postpartum depression. Subthemes were 1) Awareness, 2) Identifying the problem area, 3) Coping skills development, 4) Group understanding and listening to each other, and 5) Relapse prevention and positive outlook. Supporting the results, literature also declares that Sullivan's interactional psychoanalysis serves as the foundation for group interpersonal psychotherapy (g-IPT). Bowlby's attachment theory (Bowlby, 1988 & Fonagy, 2018), it emphasizes therapeutic connection, life changes, and interpersonal interactions. As with g-IPT, the treatment can be given both individually and in groups (Moreau et al. 1991). The treatment's initial goals were to improve interpersonal skills, reduce interpersonal conflicts, and treat depressed symptoms. As of right now, g-IPT is acknowledged as a useful preventative measure as well as a successful treatment for several mental health conditions.

Theme 2 was Mental health and support, and it consists of three subthemes: 1) Stressors, 2) Psychoeducation, and 3) Support. These results showed similarity to previous studies, as there is proof that psychological therapies for postpartum depression work in the short term, but it is still a crucial empirical issue whether the effects last over time. This study looked at the interpersonal relationships and symptoms of depression of participants in a group interpersonal psychotherapy (IPT-G) randomized controlled trial (RCT) two years after treatment. Long-term outcomes, including whether individuals maintained their recovery status, recovered later, had recurrence, or had chronic symptoms, were also investigated in the study. Every woman in the initial RCT (N = 50) received an invitation to take part in a postal follow-up about two years after treatment. Differences between the treatment and untreated conditions on melancholy and social scores were evaluated using repeated-measures analysis of variance on five different assessment occasions: baseline, mid of the treatment, when treatment ended, and three-month and two-year follow-up. The percentage of individuals in each of the four recovery categories was examined using chi-square testing. In addition to improving more quickly in the near term, mothers who got IPT-G had a lower chance of long-term, chronic depression symptoms. In a period of follow-up, 57% of IPT-G moms continued to heal. In general, IPT-G participants had a much lower likelihood of needing follow-up care (Reay et al., 2012).

Group Interpersonal Therapy was found effective as theme 3 was Healing. Subthemes were obtained as Coping and Interpersonal Functionality, and the second subtheme was Recovery and Subjective Well-Being. Positive transformation was obtained, including a few statements: "It made me feel lighter when talking and sharing with other mothers about my grief" (P-24), "the skills I learned will definitely help me to prevent falling back to depression" (P-22). Literature supported the effectiveness of therapy to provide effective treatments free of adverse effects. Psychological treatments have been advocated as either unilateral or combined/sequential therapy to treat this particular demographic. Numerous studies (Misri and Kendrick 2007; O'Hara et al. 2000; Dennis and Stewart 2004; Goodman and Santangelo 2011; Mulcahy et al. 2010; Milgrom et al. 2005; Clark et al. 2003) attest to the therapeutic value of individual and group psychotherapy for depression after childbirth.

Implication and Limitation

The Implication includes the addition of IPT value to the treatment of those women who are engaged with gender disappointment, which causes postpartum depression. This treatment should be a part of each institute where women should be facilitated to make them able to be mentally stable at the stage of being a new mom and give a stable nourishment to a newborn baby. Additionally, this research is limited to post-delivery women's psychological health. It should be conducted in different cities, so the result can be generalized. It also needs to increase the sample size, as the number of participant increase, the more ideas will be generated.

Conclusion

It is concluded that IPT is not only helpful for postpartum depression but also one of the interventions that helps improve one's well-being as a mother. who is severely disappointed because of the child's gender.

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