INFLUENCE OF INTERNAL CONFLICTS AS RUMINATION IN LATER YEARS OF LIFE

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ABSTRACT

Introduction- Rumination has been defined as a mode of responding to distress that involves passively focusing one's attention on symptoms of distress without acting. This dysfunctional response style intensifies depressed mood, impairs interpersonal problem solving, and becomes a major factor in onset and occurrence of more pessimistic future perspectives as depression. **Methodology-** objectives: the objectives of the current study are to measure rumination among older adults, to assess the level of depression among older adults, to assess the relationship between rumination and depression and to assess the influence of age, education and economic status on rumination, brooding and depression. **Sample:** This study included 316 participants between the age of 65 to 93. Data included 156 men (49.4%) and 160 women (50.6%). The participants were from rural and urban areas of Delhi-NCR.

Tools: Ruminative Response Scale, Geriatric Depression Scale and interview method were used to collect data from the individuals. **Result**: The results of the study reflect that older adulthood corresponds to a negative relation with rumination. According to the empirical findings in the research young old adults were found to show excessive rumination, brooding and depression when compared with the old old adults significant at 0.05 level of significance. Education and economic status also played a vital role in support of the findings. **Conclusion**: the empirical findings and analysis support all the objectives of the study that rumination is less prevalent in older adults in later years of life.

KEYWORDS: Rumination, Older adults, Depression, Brooding

INTRODUCTION

In a country as large as India, one can expect high rates of population and so it shows. India accounts for the second-most populous country in the world, homing 138 million, almost 8.6%, elderly persons in India in 2021, including 67 million men and 71 million women, according to the report by the Ministry of Statistics and Programme Implementation titled 'Elderly in India 2021'. On aggregate, the elderly population is projected to have risen by 32.7% between 2011 to 2021 and there is a significant increase in the numbers in comparison to the census in 1991.

As a populous country, representing a high elderly population, understanding the aging patterns and cognitive transitions becomes an interesting area of research. Today there is a need to understand both the affective and cognitive components taking place in old adulthood to gain better and clearer insights. It is well known that older adulthood is more sensitive to emotional and cognitive dependency, although there is insufficient research data in the field.

RUMINATION AND INTERNAL CONFLICTS

Rumination was first identified by Susan Nolen–Hoeksema and defined as "the process of thinking attentively, repetitively or frequently about one's life and the world around it." (Nolen–Hoeksema, 1987; 1991). Rumination is a mental action that reflects on self's personal experience. Although rumination can be positive and negative, it is observed that rumination takes a negative context for most individuals. Negative rumination is characterized by depressive thoughts. Rumination in individuals stems from dilemmas posed by internal conflicts, majorly due to some ethical or emotional quotient. Individuals feel there is a gap between desires and fulfilment. Internal conflicts contrary to external conflicts lead the individual in a tug-of-war situation within themselves and they experience tussling and a grappling feeling. Constant indicators of internal conflicts would be individuals' hesitant or self-posing questions like "what did I do wrong?

Brooding is defined as "passive and self-critical thoughts, comparing one's current situation against a desired standard or goal" (Rewston C et al., 2007;11(5):604–611). Brooding is understood as the more problematic subtype, because of the minimal problem-solving skills accessed and utilized.

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The brooding style of thinking is more 'victimized-thinking' and not 'goal-oriented.' Individuals who brood will often focus on obstacles and abstract issues, thus show lower life satisfaction.

Reflection, also known as reflective pondering, is understood as "looking into the past for reasons to explain current problems" (Nolen-Hoeksema et al., 2008). Reflective thinking will focus on goal-oriented and problem-solving attitudes. Reflective thinking styles demonstrate that individuals are looking forward to finding a concrete solution to their present or past issues. Brooding and reflection are both associated with depression, where brooding is identified as the key factor in long-term depression.

RUMINATION AND AGE

As adulthood advances, there are studies suggesting a difference in the age and prevalence of rumination (Hasher & May 1999). The common notion suggests that older adults would experience more rumination as they have lived for longer and therefore have accumulated a higher number of negative events in their lives. Moreover, with the constant depletion in cognitive sensory (Hasher et al., 1999). the older adults may facilitate negative thoughts and frequent surfacing brooding patterns. While on the other side, some other investigation, says that older adults demonstrate lower patterns of rumination and significantly lower levels of brooding than younger adults. (Ricarte et al., 2015; Sutterlin et al., 2012).

The current study, with the help of the Rumination Response Scale (RRS) proposed by Nolen-Hoeksema, S. (2000), and Geriatric Depression Scale (GDS) attempts to find out the rumination and depression among Indian older adults keeping in view of the cultural and socio-economic aspects. The study also aims to understand the psychology of older adults in the era of socio-cultural transitions in Indian society. Along with it we would like to explore the issue of mental health in older adults which will enable us to develop intervention strategies.

LITERATURE REVIEW

Jorge Ricarte and colleagues conducted research on age difference and rumination in 2015, providing a potent and clearer insight in the broad field of rumination among older adults. The study was conducted on young and older adults recruited randomly. Sample's depression, rumination and auto-biographical memory was measured. The measures used throughout the study were: *Thinking About Life Experiences Scale [TALE]* (Bluck S et al.) , *Adaptation of the Rumination on Sadness Scale (LARSS)* (Raes F et al.) and *The Beck Depression Inventory Version II (BDI-II)* (Beck A.T et al.). The results of the study concluded that older adults ruminate less than young participants. rumination was found to be positively associated with depression. Furthermore, the study elaborated that significantly less brooding was seen in old-old adults

Another potent study proving more insights in the field, is one held by Stefan Sütterlin and colleagues in 1993. They collected a sample size in public settings, total sample size was recorded 300. the tools used in the study were, Rumination style was assessed using *Response Style Questionnaire* (RSQ)(W. Treynor, R. Gonzalez, and S. Nolen-Hoeksema,), Depression was assessed with the *Allgemeine Depressivitäts-Skala Langversion* (ADS-L)(M. Hautzinger et al), Satisfaction with life was assessed using the *Satisfaction With Life Scale* (SWLS)

(Diener et al.,). The results of the study empirically concluded that older participants (63 years and older) reported less ruminative thinking than other age groups and Life satisfaction was found to be associated with brooding and highest for the earlier and latest life stages investigated in this study.

Lisa Emery and colleagues, University of Boone, North California, conducted a study, in 2019, to determine whether age differences play a role in positive and negative repetitive thought (ie, rumination. Young adults and old adults were recruited randomly and positive and negative rumination were assessed independently. To access negative rumination, participants completed the Ruminative Response Scale (RRS; Treynor et al., 2003). To access positive rumination, participants completed the Response to Positive Affect Questionnaire (RPA; Feldman et al., 2008). The results show extremely strong evidence for age differences in negative rumination, with lower scores in older adults. The existing bank of study is not limited to the above mentioned three but there is more scope for research to help us understand and develop better interventions for older adults.

METHODOLOGY OBJECTIVES

The main objectives of the current research have been listed below:

- 1. To measure rumination among older adults.
- 2. To assess the level of depression among older adults.
- 3. To assess the relationship between rumination and depression.

4. To assess the influence of age, education and economic status on rumination, brooding and depression.

SAMPLE

This study included 316 participants between the age of 65 to 93, with an average age of 66.5 years old. Data included 156 men (49.4%) and 160 women (50.6%). The participants were from rural and urban areas of Delhi-NCR.

TOOLS

The current study utilised two scales; Rumination Response Scale (RRS) (1987, Susan Nolen-Hoeksema) of the Response Style Questionnaire and The Geriatric Depression Scale (GDS) shortened form. Research done in investigating the ruminating patterns has typically used the 22-item Rumination Response Scale (RRS) (1987, Susan Nolen-Hoeksema) of the Response Style Questionnaire. Each question item is rated on a 4-point scale, ranging from "1-(never)" to "4-(always)". The total RRS score reflects the subject's general level; of repetitive and resurfacing negative thoughts, i.e., Rumination. The RRS scale can be scored through the sum of all the 22 questions and by assessing two sub-scales: Brooding and Reflection. The subscale, of Brooding reflected the individual's frequency of pessimistic, demeaning, non-actionable thoughts and questions like "what am I doing to deserve this." The sub-scale of Reflection reflects an individual's pondering and self-contemplating behaviour patterns. These prototype questions check the subjects' feelings and behaviours regarding past and present events, by targeting questions like "Analyze your personality and try to understand why you are depressed." The total score of the test ranged from 22-88. Higher scores on the scale suggested higher rates of depressive symptoms and higher ruminating patterns. (Nolen et al.) reported acceptable levels of internal consistency. No questionnaire item was removed or altered; items were translated without any alteration in the meaning.

Secondly, The Geriatric Depression Scale (GDS), first created by Yesavage, et al., is tested and used extensively with the older population. The GDS Long Form is a brief, 30-item questionnaire in which participants are asked to respond by answering yes or no in reference to how they felt over the past week. Questions from the Long Form GDS which had the highest correlation with depressive symptoms in validation studies were selected for the short version. Of the 15 items, 10 indicated the presence of depression when answered positively, while the rest (question numbers 1, 5, 7, 11, 13) indicated depression when answered negatively. Scores of 0-4 are considered normal, depending on age, education, and complaints; 5-8 indicate mild depression; 9-11 indicate moderate depression; and 12-15 indicate severe depression. Using these scales, research is undertaken more efficiently and establishes a relationship between rumination, brooding pattern versus age.

PROCEDURE OF DATA COLLECTION

Data was collected through convenient surveys and interview methods using The Rumination Response Scale. The subjects were from the urban and rural population of Delhi- NCR. Design of the present study was descriptive and quantitative.

For data collection a face-to-face survey interview was conducted. 316 elderly people participated with informed consent. Questions in the questionnaire were presented in English and translated in Hindi without changing the meaning, for the convenience of the participants. 20 minutes on average were taken by everyone. Data of the study was organised and analysed by using IBM SPSS Statistics 23.

RESULTS AND ANALYSIS

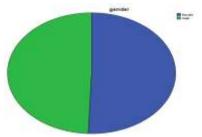
The levels of rumination, brooding and depression were observed over the sample size of 316. Age, education and economic status of the sample were taken into consideration to come to a significant result.

Descriptive analysis

The sample was constituted by 316 older adults and was analysed on the basis of various demographic variables.

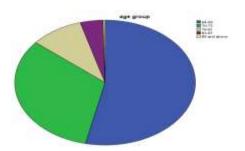
There are 50.6% female and 49.4% male.

Graph1: the distribution of population on the basis of gender



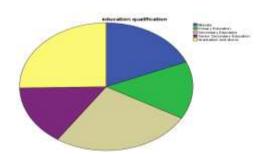
On the basis of age, the sample was divided into five groups: (a) 64-69 years (b) 70-75 years (c) 76-81 years (d) 82-87 years and (e) 88 and above

Graph 2: The distribution of population on the basis of age



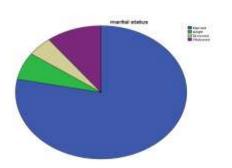
On the basis of educational qualification, the sample was divided as: (1) illiterate, (2) primary education, (3) secondary education, (4) senior secondary education, (5) graduation and above

Graph 3: The distribution of population on the basis of education

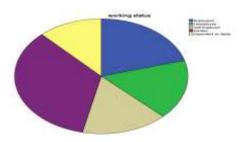


On the basis of economic status, the sample were categorized in four groups - Below Poverty Line i.e., (1) BPL, (2)middle class ,(3) upper middle class ,(4) elite class

Graph 5: the distribution of population on the basis of marital status



On the basis of working status, the sample was divided into: (1)employed (2) unemployed (3) self-employed (4) pensioned (5) dependent on family.



Graph 6: the distribution of population on the basis of working status

Inferential analysis: From all the demographic variables that were considered for the study, a significant difference was found only on the basis of age, education and economic status of the sample.

Table 1: The comparison among older adults on the basis of age when compared on reflection, brooding, depression and RRS scale

	Age Group	N	Mean	Std. Deviation	t- Value
RReflection	64-69 70-75	169 103	10.96 11.15	3.11 3.01	49
RBrooding	64-69 70-75	169 103	12.14 11.18	2.77 2.71	2.80**
RDepression	64-69 70-75	169 103	27.32 25.76	5.70 5.88	2.16**
rrstotal	64-69 70-75	169 103	50.43 48.10	9.67 9.62	1.93

Legends: **shows that t value is significant at 0.01 level of significance.

From table 1, when the comparison was made on the basis of age I.e. young old (age group 64-69) and old-old (age group 70-75) among depression brooding and rumination then significant difference at 0.05 level was found in the t- values for brooding, depression and rrs total. It shows that the young-old group of older adults is significantly high in rumination, brooding and depression as compared to the old-old group of older adults. The mean values for both the age groups were compared and it was found that brooding, depression and rumination have higher values in the age group, 64-69 i.e., young-old adults. There was no significant difference found among age groups of 76-81, 82-87 and 88-and above.

Table 2: The comparison among older adults on the basis of education when compared on reflection,

brooding, depression and RRS scale

	Educational Qualification	N	Mean	Std. Deviation	t-Value
RReflection	Secondary Education Graduation and above	83 80	11.03 10.17	3.61 2.91	1.67
RBrooding	Secondary Education Graduation and above	83 80	12.07 10.86	3.01 3.01	2.56**
RDepression	Secondary Education Graduation and above	83 80	27.08 24.43	6.02 6.60	2.67**
rrstotal	Secondary Education Graduation and above	83 80	50.19 45.47	10.72 11.23	2.74**

Legends: **shows that t value is significant at 0.01 level of significance.

Analysing the above table, it can be seen that, there is a significant difference in the t-value for brooding at 0.05 level. When the mean was compared, it was found that people who were less educated, i.e., who belonged to the secondary education group were more prone to brooding in comparison to those who belong to the graduation and above group.

Table 3: The comparison among older adults on the basis of education when compared on GDS

	Educational Qualification	N	Mean	Std. Deviation	t-Value
GDS total	Illiterate Graduation and above	59 80	7.44 5.80	3.60 3.87	2.54**

Legends: **shows that t value is significant at 0.01 level of significance.

In the above table, there is a significant difference in the t value at 0.05 level. On comparing the mean values, we analyse that people who are illiterate are prone to severe depression when compared with people who belong to the group of education- graduation and above.

From the empirical finding it can be analysed that education has a positive impact on brooding, so individuals with strong educational backgrounds indulge less in brooding as later years of life.

Table 4: The comparison among older adults on the basis of economic status when compared on reflection, brooding, depression and RRS scale

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	Economic group	N	Mean	SD	t- value
RReflection	upper middle class	68	11.77	2.59	3.28**
	elite class	54	10.05	3.20	
0	upper middle class elite class	68	12.07	2.78	1.99*
		54	10.98	3.26	
RDepression	upper middle class elite class	68	26.2	5.82	0.44
		54	26.09	6.85	
	upper middle class elite class	68	50.45	9.42	1.73
		54	47.12	11.7	

Legends: **shows that t value is significant at 0.01 level of significance.

The above table was analysed and it was found that there was significant difference in the t value at 0.05 level for the economic groups- upper middle class and elite class. The mean value was higher for people belonging to the upper middle class, which means that people belonging to the upper middle-class group are more involved in overthinking i.e., brooding than people belonging to the elite class.

Correlation among rumination and depression

Table 5: correlation between depression and rumination

	RDepression	RRS total
RDepression		
Pearson correlation	1	0.91**
Sig. (2 tailed)		0
N	316	316
RRS total		
Pearson correlation	0.91**	1
Sig. (2 tailed)	0	
N	316	316

Legend: ** correlation is significant at 0.01 level (2 tailed)

The above table shows a high level of correlation between depression and rumination, i.e. depression and rumination are highly interrelated. Higher ruminating thoughts often lead to depressive behaviour. This correlation supports the findings of the current study.

DISCUSSION

"Rumination tends to be eased if we learn to be mindful; if we are able to be aware of, and understand how our own thoughts work."- Peter Kinderman. Rumination is an important topic that holds extreme significance under the umbrella of mental health, irrespective of the age difference. This study tries to facilitate and understand the concept with some evidence and interpretations. The empirical findings of this study sheds light on the influence of rumination in later years of life among older adults. The study focused solely on older

adults with varying backgrounds like- age, gender, socio-economic groups, educational qualification, relationship status, working status- to provide a comprehensive view of rumination across the sample. The research was understood under the framework of study conducted by Susan Nolen-Hoeksema, (*The relationship between rumination, self-compassion and brooding among older adults, 1999*).

This research studied the RRS and GDS scores in older adults and examined the prevalence of rumination, brooding and depression in later years of life. The data was analysed considering probable affecting factors, and the findings of the study observed significant results on the basis of age, educational qualification and economic status of the sample.

CONCLUSION

The aim of the current study was to assess the relationship between age and rumination as an internal conflict. From the results, the study concludes that rumination, brooding and depression is less prevalent in the later years of life. Education and economic status play an important role in determining the influence of rumination, brooding and depression in the older adults. In line with literature, the current study re-stated that ruminating, brooding tendencies that lead to depression, are less prevalent among the older age group. Due to the less rate of rumination and depression in the older adults, they play a significant role in social conflict resolution. They have experience of life and at this stage, they move towards living life harmoniously and hence adjust well with the people they live with.

REFERENCES

- 1. Bluck S., Alea N., Habermas T., & Rubin D. C. (2005). A Tale of three functions: The self-reported uses of autobiographical memory. Social Cognition, 23, 91–117. 10.1521
- 2. Bohlmeijer, E., Roemer, E., Cuijpers, P., Smit, F., (2007) The effects of reminiscence on psychological well-being in older adults: a meta-analysis. *Aging Ment Health*.11:291–300. doi: 10.1080/13607860600963547.
- 3. Cacioppo, J.T., Hughes, M.E., Waite, L.J., Hawkley, L.C., Thisted, R.A. (2006) Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychology and Aging*. 21(1):140–151
- 4. Cappeliez, P., O'Rourke, N. (2002) Profiles of reminiscence among older adults: perceived stress, life attitudes, and personality variables. *Int J Aging Hum Dev.* 54:255–266. doi: 10.2190/YKYB-K1DJ-D1VL-6M7W.
- 5. Cappeliez, P., O'Rourke, N. (2006) Empirical validation of a model of reminiscence and health in later life. *J GerontolPsychol Sci.* 61B:237–244. doi: 10.1093/geronb/61.4. P237. [PubMed] [CrossRef] [Google Scholar]
- 6. Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: a theory of socioemotional selectivity. American psychologist, 54(3), 165.
- 7. Chin, A.M.H.(2007) Clinical effects of reminiscence therapy in older adults: a metaanalysis of controlled trials. *Hong Kong J Occup Therapy*.17:10–22. doi: 10.1016/S1569-1861(07)70003-7. [CrossRef] [Google Scholar]
- 8. Djernes, J.K. (2006). Prevalence and predictors of depression in populations of elderly: a review. *Acta Psychiatrica Scandinavica*.113(5):372–387.
- 9. Emery, L., Sorrell, A., & Miles, C. (2020). Age differences in negative, but not positive, rumination. *The Journals of Gerontology: Series B*, 75(1), 80-84.
- 10. Foverskov, E., Glymour, M. M., Mortensen, E. L., Holm, A., Lange, T., and Lund, R. (2018). Education and cognitive aging: accounting for selection and confounding in linkage of data from the danish registry and survey of health, ageing and retirement in europe. *Am. J. Epidemiol.* 187, 2423–2430. doi: 10.1093/aje/kwy162
- 11. Ganatra, H.A., Zafar, S.N., Qidwai, W., Rozi, S. (2008) Prevalence and predictors of depression among an elderly population of Pakistan. *Aging & Mental Health.* 12(3):349–356.
- 12. Hasher, L., Tonev, S. T., Lustig, C., & Zacks, R. T. (2001). Inhibitory control, environmental support, and self-initiated processing in aging. *Perspectives on human memory and cognitive aging: Essays in honour of Fergus Craik*, 286-297.
- 13. Nolen-Hoeksema, S. (1987) Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin*, **101**, 259–282.
- 14. Nolen-Hoeksema, S. (1991) Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology*, **100**, 569–582.

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- 15. Nolen-Hoeksema, S. (2000) The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of Abnormal Psychology*, **109**, 504–511.
- 16. Nolen-Hoeksema, S. & Davis, C. G. (1999) "Thanks for sharing that": Ruminators and their social support networks. *Journal of Personality and Social Psychology*, **77**, 801–814.
- 17. Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999) Explaining the gender difference in depressive symptoms. *Journal of Personality and Social Psychology*, **77**, 1061–1072.
- 18. Nolen-Hoeksema, S., McBride, A., & Larson, J. (1997) Rumination and psychological distress among bereaved partners. *Journal of Personality and Social Psychology*, **72**, 855–862.
- 19. Nolen-Hoeksema, S. & Morrow, J. (1991) A prospective study of depression and posttraumatic stress symptoms after a natural disaster: The 1989 Loma Prieta Earthquake. *Journal of Personality and Social Psychology*, **61**, 115–121.
- 20. Nolen-Hoeksema, S. & Morrow, J. (1993) Effects of rumination and distraction on naturally occurring depressed mood. *Cognition and Emotion*, **7**, 561–570.
- 21. Nolen-Hoeksema, S., Morrow, J., & Fredrickson, B. L. (1993) Response styles and the duration of episodes of depressed mood. *Journal of Abnormal Psychology*, **102**, 20–28. Nolen-Hoeksema, S., Parker, L. E., & Larson, J. (1994) Ruminative coping with depressed mood following loss. *Journal of Personality and Social Psychology*, **67**, 92–104.
- 22. Power, J., Tang, J., Lawlor, B., Kenny, R., and Kee, F. (2018). Mediators of the relationship between social activities and cognitive function among older Irish adults: results from the Irish longitudinal study on ageing. *Aging Ment. Health* 22, 129–134. doi: 10.1080/13607863.2016.1233935
- 23. Ricarte, J., Ros, L., Serrano, J. P., Martínez-Lorca, M., &Latorre, J. M. (2016). Age differences in rumination and autobiographical retrieval. *Aging & Mental Health*, 20(10), 1063-1069.
- 24. Scheibe, S., and Cartsensen, L. L. (2010). Emotional aging: recent findings and future trends. J. Gerontol. B Psychol. Sci. Soc. Sci. 65B, 135–144. doi: 10.1093/geronb/gbp132
- 25. Sidi, M.S., Zulkefli, M.N.A., Shah, S.A. (2003) Factors associated with depression among elderly patients in primary health care clinic in Malaysia. *Asia Pacific Family Medicine*. 2:148–152.
- 26. Shivakumar, P., Sadanand, S., Bharath, S., Girish, N., and Varghese, M. (2015). Identifying psychological distress in elderly seeking health care. *Indian J. Public Health* 59, 18–23. doi: 10.4103/0019-557X.152849
- 27. Steunenberg, B., Beekman, A.T.F., Deeg, D.J.H., Kerkhof, A.J.F.M. (2006) Personality and the onset of depression in late life. *Journal of Affective Disorders*. 92(2-3):243–251.
- 28. Sütterlin, S., Paap, M., Babic, S., Kübler, A., & Vögele, C. (2016). Rumination and age: some things get better. *Journal of aging research*, 2012.
- 29. WHO. (2005) Mental Health Atlas. Geneva, Switzerland: World Health Organization.
- 30. Windle, G., Hughes, D., Linck, P. G., Russell, I. T., and Woods, R. T. (2010). Is exercise effective in promoting mental well-being in older age? A systematic review. *Aging Ment. Health* 14, 652–669. doi: 10.1080/13607861003713232