

# The Interplay of Rumination, Stress, and Resilience Among Women: A Marital Status Perspective

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**Abstract**—This study explores how rumination (overthinking), stress, and resilience (the ability to bounce back from difficulties) are connected in women, and how these connections may differ based on marital status. The research involved 100 women—50 married and 50 unmarried—who completed psychological questionnaires measuring their levels of rumination, stress, and resilience. The results showed that women who ruminate more tend to experience higher stress and lower resilience. Married and unmarried women showed some differences in how these factors were related. Overall, the study highlights that marital status can play a role in how women cope with stress and manage their thoughts and emotions. Understanding these patterns can help in developing better mental health support tailored to women's needs based on their life situations.

**Keywords:** Rumination, stress, resilience, marital status

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## I. RUMINATION

**Rumination** is a psychological process where an individual repeatedly thinks about the same thoughts, often focusing on negative experiences, emotions, or problems without actively working to resolve them. It is commonly associated with depression, anxiety, and stress, and can interfere with effective problem-solving and emotional regulation.

Rumination is an unhealthy pattern of coping with distress by constantly and passively ruminating over the meaning, cause, and outcome of one's depressive symptoms instead of actively striving for a solution to alleviate the situation behind these symptoms (Nolen Hoeksema, 1991). Trapnell and Campbell (1999) defined rumination as a neurotic type of self-focused attention involving repeated dwelling on perceived threat, loss, and injustice to the self with accompanying feelings of anxiety, depression, and anger. It also has been implicated in other forms of psychopathology beyond depression, such as anxiety, binge eating, alcohol abuse, and self-injury (Nolen Hoeksema, Wisco, & Lyubomirsky, 2008). A process which has gained abundant prominence in coping response style research is rumination. According to Response Styles theory, rumination is a form of coping whereby the person analyzes their thoughts and reconsiders repeatedly his or her bad emotions. Further, repeated negative thought (RNT), an illustrative aspect of rumination, exists in the form of repetitive reflection over passive past feelings and issues (Nolen-Hoeksema, 1991). This type of thinking 3 patterns has a habitual thinking style that revolves around negative content, which is hard to control (Ehring & Watkins, 2008).

## II. RUMINATION: A NEGATIVE THOUGHT CYCLE

Scientists, led by Peter Kinderman, Ph.D., discovered that the most significant manner in which a person's previous experiences, like traumatic life experiences, contributed to depression or anxiety was "by causing a person to ruminate and blame themselves for the issue." Depression and anxiety are not straightforward conditions and there is no single cause," Kinderman explained in a press release. "While we cannot alter a person's past family history or their life experience, it is possible to encourage an individual to change how they think and to learn positive coping strategies that will help to buffer and decrease stress levels"

How Rumination Contributes to Mental Health Challenges

## III. STRESS

Stress results from the ongoing interaction between an individual and their environment. Time pressure, workload, decision-making, conditional changes, and blunders at work are some of the key and common factors that influence stress. "Stress is a situation or feeling that occurs when a person thinks that demands surpass the individual's ability to mobilize personal and

social resources." It is brought on by too much work, unrealistic expectations, and unusual circumstances. It has the potential to make you physically and emotionally ill.

From a psychological perspective, Stress arises when a person believes that the demands they face surpass their capacity to handle them. This perception triggers a cascade of emotional, cognitive, and physiological responses. Hans Selye's groundbreaking work introduced the concept of stress in medical science, defining it as the body's nonspecific reaction to any demand for change. Selye identified three stages in the stress response: the alarm stage, resistance stage, and exhaustion stage, together known as the General Adaptation Syndrome (GAS). This typically defines how the body first reacts to stress, then tries to adapt, and eventually becomes depleted if the stress continues over time. Acute stress and chronic stress are the two main categories of stress. Acute stress is brief and arises from urgent situations such as giving a speech in front of an audience or confronting an unexpected event. After the crisis is over, it typically gets resolved quickly. On the other hand, chronic stress is caused by prolonged exposure to stressors such as persistent financial issues, interpersonal conflicts, or workplace expectations. Extended stress can have serious negative effects on one's health, including a weakened immune system, anxiety, depression, and cardiovascular problems.

Stress is a very personal experience that is impacted by several human characteristics, including personality, coping strategies, life events, and social support. For instance, people with high resilience or effective coping strategies may manage stress more successfully, while those with limited resources or vulnerability factors may be more negatively affected. The importance of assessment in the stress process is emphasized by cognitive theories of stress, especially the transactional model developed by Lazarus and Folkman.

This paradigm states that people first determine whether a situation is threatening (primary evaluation) and then decide how well they can handle it (secondary assessment). People are more likely to experience stress when they believe they lack the resources to cope with the demands placed on them.

#### **IV. RESILIENCE**

Resilience is the remarkable quality that enables some individuals to recover from life's setbacks and emerge even stronger than before. Despite letting failure drain them and overcome their resolve, they find a way to rise above the ashes. In some persons it is a psychological construct observed that report success despite adversity. It is defined as the ability to recover and bound back from difficult or adverse situations, to defeat the odds, and is also considered a strength in human character terms. Psychologists have determined the factors that make someone have a positive attitude, more resilient, optimistic, the capability to balance emotions, and to think of failure as a form of helpful guidance. Even after tragedy, resilient people are optimistic and blessed with such prospects that they can change the course and soldier on. In the literature, resilience has been associated with a personality trait that can moderate the effects of stress.

In the context of mental health, resilience is critical since it protects against psychological conditions like anxiety, sadness, and post-traumatic stress disorder (PTSD). Highly resilient individuals are often better equipped to manage stress, recover from setbacks, and continue performing effectively under pressure.

Instead of indulging in avoidance, denial, or rumination, they are more likely to employ adaptive coping techniques like problem solving reaching out for social support and keeping a positive attitude. The study of resilience spans multiple disciplines, including developmental psychology, clinical psychology, health psychology, and even organizational behavior. In children and adolescents, resilience research often focuses on how supportive family environments, school engagement, and community involvement can help offset the effects of poverty, abuse, or neglect. In adults, resilience is examined in the context of life transitions, such as loss, illness, or trauma, with an emphasis on psychological flexibility, coping skills, and life satisfaction. Importantly, resilience does not mean that individuals are unaffected by stress or trauma. Even the most resilient people experience emotional pain and difficulty; what distinguishes them is their capacity to endure, adapt, and eventually recover.

Certain theories suggest that successfully navigating adversity can lead to post-traumatic growth, a positive psychological change in which individuals develop greater inner strength, form stronger relationships, and gain a deeper appreciation for life following difficult experiences.

## **V. OBJECTIVES OF THE STUDY**

- To observe the levels of rumination, stress, and resilience among women based on their marital status (married vs. non-married).
- To evaluate the impact of stress and rumination affect married and single women's resilience.
- To compare resilience levels between married and unmarried women and identify potential contributing factors.

## **VI. HYPOTHESES OF THE STUDY**

- Married and unmarried women differ significantly in their levels of stress, resilience, and rumination.
- Rumination and stress significantly impact resilience among married and unmarried women.
- There is a significant difference in resilience levels between married and unmarried women, and certain contributing factors significantly influence resilience.

## **VII. METHOD**

### *Participants*

The sample of the study comprises 50 married and 50 non-married women ages between 20-35 years old.

### **Exclusion criteria**

#### *For married women*

Pregnant or postpartum (as these states may independently influence stress and resilience).

#### *For non-married women*

Unwilling or unable to complete the full set of questionnaires.

### **Inclusion criteria**

#### *For Married Women:*

- Legally married (including currently living with spouse).
- Married for at least **1 year** to ensure marital experience.

#### *For Non-Married Women:*

- Never married, separated, divorced, or widowed.
- Not currently cohabiting in a marital-like relationship.

## **VIII. MEASURES**

### *Ruminative Responses Scale*

The Ruminative Responses Scale (RRS) was formed by Nolen-Hoeksema and Morrow (1991) to determine how frequently people have ruminative thoughts and actions. Nolen-Hoeksema's hypothesis of rumination, which holds that rumination is an ineffective managing approach that can exacerbate and prolong depressive mood states, served as the foundation for the RRS. There are 22 items on the RRS, a subjective measure that evaluates how frequently people participate in various ruminative thoughts and activities. A 4-point Likert scale, ranging from 1 (nearly never) to 4 (almost usually), is used to rate each item. Elevated scores on the RRS reflect greater levels of rumination, with total scores ranging from 22 to 88.

### *Perceived stress scale (PSS)*

The PSS, created by Sheldon Cohen in 1983, is intended to assess an individual's perceived level of stress. The scale evaluates the extent to which individuals observe their lives as random, overwhelming, and devastating, offering an appreciated understanding of their mental well-being and coping mechanisms.

The PSS employs a 5-point Likert scale for responses. The total PSS score is obtained by adding together the scores of all individual items. Higher perceived stress is designated by a higher PSS-10 score, which can vary from 0 to 40. The entire score can be evaluated using predetermined criteria and represents the person's entire sense of stress.

#### *Connor-Davidson Resilience Scale (CD-RISC)*

This scale has been extensively used and demonstrated to be reliable across numerous studies. The accompanying user guide includes standard data, permitting scores to be compared with those of precise subgroups (such as individuals with PTSD) as well as the general population. Resilience can be measured using 25, 10, or only two factors. The most comprehensive versions assess specific aspects of resilience, including individual capability, adaptability to change, secure relationships, trust, emotional acceptance, the reinforcement influence of stress, a sense of control, and divine factors.

#### *Demographic and marital status questionnaire*

It includes a brief self-report demographic sheet that collects: Age, Education, and Profession Status of marriage (married, never married, widowed, divorced, or separated), Duration of marriage (if applicable), Children (yes/no), Living arrangement (with or without spouse/family).

## IX. RESULTS

The research is being conducted to demonstrate the interplay between rumination, stress, and resilience among married and unmarried women. The results and interpretation have been broadly categorized in the following tables-

### 1. Demographic details

The study included **100 women**, with **50 married** and **50 non-married** participants aged between 18 and 35 years. Descriptive statistics for rumination, stress, and resilience scores are presented in Table 1.

Table 1: Mean and Standard Deviation of Psychological Variables by Marital Status

Variable	Marital status	Mean (M)	Standard Deviation (SD)
Rumination	Married	48.20	6.40
	Non-married	52.35	5.43
Stress (PSS)	Married	19.50	4.10
	Non-married	23.20	5.23
Resilience	Married	28.80	6.80
	Non-married	24.21	5.80

### 2. Independent Samples t-Test

Independent samples t-tests were performed to analyse the differences between married and unmarried women.

- **Rumination:**

$$t(98)=-3.19, p<.01$$

→ non-married women showed significantly higher rumination than married women.

- **PerceivedStress:**

$$t(98)=-3.48, p<.01$$

→ Non-married women reported significantly higher stress than married women.

- **Resilience:**

$$t(98)=3.53, p<.01$$

→ Married women showed significantly higher resilience than non-married women.

### 3. Correlation Analysis

Pearson's correlation coefficients were computed to examine the associations between the variables.

**Table 2: Correlation Matrix (N = 100)**

Variable	Rumination	Stress	Resilience
Rumination	1	.62**	-.49**
Stress	.62**	1	-.55**
Resilience	-.49**	-.55**	1

**Note: p < .01**

→ Rumination and stress were **positively correlated**, while both were **negatively correlated** with resilience.

Unmarried women reported greater levels of rumination and stress, along with lower resilience, in comparison to married women. Rumination and stress were significant predictors of resilience, with higher scores on both associated with lower resilience. The interplay suggests that marital status may buffer or intensify psychological experiences through its influence on stress and coping mechanisms.

## X. DISCUSSION

This study explored the relationship between rumination, stress, and resilience in married and unmarried women. The results showed that the two groups' psychological functioning differed significantly and that marital status was a key contextual factor impacting mental health characteristics.

Rumination and perceived stress were considerably higher among unmarried women, while married women exhibited higher resilience. These results align with existing literature suggesting that social support and emotional intimacy associated with marital relationships can serve as protective factors for psychological well-being.

The higher rumination and stress levels among non-married women may be attributed to a lack of stable emotional support systems that typically come with marriage. It is well recognized that rumination, or the propensity to continuously dwell on unpleasant ideas or occurrences, increases stress and reduces psychological flexibility. Without the presence of a close partner or consistent social buffering, non-married women may be more vulnerable to internalizing stressors, leading to elevated cognitive rumination. In contrast, married women may benefit from spousal support, shared responsibilities, and a greater sense of emotional security, which can reduce the likelihood of ruminative thinking and help in effective stress regulation.

The study also found that rumination and stress were both negatively correlated with resilience, and together they significantly predicted lower resilience scores. The theoretical viewpoint that resilience—the capability to regulate and bound back from adversity—is impeded when people think negatively or feel that their surroundings are very stressful is supported by this research. Regardless of marital status, women who ruminate and feel under a lot of stress are less likely to have emotional resilience and adaptive coping strategies. However, the presence of a stable marital relationship may foster conditions that protect against these maladaptive processes, such as joint problem-solving, emotional reassurance, and a feeling of inclusion.

Importantly, these findings contribute to the ongoing discourse about how marital status influences mental health. While marriage may not be inherently protective for everyone, in this study it appears to serve as a buffering factor against psychological distress and as a support for building resilience. It is also worth noting that marital status is not the sole determinant of mental health; other socio-cultural, economic, and interpersonal factors likely interact with these variables in complex ways. For example, the quality of marriage, the presence of children, social stigma around singlehood, and access to community support could all moderate the observed relationships.

The study is not without limitations. Recall bias or social desirability bias may affect the use of self-report assessments. The sample size, though adequate, was relatively small and purposively selected, limiting generalizability. Furthermore, the cross-sectional design precludes causal inference. Future research should consider longitudinal designs, include a more diverse population, and examine additional variables such as emotional regulation, coping styles, and relationship quality.

To sum up, this study emphasizes how important marital status is in affecting women's rumination, stress, and resilience. It underscores the need for targeted psychological interventions that consider marital and social contexts, especially for non-married women who may be more vulnerable to stress and reduced resilience. Strengthening internal coping strategies and external support systems could be key to improving women's psychological well-being across diverse life circumstances.

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