Discovery of the Content of Rumination Thoughts among Women with Marital Conflicts: Qualitative Study

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Abstract

Background and Objectives: Rumination is the predisposing and continuing factor of depression. Since women are prone to rumination, the purpose of this study was to discover the content of rumination thoughts among women with marital conflicts. Materials and Methods: This study was conducted on a qualitative method basis, and target society was composed of women with marital conflicts and rumination. The sample was selected from among those referring to Isfahan counseling centers and was staturated with 15 persons through purposeful sampling method. Information was collected through semi-structured interviews and data analysis was performed based on thematic analysis. Results: Five main categories were obtained from data analysis: root cause analysis, feeling incompetence, remembrance of bitter memories, negative emotions, and hesitation in continuation of couple relationship. Conclusion: The findings indicate that when women with marital conflicts become ruminant, the course of rumination is so that it could harm continuation of their couple relationship. Therefore, to reduce this damage, interventions are required to intervene effectively in this process.

Keywords: Depression, marital conflicts, rumination, rumination thoughts

Introduction

Repetitive focus on negative thoughts and emotions in relation to the stressful factor is called rumination. In rumination, thoughts appear consciously, annoyingly, and disgusting. Stress reaction rumination is an important factor in the etiology of depression and the tendency to negative and cognitive styles and stress reaction rumination is a prelude to major depression periods and depressing periods. Emotional vulnerable people have beliefs in rumination which are noticeable in their tendency to choose and engage in rumination. Thinking in the form of rumination leads to a cognitive attentional syndrome, the general sign of which is attention focused on oneself. Rumination is a maladaptive encounter strategy used when facing with a problem. The self-focused processing results in involvement of the individual in the pathological states and increases the possibility of its recurrence. The cognitive attentional component creates the problem that rumination and threat monitoring strategies could increase access to thoughts, information and negative thoughts. The rumination in response to the depressed mood which is lowered experimentally or naturally results in damaging consequences. The damages include severely negative and prolonged emotions, depressing symptoms, negative sentimental thinking, poor problem solving, damaged motivation, inhibition of effective behaviors, and disturbed concentration and recognition.

People who involve in passive rumination rarely use active and targeted problem solving for encounter with negative life events. Consequently, they engage in emotion-focused and self-focused rumination and are less likely to use an active and structured problem-solving method to deal with their problems. Rumination is in comorbidity with depression and is more likely to be associated with an increased depression-anxiety syndrome. Many of these rumination thoughts are related to uncertainty, controllability, or manageability of important life situations. Many theorists believe that such uncertainty provides the conditions for anxiety.

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Rumination leads to despair about the future and negative self-assessment. Such cognition prepares the ground for depression.⁹ As a result of their cognition, the ruminators are fluctuating between depression and anxiety, despair and doubt or suspicion.⁹ The individuals who recognize themselves as ruminators are more likely to be suspicious and uncertain about their programs and plans for resolving complicated social problems.¹¹ Rumination leads to neuroticism, a tendency to pessimism, and a sense of despair in the individual, which leads to depression. In other words, pessimism, despair, and rumination are factors increasing depression.¹²

Researches suggest that rumination intensifies the present distressed mood, and affects negatively depressive processes such as increase of negative thoughts and weaker problem-solving.¹³ Palerei, Regalia and Fincham in a research with the title of “marital quality, remission and forgiveness, sympathy, and rumination: Proved that rumination and sympathy independently and simultaneously predict forgiveness in marital relationships.”⁹ Pearson, Watkins and Kuyken in a case study with the title of “psychological perspective of rumination in depression,” found that rumination predicts decrease in satisfaction with the relationship in the individual with a history of depression. In fact, reflection has a very important role in satisfaction with relationship.¹⁵

In general, we could say the level of morality of the ruminant is lowered and they use passive and incompatible strategies. Consequently, their interpersonal relationships are weakened and they involve in social isolation. Following these complications, level of mental health is reduced, the individual is involved in anxiety and depression, leading to dissatisfaction with life. Considering that women report more rumination about their problems,¹⁶ it could be explained that their vulnerability is more. When they are involved in marital conflicts, it seems that the conditions are prepared for rumination. Marital conflicts create challenges, and when they are accompanied with rumination, the range of conflicts is developed, and ultimately the rumination disrupts problem-solving process. Considering the damages caused by rumination on the individual and thereby on the relationship, we decided to perform a research aiming at the discovery of rumination content of women with marital conflicts to apply a suitable treatment attitude accordingly.

**Materials and Methods**

This research, based on its discovery nature, is qualitative and thematic analysis method was used for data analysis.¹⁷ The purpose of this research is a review of rumination content of women with marital conflicts. The sample was selected from among women who has referred to counseling centers in Isfahan for resolving their marital conflicts in 2017 and received clinical interviews. The inclusion criteria were: (1) Having the rumination, (2) having the marital conflicts, and (3) at least 2 years have passed since the marriage. The exclusion criteria were: (1) be on the verge of divorce, (2) having the personality disorders and acute clinical problems. Those who were ruminant and has marital conflicts were selected. It is remarkable that those with clinical problems were excluded. The purpose of the interview was then explained to them, and after declaring consent for participation in the research, written consent was received from them, and the interview began.

The interviews were conducted using a semi-structured approach and started with demographic questions. Then, it was continued with game questions designed for the purpose of research. The number of the questions was seven questions, which was developed upon studies and comments of three specialists in family therapy. Some of these questions are: (1) When you encounter with conflicts, what kind of thoughts are coming to you? (2) What is the content of rumination thoughts about? (3) How long do you get involved with these thoughts?

There were some ambiguities in the response of some interviewees, and they were asked to explain more for full clarification. The volume of the sample determined based on theoretical saturation. That is, the data were collected until that information be repeated, and the new information have not been obtained.

Each interview lasted 45–100 min. The interviews were saturated with 15 people. For the analysis of findings, each interview was carefully listened, even some interviews were listened several times. Then, the interviews were written on the paper word by word. Key phrases and concepts were identified, and initial code was allocated to them. The interviews and coding were repeatedly reviewed, and the similar concepts and categories and or those conveying similar concepts were placed beside each other and in one category. Thus, the main categories and sub-categories were identified.

For validation of finding, the Cuban method was used. The finding was evaluated in four bases (real value, applicability, continuity, and reality based).¹⁸ To check true value of the findings, after identification of components, it was referred to the interviewees, and it was questioned again about category, and then the category was approved. To investigate applicability of the findings, three other interviewees were selected and interviewed. After reviewing new findings, the results showed that the findings are consistent with previous findings. For examination of the assessment of stability and persistence, similar questions were presented to interviewees in different forms and asked. They also gave the same previous answers, or a similar answer, with the same previous concept. Finally, to check if the research is reality-based, coding was reviewed by three other experts, and the results were confirmed.

**Results**

The sample group was composed of 15 women with marital conflicts and rumination, ranging from 24 to 40 years old and 2-15 years old from their marriage.
From this study, five main categories and 14 sub-categories were obtained as follows:

1. Root cause analysis (relating problem to oneself, relating problem to others, comparing oneself with others): In this category, the person looks for a reason for his problem and analyze his problem. In this analysis, sometimes he blames himself and sometimes, the others, and in some cases, compares himself with the others.

2. Feeling incompetence (feeling lack of control over her life and feeling of worthlessness): In this category, the content of thought includes the phrases conveying feeling of incapability and sense of incompetence, and the self-talks indicating their feelings of not being lovely and self-blame.

3. Negative excitements (anger, hatred, anxiety, and grief): In this category, self-talks carry negative emotions, such as anger, hatred, and grief.

4. Remembrance of the bitter memories (the persecution by spouse and individual’s failure throughout her): The focus of this category is to remember the bitter memories of the past. A part of such memories is related to the bitter memories of person has her spouse, and the other part is related to the bitter memories of the entire life of the individual.

5. Uncertainty about the continuation of the couple’s relationship (regret of marriage, thinking of divorce): In this category, the person is challenging her marriage and evaluates it negative. The content of thoughts is the phrases implying that the other person is disappointed with the relationship and becomes uncertain and suspicious of continuation of the relationship, and is thinking about divorce.

Fourteen subcategories have been recognized in this research which are presented hereunder with a sample of interviewees’ phrases in Table 1.

With an overview of findings, it seems that rumination content follows a path. This path is depicted in Figure 1.

**Figure 1: The content of rumination thoughts in women with marital conflicts**

**Discussion**

The purpose of this research was to discover the content of rumination thoughts among women with marital conflicts. The result of findings is categorized into five main categories and 13 subcategories. The categories are (1) Root cause analysis (relating problem to oneself, relating problem to others, comparing oneself with others). (2) Feeling of incompetence (feeling lack of control over her life and decrease of self-esteem). (3) Remembrance of the bitter memories (the persecution by husband and individual’s failure throughout life). (4) Negative excitements (anger, hatred, anxiety, and grief). (5) Uncertainty about continuation of the couple’s relationship (regret of marriage, disappointment of relationship and thinking of divorce). It seems that when women do not succeed to resolve their marital conflicts if they are prone to rumination, the rumination process starts. The content of rumination thoughts starts with root cause analysis and is accompanied with the feeling of incompetence and remembrance of bitter memories of the past. The companion leads to the thoughts contents of which is negative excitements and thereby, rumination thoughts form the contents of which is uncertainty about continuation of couples’ relationship.

The content of rumination thoughts includes (1) past, (2) future, (3) self, (4) the other, (5) negative capacity, and (6) positive capacity.[19] Self-centered rumination is linked to self-analysis and self-isolation.[20] The findings of research showed that women look for root cause analysis when they encounter problems. Indeed, they attribute the problem to themselves and blame themselves through analyzing. As per Neff and Vonk, self-blaming and self-criticism lead to a lack of compassion and sympathy for oneself. Lack of compassion makes it more difficult to cope with the problem. An attitude of compassion toward oneself improves how to cope with negative events and often involves nonavoidable tactics of coping, such as positive cognitive restructure or problem-solving.[21] Self-sympathy means that one will apply the same affection and kindness which he shows to his loved ones in trouble to oneself. Self-sympathy also involves minimizing the suffering of a person in the future. Lack of self-sympathy increases the avoidance function. According to this hypothesis, people who have lower levels of self-sympathy are more likely to ruminate.[22]

Self-blame and attributing the problem of oneself and the attributing the problem to the others causes an individual to assess himself inefficient. Findings of other scholars approve that ruminants offer negative and sentimental thoughts in the course of free association, and evaluate themselves and their families as undesirable.[23] Their plans display low self-esteem.[10] When an individual is hurt and involves in negative sentimental thoughts, he is trapped in remembrance of the bitter memories of the past. Indeed, rumination is accompanied by a more negative interpretation of events,
facilitating the recall of negative memories and events of life.\cite{24} When negative thoughts appear in mind, the mind thinks of individual inefficiency, unrealistic goals, interpersonal concerns, and remembrance of unpleasant things which threatens emotional health.\cite{3} In fact, with rumination, the negative feelings associated with the negative event are prolonged.\cite{25} When the thinking style of rumination is accompanied with pessimism, the orientation in attention to the negative stimulus\cite{26,12} is created, and the orientation leads to a reduction in the motivation to do things that reduce dysphoria and improve mood.\cite{27}

The experience of rumination and negative excitements leave synergistic effects on rumination thoughts and consequent negative emotions. This positive feedback loop, in turn, leads to irregular behaviors such as hasty behavior when experiencing negative emotions.\cite{28} Finally, it decreases the sense of domination in life,\cite{29} and one feeds suspicion and uncertainty. The uncertainty is the result of reflection of the negative thoughts which usually accompanies rumination.\cite{10} Rumination is a strong predictor of depression,\cite{30} and due to increase of negative sentimental thoughts caused by rumination, problem-solving skills are damaged.\cite{31}

Research data could be elaborated by findings of others. Although none of them has set the data from our perspective the results are in line with the findings of other researchers. For example, Jostmann, Karremans, and Finkenauer in their research proved that the rumination has impaired the ability to maintain positive emotions toward spouse through reminding explicit or implied threats of the relationship. The intense mood of rumination is related with disturbance in the regulation of negative emotions toward the partner in response to a harmful incident.\cite{32} Tran too indicated in his research, the tendency to respond to negative mood with intense thoughts, such as rumination, increases the likelihood of an increased risk of emotional disturbances.\cite{33} Chung too showed that excessive rumination and lack of empathy have negative effect respectively on anxiety and forgiveness and marital satisfaction.\cite{34}

Therefore, it seems that the route of the rumination thoughts is so that the person initially engages in reasoning and root cause analysis. Through the root cause analysis, she attributes the problems to oneself or the others resulting in more involvement in rumination and its consequence is a remembrance of bitter memories of the past and feeling inefficiency. Through the feeling of inefficiency and remembrance or bitter memories of the past, the negative emotions are formed and intensified. This excitement leads one to suspect on continuation of her marital relationship. In fact, when uncertainty is established,
the individual does not have a problem-solving approach to her/his problems anymore. This approach complicates her/his problem. Hence, she/he is trapped by the negative emotions resulting in depression. Depression too has a more negative effect on her/his relationship.

**Conclusion**

When a person is involved in rumination, he/she loses his/her problem-solving ability, and thereby his couple relationship is in risk of being lost. It seems that we can provide more effective treatment if we consider this cycle and the route which rumination passes in the treatment process.

**Limitations**

Since it was not known if women were prone to rumination before marriage or not, we could not say with certainty that only marital conflicts have caused rumination. Therefore, it is suggested to get parallel studies done before marriage.

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**Conflicts of interest**

There are no conflicts of interest.

**References**

1. Broderick PC. Early adolescent gender differences in the use of ruminative and distracting coping strategies. J Early Adolesc 1998;18:173-91.
2. Martin LL, Tesser A. Some ruminative thoughts. Adv Soc Cogn 1996;9:1-47.
3. Papageorgiou C, Wells A, editors. Depressive rumination: Nature, theory and treatment. Hoboken, New Jersey: John Wiley & Sons; 2004.
4. Wells A, Matthews G. Modelling cognition in emotional disorder: The relational model. Behav Res Ther 1996;34:881-8.
5. Wells A, Papageorgiou C. Worry and the incubation of intrusive images following stress. Behav Res Ther 1995;33:579-83.
6. Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: A theoretically based approach. J Pers Soc Psychol 1989;56:267-83.
7. Lyubomirsky S, Tucker KL, Caldwell ND, Berg K. Why ruminators are poor problem-solvers: Clues from the phenomenology of dysphoric rumination. J Pers Soc Psychol 1999;77:1041-60.
8. Alloy LB, Kelly KA, Mineka S, Clements CM. Comorbidity of anxiety and depressive disorders: A helplessness-helplessness perspective. In: Maser JD, Cloninger CR, editors. Comorbidity of mood and anxiety disorders. Arlington, VA: American Psychiatric Association.; 1990. p. 499-543.
9. Beck AT. Depression: Clinical, experimental, and theoretical aspects. Philadelphia, Pennsylvania: University of Pennsylvania Press; 1967.
10. Mineka S, Watson D, Clark LA. Comorbidity of anxiety and unipolar mood disorders. Ann Rev Psychol 1998;49:377-412.
11. Ward A, Lyubomirsky S, Sousa L, Nolen-Hoeksema S. Can't quite commit: Ruminaton and uncertainty. Pers Soc Psychol Bull 2003;29:96-107.
12. Nolen-Hoeksema S, Parker LE, Larson J. Ruminative coping with depressed mood following loss. J Pers Soc Psychol 1994;67:92-104.
13. Hubbard NA, Faso DJ, Krawczyk DC, Rypma B. The dual roles of trait rumination in problem solving. Pers Individ Dif 2015;86:321-5.
14. Paleari FG, Regalia C, Fincham F. Marital quality, forgiveness, empathy, and rumination: A longitudinal analysis. Pers Soc Psychol Bull 2005;31:368-78.
15. Pearson KA, Watkins ER, Kuyken W, Mullan EG. The psychosocial context of depressive rumination: Ruminative brooding predicts diminished relationship satisfaction in individuals with a history of past major depression. Br J Clin Psychol 2010;49:275-80.
16. Johnson DP, Whisman MA. Gender differences in rumination: A meta-analysis. Pers Individ Dif 2013;55:367-74.
17. Ospina S, Wagner R. Qualitative Research, Encyclopedia of Leadership, edited by Goethals, Sorenson, MacGregor. Sage Publications; 2004. p. 612.
18. Holloway I, Freshwater D. Narrative Research in Nursing. Hoboken, New Jersey, United States: John Wiley & Sons; 2009.
19. Engert V, Smallwood J, Singer T. Mind your thoughts: Associations between self-generated thoughts and stress-induced and baseline levels of cortisol and alpha-amylase. Biol Psychol 2014;103:283-91.
20. Hufsfinger S, Reinhard I, Kuehner C. A longitudinal study of rumination and distraction in formerly depressed inpatients and community controls. J Abnorm Psychol 2009;118:746-56.
21. Allen AB, Leary MR. Self-compassion, stress, and coping. Soc Personal Psychol Compass 2010;4:107-18.
22. Neff KD, Vonk R. Self-compassion versus global self-esteem: Two different ways of relating to oneself. J Pers 2009;77:23-50.
23. Aymanns P, Filipp SH, Klauser T. Family support and coping with cancer: Some determinants and adaptive correlates. Br J Soc Psychol 1991;100:569‑82.
24. Lyubomirsky S, Nolen-Hoeksema S. Self-perpetuating properties of dysphoric rumination. J Pers Soc Psychol 1993;65:339-49.
25. van der Kaap-Deeder J, Soenens B, Boone L, Vandenkerckhove B, Stemgée E, Vansteenkiste M. Evaluative concerns perfectionism and coping with failure: Effects on rumination, avoidance, and acceptance. Pers Individ Dif 2016;101:114-9.
26. Gotlib IH, Krasnoperova E, Yue DN, Joormann J. Attentional biases for negative interpersonal stimuli in clinical depression. J Abnorm Psychol 2004;113:121-35.
27. Forbes EE, Dahl RE. Neural systems of positive affect: Relevance to understanding child and adolescent depression? Dev Psychopathol 2005;17:827-50.
28. Selby EA, Anestis MD, Joiner TE. Understanding the relationship between emotional and behavioral dysregulation: Emotional cascades. Behav Res Ther 2008;46:593-611.
29. Nolen-Hoeksema S, Jackson B. Mediators of the gender difference in rumination. Psychol Women Q 2001;25:37-47.
30. Nolen-Hoeksema S. Responses to depression and their effects on the duration of depressive episodes. J Abnorm Psychol 1991;100:569-82.
31. D’Zurilla TJ, Goldfried MR. Problem solving and behavior modification. J Abnorm Psychol 1971;78:107-26.
32. Jostmann NB, Karremans J, Finkenauer C. When love is not blind: A theoretically based approach. J Pers Soc Psychol 1989;56:267‑83.
33. Chung MS. Pathways between attachment and marital satisfaction: The role of forgiveness. Pers Individ Dif 2013;55:367-74.
34. Tran TB. Rumination and emotional adjustment: The role of social networking sites: University of Miami; 2012.