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AN EXPLORATIVE STUDY OF RELATIONSHIP BETWEEN SPIRITUALITY, RUMINATION AND DEPRESSION AMONG OLDER ADULTS: THE MODERATING ROLE OF GENDER

***Dr Ritu Sharma, **Dr. Ekta Bhambri Marwaha**

*Associate Professor, Aditi Mahavidyalaya, University of Delhi, Delhi. India

** Associate Professor, Shyama Prasad Mukherjee College, University of Delhi, Delhi. India

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ABSTRACT

Introduction: Ruminative thinking patterns may result in negative mood state that may further become the leading cause of depression in old age. Many people start practicing spirituality to deal with the rumination and developing deeper understanding of the meaning and purpose of life. The major goal of this research paper is to investigate how much success ruminating older adults gain in controlling depression and does spirituality really helps them in dealing with depression? How gender effects the interplay between rumination, depression and spirituality?

Objective: 1) To investigate the relationship in between depression, rumination and spirituality amongst male and female older adults. 2) To determine the relationship between spirituality, rumination and depression among older adults.

Methodology: A random sample of 126 was selected from the community consist of 63 male and 63 females. Older adults practicing mindfulness as spiritual epistemology to live peaceful life were part of the study. The tools used were Geriatric Depression scale (J.A.Yesavage), Spirituality Scale (Biswas & Biswas), Rumination Scale (Susan Nolen-Hoeksema).

Result: The results were analysed using descriptive as well as inferential statistics. Female older adults found to be high on depression ($t=1.99$) at 0.01 level of significance. A poor correlation found between spirituality and rumination ($r=-0.158$) and a negative correlation found among depression and spirituality ($r=-0.247^{**}$) that is significant at the 0.01 level (2-tailed). Also, there is a strong positive correlation found between rumination and depression (0.482^{**}).

Conclusion: Older females have more depression and are less on spirituality and rumination as compare to older males.

Keywords: *Spirituality, Depression, Rumination, aging population, coping with depression*

INTRODUCTION

Depression is a common problem among older adults, but it is not a normal part of aging. In fact, studies show that older adults feel content with their lives, regardless of having more illnesses or physical problems (Jones, CLC, 2020; Reichstadt J, et al 2010). On the other hand, significant changes that occur in life when one grows older might lead to emotional state where one feels sad, uneasy, and stressed. Various studies have highlighted that genetics factor can predispose an individual to depression and

changes which occur during the old age like increase in disability, loneliness, loosing of spouse, medical complications, cognitive impairment, and social isolation can act as a trigger. Further it puts a demand if living standard is poor, high activities of daily living (ADL) score, physical health is poor, and feeling old were vital indicators of depression in older adults (Li, N., et al., 2011).

In a depressive mental state rumination is the compulsive focus of attention on negative thoughts of worthlessness, defeat, betrayal, loss, or of being inadequate. The

repetition of the feelings of worthlessness, inadequacy, defeat, and betrayal, etc. raise anxiety and anxiety interferes with decision making, problem-solving and coping (Stone A.,2010). Definition of Rumination comprises of responding to distress that includes passively concentrating one's attention on symptoms of distress without acting (Emery L, 2020).

Rumination is usually mentioned as a "silent" psychological state problem because its impact is usually underestimated. Surprisingly, it plays a big part in everything from obsessive-compulsive disorder (OCD) to eating disorders (Emery L, 2020). The impact of mental health problems consequently created is so huge that it can have manifestations in the form of abusive behaviour, aggression, unpleasant relations with others and poor work performance. Indian society always encourages deep thinking and sometimes it becomes difficult for the ruminating person to differentiate between brooding and developing conscious awareness towards the bigger existential questions. At a stage, the impact of brooding starts reflecting on the affected person's behaviour noticeably. Too often, at the time of manifestation, it is quite late to de-learn and relearn a healthy way of thinking. Mind develops a pattern over the years which can be seen in

the behaviour of every individual based on his/her attitude and perceptions.

Spirituality is process of knowing oneself and has the focus on inner e.g., intrapsychic search for meaning, which is not promoting participation in socially sanctioned belief systems may parallel to the depression-linked cognitive-behavioural phenomena (e.g., rumination and loneliness) conceptually. Spirituality which involves deeper thinking may or may not contribute in brooding. Several research studies show spirituality as a contributory factor in depression (Vittengl, 2018). Such findings are against the general notion that spirituality has the healing tendency. Vittengle found that superior spirituality than religiosity suggestively projected consequent rise in depressive symptom as well as heightened risk for major depressive disorder. Similarly in a study done by Sounder et al (2021) found that spirituality is associated with higher rates of depression however religiosity lower the depression. They also found that rumination has also been linked with higher rates of depression. rumination intercedes the disparity association of religiosity and spirituality with depression.

Moreover, there are studies which recognise spirituality as a coping tool to deal with mental illness (Poole et al.,

2018). Individuals who are Spiritual are cognizant and mindful about the meaning and goal of their life, they believe in themselves and have strong belief in God, such individuals can cope in adverse situations and are able to handle stress effectively. They have satisfaction and contentment. They are less anxious and depressed and if they feel so, they try to overcome it through religious activities or rituals. Spiritual practices increase one's personal responsiveness that helps to recognize and promote such values as creativity, persistence, determination, goodness, kindness, compassion, insight, calmness, optimism and bliss, all of which support good healthcare practice (Chaudry HR, 2008). A longitudinal study done by Billy et al. (2018) reported that older women are high on spirituality than men also older persons who are high on spirituality expressed self-contentment and have found meaning in their lives, lived independently in their homes with a good self-health valuation, had comparatively less diseases, and a good perception of financial satisfaction (Forlenza, OV, 2018)

Prevalence of Depression in old age

The response to sad or depressive feeling in older adults is dissimilar between older people and younger generation. In old age depression the negative state of mind related to hopelessness may surge the

vulnerability to diseases as well as slow recovery and poor rehabilitation, increasing possibility of death followed by heart attack or suicide. In ageing population depression is one of the utmost causes of emotional anguish (Blazer, 2003). It has been reported that one in 21 individuals globally will experience major depression in their lives, estimations point out that one in 13 individuals experience anxiety disorder. Major depression is the third and anxiety disorder is the ninth chief source of disability worldwide according to Lancet's Authoritative Global Burden of disease study (2018). Feeling of hopelessness, restlessness, fatigue, loss of sleep or oversleeping, eating too much or too less, difficulty in remembering, generalized body pain and many more are the symptoms of depression. The persistence of these symptoms from 2 weeks to more may be diagnosed as depression. It has been estimated by the World Health Organization (2016) that worldwide \$1 trillion every year is spent due to depression and anxiety and these circumstances aren't restricted to the West but are prevalent in Africa and Asia as well.

Depressive rumination has been explained in numerous ways, with one of the commonly used models by Nolen-Hoeksema and colleagues (2011) who theorise depressive rumination as

“behaviours and thoughts that focus one's attention on one's depressive symptoms and on the inferences of these symptoms”. Using this definition, the current paper investigates depressive rumination as a risk factor for depression and a personality trait that differentiates between healthy individuals and their individual levels of nonclinical depression.

METHODOLOGY

Objectives:

1. To investigate the relationship in between depression, rumination and spirituality amongst male and female older adults.
2. To determine the relationship between spirituality, rumination and depression among older adults.

Sample:

A random sample of 126 older adults aged 60 and above were selected from the community. Sample consist of 63 male and 63 female. A prior consent was taken from them to participate in this study.

Tools:

- ▶ Personal details
- ▶ Spirituality scale (Biswas & Biswas)

- ▶ Geriatric depression scale (J.A. Yesavage)
- ▶ Rumination scale (Susan Nolen-Hoeksema)

RESULTS & ANALYSIS

The present study determines the relationship between spirituality, rumination and depression. Along with it an attempt has been made to understand the mediating role of gender in this study. Before highlighting the inferential statistical results, it is important to understand the descriptive nature of the population studied. The age distribution from 60-65 years was 38.9%, 26.2% for the group between 66-70 years, 19.8 % for those between 71- 75 years, 7.1% for the 76-80 group, and 10% for the age group of 81-85. Out of this, 8.7% of the population was illiterate, and 9.5% had primary education. 17.5% had studied till secondary level, 11.1% had completed senior secondary and 53.2% had graduation and/or above graduation. When we looked at the work status of the population studied, 29.4% were doing some kind of job, 18.3% were involved in business, 11.1% were retired and 41.3% were unemployed. 86.5% of the older adults have no pension. Regarding their marital status, 83.3% were married, 1.6% were unmarried and 15.1% were widowed.

Table 1 shows the comparison among males and female on depression, rumination and spirituality. T-test shows significant difference in depression when comparison was made on the basis of gender. Female older adults found to be compare to older females.

high on depression ($t=1.99$) at 0.01 level of significance. However, no significant difference was found on the variable of rumination and spirituality on the basis of gender. It also shows that older males are high on rumination and spirituality as

Table 1: Comparison of Males and females on depression, rumination & spirituality

Variables	Male (N=63) MEAN (± SD)	Female (N=63) MEAN (± SD)	t- value
Depression	5.75 (± 3.68)	6.95 (± 3.35)	1.99*
Rumination	47.11 (±9.36)	46.87 (±10.18)	0.293
Spirituality	61.13 (±13.93)	60.41 (±13.44)	0.137

Note: *significant at 0.05 level, ** shows significance at 0.01 level

Table 2 shows the relation between depression, rumination and spirituality. It is found that there is a poor correlation between spirituality and rumination ($r=-0.158$). It means that rumination decreases with increase in spirituality. The correlation between spirituality and depression found to be significant at the

0.01 level (2-tailed) and negative ($r=-0.247^{**}$). It shows that depression lowers significantly with increase in spirituality among older adults. Therefore, spirituality is good for mental health and helps management of negative ruminating thoughts and depressive symptoms.

Table 2: Shows Correlation & Regression analysis amongst Depression Rumination & Spirituality

	Depression (N=126)	Spirituality (N=126)	Rumination (N=126)
Depression	-	-0.247**	0.482**
Spirituality	-.247**	-	-.158
Rumination	.482**	-	-

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

Correlation is significant at the 0.01 level (2-tailed) among rumination and depression (0.482**). It reflects that rumination contributes in the depressive symptoms. Gender found to be the predictor variable for both rumination and depression.

DISCUSSION

The purpose of the present research is to “investigate the relationship in between depression, rumination and spirituality amongst male and female older adults”.

The first objective of the study “was to determine the role of gender on depression, rumination and spirituality”. It has been documented that depression in older adults differs from younger adults in both indirect and evident ways and late life depression is a significant public health problem. It is linked with higher risk of morbidity, suicide, diminished physical, cognitive and social functioning, and greater self-neglect, all of which are in turn linked with increased mortality (Blazer, 2003). Table 1 shows the mean, SD and *t* value obtained from the comparison among male and female older adults on depression. The result shows a significant difference ($t=-1.99$) at 0.05 level thus, indicating that females experience more depression than male older adults. Prior researches indicates that female older adults are almost 1.3 to 2 times more likely

than male older adults to experience depressive symptoms (Silverstein B., et al, 2013). Also, the present study shows that older males are high on rumination and spirituality as compare to older females. This may help them in dealing with negative thoughts and depression. However, the potential factors that lead to this gender difference vary from study to study and from population to population. Some of the factors which results in gender differences in depression are complex social factors, such as societal role and status, social support and involvement, in addition to socio-economic factors and health status (Schuck J.J., Roest A.M., Nolen W.A., Penninx B.W., De Jonge P., 2014). The study done by Ferrand; C et al. (2020) found that older women reported suggestively higher scores of depressive symptoms than men. It has been observed that in comparison to males, the aged group of female adults tend to have lesser income as well as education because of the difference in life expectancy they are more likely to lose their partner, which is an important risk factor for depressive symptoms.

However, table 2 shows significant correlation between rumination and depression that laid to the interpretation that ruminating tendencies increase the risk of depression in older adults. There are several reasons behind rumination such

as naïve realism, brain tags, transgression, betray and many more that explain the reason for rumination as contributing factor. Ruminating is basically continually going over a thought or a problem without completion. Individuals when they are depressed, the themes of rumination are characteristically about being insufficient or worthless. The repetition and the feelings of inadequacy raise anxiety, and anxiety interferes with solving the problem. Then depression deepens. (Spasojević & Alloy, 2001; Li, N et al., 2011).

In this study we also investigated the difference amongst older male & female on the parameters of spirituality. When one encounters stresses and strains of everyday life and then if they engage in mindful thinking it encourages a person to not get caught up in unhealthy perseverations of ruminative thought, and, as a result, one is more likely to avoid episodes of depressive thoughts.

The second objective of the study was “to determine the relationship between spirituality, rumination and depression among older adults”. Table 2 shows correlation amongst depression, rumination & spirituality. We found a poor correlation between spirituality and rumination ($r=-0.158$) which means that spiritual people are less ruminating. The

correlation between spirituality and depression is negative ($r=-0.247^{**}$) and significant at the 0.01 level (2-tailed) which indicates that if one practices spirituality it helps in reducing depression. Studies have indicated that individuals who practice spirituality experience higher level of perceived social support and better social support seeking behaviour (Koeing & Larson, 2001). Spirituality may influence cognitive appraisals that older adults with depressive symptoms make from their experiences. For instance, older adults practicing spirituality may be less likely to attribute the cause of their depression to personal failure, but rather use their experiences of emotional suffering to create meaning and purpose in life (Park, 2010; Wittink et al., 2008).

The results indicates that also, there is a strong positive correlation in between rumination and depression (0.482^{**}). Thus, indicating that ruminative thoughts can increase the likelihood of depression among individuals. As described by Nolen- Hoeksema, 1998 Rumination Cn be defined simply as a absorbed attention on the symptoms of one's distress, and on its probable causes and consequences, as opposed to its solutions. Studies have indicated that rumination is a strong mediator for anxiety and a major contributory factor for depression. Individuals who frequently ruminates are

harsh on themselves, have suicidal thoughts, alcoholic, indulge in risky driving, and are at greater risk of taking risks.

CONCLUSION

Thus, it can be concluded that there is a poor correlation between spirituality and rumination ($r=-0.158$). The correlation between spirituality and depression is significant at the 0.01 level (2-tailed) and negative ($r=-0.247^{**}$). Correlation is significant at the 0.01 level (2-tailed) among rumination and depression (0.482^{**}). Rumination is a leading cause of depression among older adults and spirituality has the power to heal if practiced in day to day life.

REFERENCES

- Blazer, D.G. (2003). Depression in late life: Review and commentary. *J. Gerontol. A Biol. Sci. Med. Sci.* 2003; 58:249–65.
- Koenig, H. G, Larson, D. B. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry.* 2001; 13:67–78.
- Nolen-Hoeksema S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology.* 1991; 100(4):569–582.
- Nolen-Hoeksema S. (1987). Sex differences in unipolar depression: evidence and theory. *Psychological Bulletin.* 1987; 101(2):259–282.
- 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.* 1991; 61(1):115–121.
- Nolen-Hoeksema, S., Wisco BE, Lyubomirsky S. (2008). Rethinking rumination. *Perspectives on Psychological Science.* 2008; 3(5):400–424.
- Just, N & Alloy, L. B. (1997). The response styles theory of depression: tests and an extension of the theory. *Journal of Abnormal Psychology.* 1997; 106(2):221–229.
- Nolen-Hoeksema S. (2000). Further evidence for the role of psychosocial factors in depression chronicity. *Clinical Psychology.* 2000; 7(2):224–227.
- Spasojević, J., & Alloy, L. B. (2001). Rumination as a common mechanism relating depressive risk factors to depression. *Emotion, 1*(1), 25–37. <https://doi.org/10.1037/1528-3542.1.1.25>
- Park, C.L. (2010). Making sense of meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin.* 2010; 136:257–301.
- Wittink, M.N., Joo, J. H, Lewis, L.M & Barg, F. K. (2009). Losing faith and using faith: older African Americans discuss spirituality, religious activities, and depression. *Journal of General Internal Medicine.* 2009; 24:402–407.
- Jones, C.L.C. (2020). Spiritual Well-Being in Older Adults: A Concept Analysis. *J Christ Nurs.* 2020 Oct/Dec;37(4):E31-E38. doi: 10.1097/CNJ.0000000000000770. PMID: 32898073.
- Reichstadt, J., Sengupta, G., Depp, C.A., Palinkas, L.A. & Jeste, D.V. (2010). Older adults' perspectives on successful aging: qualitative interviews. *Am J Geriatr Psychiatry.* 2010 Jul;18(7):567-75. doi: 10.1097/jgp.0b013e3181e040bb. PMID: 20593536; PMCID: PMC3593659.
- Li N, Pang L, Chen G, Song X, Zhang J, Zheng X. (2011). Risk factors for depression in older adults in Beijing. *Can J Psychiatry.* 2011 Aug;56(8):466-73. doi: 10.1177/070674371105600804. Erratum in: *Can J Psychiatry.* 2011 Oct;56(10):578. PMID: 21878157.
- Emery, L., Sorrell, A., Miles, C (2020). Age Differences in Negative, but Not Positive, Rumination. *J Gerontol B Psychol Sci Soc Sci.* 2020 Jan 1;75(1):80-84. doi: 10.1093/geronb/gbz109. PMID: 31504914; PMCID: PMC6909433.

16. Stone, A. A., Schwartz J. E., Broderick J. E., & Deaton A (2010). A snapshot of the age distribution of psychological well-being in the United States. *Proceedings of the National Academy of Sciences*, 107, 9985–9990. doi: 10.1073/pnas.1003744107. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
17. GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*. DOI.
18. WHO (2016). <https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return>
19. Nolen-Hoeksema S., & Aldao A (2011). Gender and age differences in emotion regulation strategies and their relationship to depressive symptoms. *Personality and Individual Differences*, 51, 704–708. doi:10.1016/j.paid.2011.06.012. [CrossRef] [Google Scholar] [Ref list]
20. Roberts B. W., Walton K. E., & Viechtbauer W (2006). Patterns of mean-level change in personality traits across the life course: a meta-analysis of longitudinal studies. *Psychological Bulletin*, 132, 1–25. doi: 10.1037/0033-2909.132.1.1. [PubMed] [CrossRef] [Google Scholar]
21. Vittengl JR. A Lonely Search?: Risk for Depression When Spirituality Exceeds Religiosity. *J Nerv Ment Dis*. 2018 May;206(5):386-389. doi: 10.1097/NMD.0000000000000815. PMID: 29652773.
22. Saunders D, Svob C, Pan L, Abraham E, Posner J, Weissman M, Wickramaratne P. Differential Association of Spirituality and Religiosity With Rumination: Implications for the Treatment of Depression. *J Nerv Ment Dis*. 2021 May 1;209(5):370-377. doi: 10.1097/NMD.0000000000001306. PMID: 33835955; PMCID: PMC8041060.
23. Ferrand C, Martinent G, Bailly N, Giraudeau C, Pothier K, Agli O. Change of depressive symptoms in a French nine-year longitudinal study of aging: Gender differences and relationships between social support, health status and depressive symptoms. *Arch Gerontol Geriatr*. 2020 Jul-Aug;89:104059. doi: 10.1016/j.archger.2020.104059. Epub 2020 Apr 22. PMID: 32334334.
24. Chaudhry HR. Psychiatric care in Asia: spirituality and religious connotations. *Int Rev Psychiatry*. 2008 Oct;20(5):477-83. doi: 10.1080/09540260802397602. PMID: 19012134.
25. Poole R, Cook CCH, Higgs R. Psychiatrists, spirituality and religion. *Br J Psychiatry*. 2019 Apr;214(4):181-182. doi: 10.1192/bjp.2018.241. Epub 2018 Nov 16. PMID: 30442213.
26. Forlenza OV, Vallada H. Spirituality, health and well-being in the elderly. *Int Psychogeriatr*. 2018 Dec;30(12):1741-1742. doi: 10.1017/S1041610218001874. PMID: 30585779.